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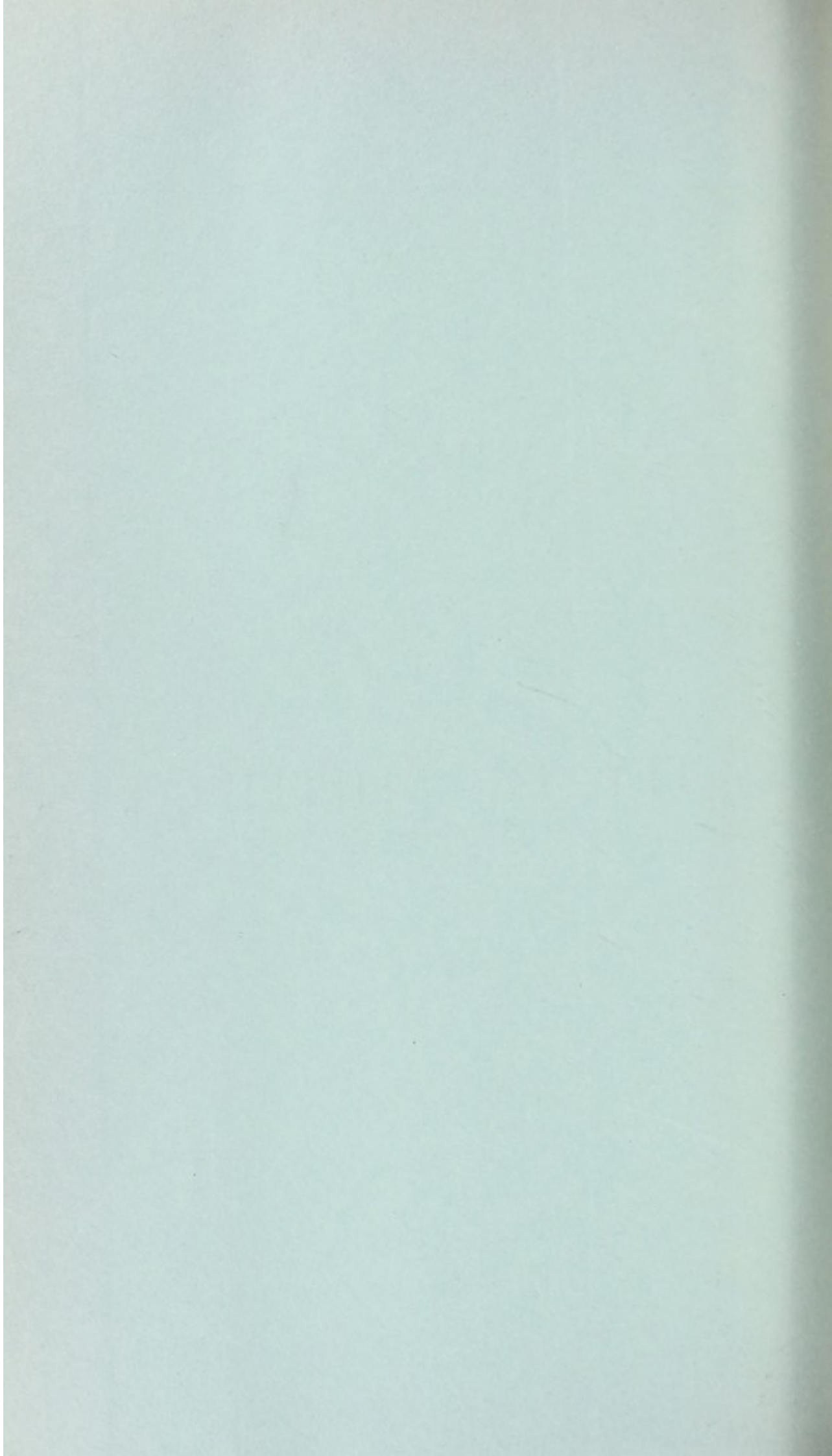
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ANNUAL REPORT
ON THE
HEALTH
OF THE
CITY OF SHEFFIELD

1957

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.,
Medical Officer of Health.



PRINTED AND CONTENTS



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CITY OF SHEFFIELD

For the year 1957

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.,
Medical Officer of Health

PRINCIPAL CONTENTS



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CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1957

THE LORD MAYOR :

(ALDERMAN A. BALLARD, C.B.E., J.P.)

Chairman : ALDERMAN W. E. YORKE, C.B.E., F.R.S.H., J.P.

Deputy-Chairman : COUNCILLOR MRS. P. SHEARD, B.A., J.P.

Alderman H. SLACK, M.B.E.	Councillor Mrs. A. IVES, J.P.
„ Mrs. G. TEBBUTT, J.P.	„ PETER JACKSON, M.A.
„ A. V. WOLSTENHOLME, J.P.	„ H. LAMBERT
Councillor G. ARMITAGE	„ Miss J. MELLORS
„ R. B. ASHMORE	„ H. OLIVER
„ G. T. BUTTERY	„ J. PATE, J.P.
„ J. DYSON	„ T. ROPER
„ Mrs. F. M. GATHERCOLE	„ E. SCOTT
„ H. S. GENT	„ J. SHAW
„ R. S. G. HATTERSLEY, B.Sc. (Econ.)	

SUB-COMMITTEES

General Sub-Committee

Chairman : Alderman W. E. YORKE

ALDERMAN A. V. WOLSTENHOLME	Councillor R. S. G. HATTERSLEY
Councillor G. Armitage	„ Mrs. A. IVES
„ G. T. BUTTERY	„ PETER JACKSON
„ J. DYSON	„ E. SCOTT
„ H. S. GENT	„ Mrs. P. SHEARD

Maternal, Infant and Nursing Welfare Sub-Committee

Chairman : Councillor Mrs. A. IVES

Alderman Mrs. G. TEBBUTT	Councillor Miss J. MELLORS
Councillor R. B. ASHMORE	„ T. ROPER
„ J. DYSON	„ J. SHAW
„ Mrs. F. M. GATHERCOLE	„ Mrs. P. SHEARD
„ H. S. GENT	

Mental Health Sub-Committee

Chairman : Councillor J. SHAW

Councillor G. ARMITAGE	Councillor Mrs. A. IVES
„ Mrs. F. M. GATHERCOLE	„ H. OLIVER
„ H. S. GENT	„ J. PATE
„ R. S. G. HATTERSLEY	„ T. ROPER

Disabled Persons Welfare Sub-Committee

Chairman : Councillor E. SCOTT

Alderman Mrs. G. TEBBUTT	Councillor Miss J. MELLORS
„ A. V. WOLSTENHOLME	„ H. OLIVER
Councillor G. T. BUTTERY	„ J. SHAW
„ J. DYSON	„ Mrs. P. SHEARD
„ PETER JACKSON	

Special, Staffing, etc., Sub-Committee

Chairman : Alderman W. E. YORKE

Alderman H. SLACK	Councillor Mrs. A. IVES
„ Mrs. G. TEBBUTT	„ PETER JACKSON
Councillor H. S. GENT	„ Mrs. P. SHEARD

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Councillor PETER JACKSON	Councillor Mrs. P. SHEARD
E. SCOTT	

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor H. S. GENT	Councillor Mrs. P. SHEARD
„ Mrs. A. IVES	

Sheffield Standing Committee on Juvenile Delinquency

Councillor J. SHAW

Sheffield Voluntary Association for Mental Health

Councillor J. SHAW

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman C. W. GASCOIGNE, B.E.M.	Councillor H. S. GENT
„ H. SLACK	„ H. LAMBERT
„ Mrs. G. TEBBUTT	„ H. OLIVER
Councillor G. T. BUTTERY	„ Mrs. P. SHEARD

Sheffield and District Clean Air Committee

Alderman H. SLACK	Councillor W. G. PALLETT, J.P.
„ W. E. YORKE	„ J. B. PEILE, J.P.
Councillor G. S. GOODENOUGH	„ Mrs. P. SHEARD

PUBLIC HEALTH STAFF

AT 1st APRIL, 1958

MEDICAL STAFF

Medical Officer of Health :

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :

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

Maternity and Child Welfare—

Senior Assistant M. and C. W. Medical Officer
Assistant M. and C. W. Medical Officers -

ANN KIRK BLACK, M.B., ch.B.
CATHERINE H. WRIGHT, M.B., ch.B.,
D.P.H.

KAZIMIERA H. TLUSTY, M.D., D.C.H.
MARION E. JEPSON, M.B., ch.B.,
D.C.H.

(Part-time)

J. BLYTH, M.D. (EDIN.)
R. D. DOWNIE, M.B., ch.B.
BARBARA S. GORDON, M.B., ch.B.
MARJORIE H. E. FLOWERDAY,
M.B., ch.B., D.R.C.O.G.

RAY GRAHAM, B.A., M.B., B.Ch.,
B.A.O., L.M.
SHELAGH TYRRELL, M.B., ch.B.,
D.C.H.

JEAN A. PETTIGREW, M.R.C.S.,
L.R.C.P.
KATHLEEN M. HAWKINS, M.B.,
ch.B.

HAIDRI L. HALL, M.B., ch.B.
JEAN CLEGHORN, M.B., ch.B.,
D.C.H., D.R.C.O.G.

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

F. W. LEIGH, M.B., ch.B.
ROSEMARY A. BEASLEY, M.R.C.S.,
L.R.C.P., D.R.C.O.G.

K. J. HAYES, M.R.C.S., L.R.C.P.
P. W. O'BRIEN, M.B., ch.B.

SYLVIA WOODBRIDGE, M.B.,
M.R.C.S., L.R.C.P.

ANNA McCARTHY, M.B., ch.B.
DOROTHY G. STANLEY-ROOSE,
M.B., B.S.

DAPHNE HALLWOOD, M.B., ch.B.
CHRISTINE M. THOMPSON, M.B.,
ch.B.

L. P. DE ABREW, M.R.C.S., L.R.C.P.
ELIZABETH HERVEY, M.B., B.S.

* *Honorary Consultant Obstetrician - -*

W. J. CLANCY, M.B., B.Ch., B.A.O.,
M.R.C.O.G.

* *Orthopaedic Specialist (Honorary) - -*

E. G. HERZOG, M.B., B.S., M.R.C.S.,
L.R.C.P.

* *Honorary Consultant and Adviser - -*
on Pediatrics

R. S. ILLINGWORTH, M.D., F.R.C.P.,
D.P.H., D.C.H., Professor in Child
Health at Sheffield University

Mental Health Service—

* *Honorary Consultant - - - -*

F. J. S. ESHER, M.B., ch.B., M.R.C.S.,
L.R.C.P., D.P.M., F.B.P.S.S.

* *Consultant (Visiting) - - - -*

DOROTHY JOHNSTON, M.B., ch.B.

Prevention of Illness, Care and After-Care—

* *Senior Assistant Medical Officer - -*

JEAN B. PARKER, M.B., ch.B.

* *Consultant (Tuberculosis) - - - -*

H. MIDGLEY TURNER, M.D., M.R.C.P.
D.P.H.

* Undertakes part-time duties in this Service in a consultant capacity.

* *City Analyst - - - -*

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

* *Principal School Dental Officer - -*

E. COPESTAKE, L.D.S.

Nurseries—**Matrons of Nurseries :**

Beet Street	-	-	-	-	-	-	-	MRS. S. JONES
Carbrook Welfare Centre	-	-	-	-	-	-	-	Miss M. WOODWARD
Darnall	-	-	-	-	-	-	-	MRS. M. H. SANDERSON
Firth Park	-	-	-	-	-	-	-	MRS. M. E. OLLERENSHAW
Meersbrook Park	-	-	-	-	-	-	-	MRS. E. A. FEARN

1 Deputy Matron, 32 Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants and Nursery Students. 15 Domestic Staff (including 10 part-time).

Mother and Baby Home—

Matron	-	-	-	-	-	-	-	Miss E. DRIVER
--------	---	---	---	---	---	---	---	----------------

1 Assistant Matron, 2 Domestic and other staff (part-time).

Domestic Help Service—

Superintendent Organiser	-	-	-	-	-	-	-	Miss D. J. PARKER
--------------------------	---	---	---	---	---	---	---	-------------------

1 Senior Clerk, 5 Clerks, 1 Shorthand Typist, 1 Shorthand Typist Trainee, 76 whole-time and 143 part-time Domestic Helps.

Home Nursing—**Johnson Memorial Home (and associated Homes)—**

Superintendent	-	-	-	-	-	-	-	Miss M. MCGONIGLE
Assistant Superintendent	-	-	-	-	-	-	-	Miss V. P. BARNES

22 District Nurses, 3 Student District Nurses, 24 District Nurses (part-time), 1 part-time Assistant, 1 Housekeeper, 3 Domestic and other staff, 7 Domestic and other staff (part-time).

Princess Mary Home—

Superintendent	-	-	-	-	-	-	-	Miss M. TATE
Assistant Superintendent	-	-	-	-	-	-	-	VACANCY

10 District Nurses, 1 Student District Nurse, 15 District Nurses (part-time), 2 Domestic and other staff, 4 Domestic and other staff (part-time).

Vaccination and Immunisation—

Officer in Charge	-	-	-	-	-	-	-	A. MOBLEY
-------------------	---	---	---	---	---	---	---	-----------

2 Clerks.

Ambulance Services—

Ambulance Officer	-	-	-	-	-	-	-	E. H. MEDLEY
Assistant Ambulance Officer	-	-	-	-	-	-	-	F. C. KELSEY

5 Clerks, 5 Control Room Assistants, 1 Shorthand Typist, 1 Head Ambulance Driver, 5 Shift Leaders, 50 Drivers, 24 Attendants, 6 Garage Staff, 1 Domestic and other staff, 1 Domestic and other staff (part-time).

Care and After-Care Service—Welfare of other Handicapped Persons—

Senior Administrative Assistant	-	-	-	-	-	-	-	F. McWATT
---------------------------------	---	---	---	---	---	---	---	-----------

2 Clerks.

Co-ordinating Officer	-	-	-	-	-	-	-	W. WOOD
-----------------------	---	---	---	---	---	---	---	---------

5 Assistant Co-ordinating Officers, 1 Occupational Therapist.

Welfare of the Deaf—

Superintendent	-	-	-	-	-	-	-	A. J. DEAN
----------------	---	---	---	---	---	---	---	------------

1 Assistant.

Mental Health Service—

Administrative Officer	-	-	-	-	-	-	-	G. E. B. WHILLOCK
Psychiatric Social Worker	-	-	-	-	-	-	-	Miss E. V. JONES

1 Senior Clerk, 4 Shorthand Typists, 3 Duly Authorised Officers, 4 Assistant Duly Authorised Officers, 5 Mental Health Visitors.

The Towers' Occupation Centre—

Superintendent	-	-	-	-	-	-	-	V. H. BAKER
----------------	---	---	---	---	---	---	---	-------------

1 Deputy Superintendent, 1 Assistant Superintendent, 6 Supervisors, 3 Domestic and other staff.

Pitsmoor Road Occupation Centre—

Superintendent	-	-	-	-	-	-	-	MRS. C. WILDE
----------------	---	---	---	---	---	---	---	---------------

3 Supervisors, 1 Assistant Supervisor (qualified), 4 Assistant Supervisors (unqualified), 2 Domestic and other staff.

Cradock Road Centre—

Supervisor (Qualified)	-	-	-	-	-	-	-	Miss K. E. BENNETT
------------------------	---	---	---	---	---	---	---	--------------------

1 Senior Assistant Supervisor, 3 Assistant Supervisors (Unqualified), 3 Domestic and other staff (part-time).

Langsett Road Centre—

Supervisor (Qualified)	-	-	-	-	-	-	-	Mrs. A. BARTON
------------------------	---	---	---	---	---	---	---	----------------

1 Senior Assistant Supervisor and 2 Assistant Supervisors (Unqualified), 4 Domestic and other staff (part-time).

Welfare of the Blind Service—

Superintendent	-	-	-	-	-	-	-	A. J. BAKER
Head Clerk	-	-	-	-	-	-	-	Miss E. E. CLARK

2 Senior and 6 other Clerks, 2 Shorthand Typists, 8 Home Teachers, 92 Workshops (including Salesshop) Staff (including 77 blind persons), 4 Domestic and other staff, 6 Domestic and other staff (part-time).

GENERAL STATISTICS

AREA (at 31st December, 1957)	(acres) 39,598
POPULATION—Census 1951	512,850
Estimate of Registrar General—Home population year 1957	498,500
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1957) ..	159,818
RATEABLE VALUE (1st October, 1957)	£5,499,589
SUM REPRESENTED BY A PENNY RATE (Year 1957-58)	£22,734

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1957

	Total	Males	Females		
LIVE BIRTHS—					
Legitimate ..	7,233	3,692	3,541	} Birth Rate per 1,000 of population	15·1
Illegitimate ..	286	142	144		
Totals	7,519	3,834	3,685		
STILLBIRTHS ..	157	81	76	Rate per 1,000 total (live and still) births	20·0
DEATHS (All Causes)	5,785	3,165	2,620	Death Rate per 1,000 of population	11·6

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants	Deaths ..	155	Rate per 1,000 live births	20·6
Legitimate Infants	Deaths ..	145	Rate per 1,000 legitimate live births	20·0
Illegitimate Infants	Deaths ..	10	Rate per 1,000 illegitimate live births	35·0

DEATHS FROM CERTAIN CAUSES—

Puerperal Sepsis	Deaths ..	Nil	} Rate per 1,000 total (live and still) births	Nil
Other Maternal Mortality ..	Deaths ..	Nil		
Total Maternal Mortality ..	Deaths ..	Nil		
Tuberculosis of Respiratory System	Deaths ..	72	} Rate per 1,000 of population	0·14
Other forms of Tuberculosis ..	Deaths ..	11		
Cancer	Deaths ..	1,068	Rate per 1,000 of population	2·14

CITY OF SHEFFIELD

Public Health Department,
Town Hall Chambers.

December, 1958.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health of the City of Sheffield for the year 1957.

The birth rate of the City was 15·1 per 1,000 population in 1957. It was the highest rate recorded since 1949, but was appreciably below the England and Wales rate of 16·1 per 1,000.

The general death rate was 11·6 per 1,000 population, which was a little below the rate of 11·7 in 1956. The England and Wales death rate was 11·5 per 1,000.

The 1957 infant mortality rate was 20·6 per 1,000 live births, as compared with an England and Wales rate of 23·1 per 1,000. Deaths of infants in the first four weeks of life in the City gave a neonatal mortality rate of 18 per 1,000 live births, a slight increase above the previous year.

There were no maternal deaths (excluding abortion) for the third successive year. The maternal mortality rate (excluding abortion) for England and Wales during 1957 was 0·39 per 1,000 total (live and still) births.

Sickness incidence and mortality amongst the notifiable diseases remained, with a few exceptions, very low in 1957. There were no cases of Diphtheria during the year and for the ninth successive year there were no deaths from this disease. Cases of Scarlet Fever and Whooping Cough showed a slight decrease over the previous year and there was one death from Whooping Cough. The number of cases of Measles was exceptionally high, and there were three deaths. There was a decrease in the incidence of Acute Poliomyelitis during the year. The number of Dysentery cases although high, showed a decrease but the form of the disease was mild.

The death rate for Enteritis and Diarrhoea (in infants) was the lowest ever recorded.

The Ambulance Services have continued to meet all the demands made upon them and, during 1957, carried almost 146,000 patients, with an aggregate running distance of almost 570,000 miles, in other words, an average of 400 patients per day, and an average daily mileage of 1,560.

There were 251,740 animals slaughtered at the Corporation Abattoir during the year and 1,099 at the two private slaughterhouses in the City. All the animals were examined by the meat inspectors and there were 49,174 animals which wholly or in part were found to be unfit for food.

During 1957, 546 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, three failed to pass the examination.

A total of 3,749 cremations was carried out during the year at the City Road Crematorium, and in each case the documents were examined by the Medical Officer of Health or the Deputy Medical Officer of Health, who are accepted Referees for this purpose.

*Maternity
and Child
Welfare*

For a number of years now it has been my pleasure to comment favourably on the improvements in the indices of health and in 1957 they again tend to improve ; the infant death rate is the lowest on record and, for the third successive year, there were no maternal deaths. The scope of maternal and child care is expanding and from the economic, social and medical angle child bearing and child rearing have never been so safe. Analgesia in childbirth and antenatal care have not only tended to make childbearing easier but have also provided increased safeguards for the mother and child.

It will, however, be noticed (page 82) that there are still serious lacunae in our knowledge. Peri-natal infant mortality studies relate to those deaths of infants around the birth period. The same noxious cause that kills a weakly child just prior to birth may not react unfavourably on a more robust child until the birth is completed. Some children could possibly survive if our resources were adequate but some—such as the deformed—were destined, even from about the first or second month of intra-uterine life, never to survive. Others are born deformed physically or mentally as a result of infection or other cause in the early stages of gestation. We are learning more about these cases and about the origin of congenital deformities resulting from genetic causes ; there is, however, need for more research into this matter.

*Dental
Service*

We have made little progress in providing better care for the teeth of mothers or young children because of the shortage of dentists. The School Dental Service has been very generous in this matter but the staff is depleted.

It seems to me that consideration should be given to the possibility of fluoridation of water supplies as giving some protection to the teeth of these vulnerable groups.

The Home Nursing Service has increased in its scope and character. Now much of the work is concerned with injections of various kinds and the majority of the clientele are old people who are ill in their own home. The fact that a higher proportion of the staff is part-time increases the problem of administration especially as the demand on the service is also increasing.

*Home
Nursing
Service*

The care of the aged is a preoccupation of many parts of the Department—Health Visitors, Home Nursing Service, Public Health Inspectors and the Care and After-care Department, together with the Mental Health Service, all play their part in caring for the aged in their own homes. The Domestic Help Service is increasingly involved and active steps are being taken to reorganise this Service to provide adequately the diversity of services in the home that is essential in order to give the necessary care to the aged. As will be seen from page 147 the Domestic Help Service is also expanding to assist families that are inadequate in one form or another. The work will grow in this direction.

*Care of
the Aged*

*Domestic
Help
Service*

The death rate from Tuberculosis is falling, although the Sheffield rate continues to be higher than the national average. This has been a matter of great concern and regular case conferences are being held to find out how we can stimulate contact examinations or take better steps to prevent spread. Tuberculosis work is now shifting from the general provision of services to the intimate scrutiny of individual cases.

Tuberculosis

Poliomyelitis vaccination has already attracted its share of the lime-light. During 1957 the only supplies of vaccine were of British origin but the number of children protected was 16,653 compared with 2,075 in 1956.

*Polio-
myelitis
Vaccination*

The total number of deaths from cancer and in particular from cancer of the lung both showed a slight decrease during the year.

Cancer

The work of General Public Health, the basis of all preventive and social medicine, continues but as will be shown from the Report (page 214) Housing has had particular attention. The social agencies cannot make a full impact on a family that is not adequately housed.

*General
Public
Health*

Although atmospheric pollution had been a concern to Sheffield City Council for over a century yet it is only recently that powers have been given for adequately dealing with the problem, although the steps that had been taken over the years in Sheffield district are acknowledged nationally. There are problems, whose magnitude is peculiar to this area, in which much progress has been made and the promotion of the first Smoke Control Area in this City is being actively dealt with.

*Smoke
Abatement*

Food

The problems of keeping a large urban population adequately fed and ensuring that this food is satisfactory is important to the Food Trade and to the Public Health Department. Processing of various types is necessary to keep the food in prime and palatable condition but the sophistication of food must always be a matter of scrutiny and vigilance. The adulteration that is mentioned on page 249 has given way to a more subtle process and there are few foods that are not treated in one way or another and generally to the benefit of the customer—but the Food Department must be always attentive to prevent illegal or unwarranted interference with food and drink.

Mental Health

There is a growing appreciation of the importance of mental health and the subtle ramifications of this subject into all branches of medicine and the prevention of ill-health. The Report of the Royal Commission, summarised on page 190, will in the near future lead to legislation. Legislation bestows new opportunities, and unfortunately, in many respects, we are inadequately prepared to take advantage of the opportunities that the legislation may provide. We are very ignorant of the causes of mental ill-health and mental deficiency, and much of our medical work remains empirical.

I also do not believe that we have fully appreciated the magnitude of the problem for mental inadequacy is the basic cause of many of our social ills—illegitimacy, addiction to and increased use of many drugs, problem families and our inability to deal satisfactorily with many types of Disability—all stem from what we now call mental ill-health. Besides this there is the morass of incompetence and frustration which occurs and which bedevils our lives, but which is not appreciated as being fundamentally an inadequate equation of ourselves with life in general.

The work of the Public Health Department falls into two parts. One is the provision and management of those medical and ancillary services than can most easily be provided communally—such as midwives, ambulances and home nurses. This Report is mostly an account of this stewardship. There is, however, a more subtle and more important aspect of our work—the prevention of ill-health and the postponement of death. This is the justification of our place as doctors in the local government set-up and is the most important justification of a local authority's Health Services. It is also their opportunity to promote the health of the people. Preventive medicine is now an accepted part of medical practice and, if the local authority do not pioneer the work by promoting research, then other agencies will be happy to seize the chance to do so.

Dr. Shaw has contributed an interesting account of the history of public health in this City. It is a reminder of the continuous struggle begun about a century ago and still continuing. The original aims—lowering the death rate, preventing ill-health, and the provision of a fuller life—remain the same, but the opportunities have never been greater. The danger is that we shall try to work with out-moded tools and ideas, but the mill cannot grind with water that is past and we cannot see the future with sparks lit on the anvil of yesterday. Problems that staggered our predecessors are now often completely solved and indeed some of the present ones will disappear in a few years if we take the right steps. The original problems of public health, many of which have now waned, were dealt with by doctors in touch with the sick people they were dealing with, for basically our problems are those pertaining to sickness and its prevention. Our new challenges—the diseases of old age, mental breakdown, the prevention of coronary disease, chronic bronchitis, gastric ulcer, arterial degeneration, all of which are taking a great toll of life and happiness—are fundamentally medical problems and cannot be solved by administrative action alone. Medical Officers must consort with practitioners of clinical medicine and should again take an active part in the care of the sick patient in order to learn how to prevent that sickness. Nor is that all—the only spur to a doctor is the intimate contact with a sick patient for whom he has a responsibility.

Last of all I would thank all members of the staff for their whole-hearted and, I hope, fruitful co-operation. I would particularly like to thank the administrative staff who do not figure in this Report but without their co-operation this Report could not have been produced. I would also thank the Chairman and all the Members of the Health Committee for their assistance and understanding.

LLYWELYN ROBERTS,
Medical Officer of Health.

The first part of the report is devoted to a description of the general situation in the country. It is a summary of the economic and social conditions as they are at the present time. The general impression is that the country is in a state of transition. The old order is being replaced by a new order, and the process is a slow and steady one. The report then goes on to describe the various aspects of the situation, such as the political, economic, and social conditions. It is a detailed and comprehensive account of the country's present state.

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LLWELYN ROBERTS
MEDICAL OFFICER OF HEALTH

HEALTH COMMITTEE

Statutory Committee

Powers and duties of the City Council in respect of :-

Public Health Acts
National Health Service Acts, 1946-1952
National Assistance Acts, 1948 and 1951

Approval of :-

Medical Officer of Health's monthly report on health of City
Monthly requisitions
Quarterly report of City Analyst
Reports of Sub-Committees to which functions are delegated as under :

SUB-COMMITTEES

AUDIT

Verification and checking of monthly expenditure and requisitions of all Sections

DISABLED PERSONS WELFARE

Duties under the following Acts :-
National Assistance Act, 1948
Public Service Vehicles (Travel Concessions) Act, 1955
Services under these Acts, etc., in relation to :-
Welfare of Blind
Welfare of other handi-capped Persons
Provision of :-
Comforts
Educational Classes
Handicraft Classes
Arrangements for sales of manufactured goods

GENERAL

Duties under the following Acts :-
Public Health Acts, 1875-1936
National Health Service Acts, 1946-1952
National Assistance Act, 1951
Clean Air Act, 1956
Cremation Acts, 1902 and 1952
Diseases of Animals Acts
Factories Act, 1937
Fertilisers and Feeding Stuffs Act, 1926
Food and Drugs Act, 1955
Housing Acts, 1936-1957
Housing Repairs and Rents Act, 1954
Hydrogen Cyanide (Fumigation) Act, 1937
Merchandise Marks Act, 1926
Pet Animals Act, 1951
Pharmacy and Medicines Act, 1941
Pharmacy and Poisons Act, 1933
Prevention of Damage by Pests Act, 1949
Rag Flock and Other Filling Materials Act, 1951
Rent Act, 1957
Sheffield Corporation Acts
Shops Act, 1950
Slaughter of Animals Acts, 1933-1954
Water Acts, 1945 and 1948
Services under these Acts, etc., in relation to :-
General Public Health
General Sanitation
Ambulance Service
Caravans, etc.
Cremation (M.O.H. is Referee)
Disinfection and Disinfection
Food and Drugs, etc.
Food Premises, etc.
Health and Welfare in Workplaces
Housing
Meat and Food Inspection
Milk and Dairies
Offensive Trades
Pleasure Fairs
Rodent Control
Sanitary accommodation in factories
Smoke Nuisances
Movement of Animals, etc.
Water Supplies

MATERNAL, INFANT & NURSING WELFARE

Duties under the following Acts :-
National Health Service Acts, 1946-1952
Public Health Act, 1936
Midwives Acts, 1936 and 1951
Nurseries and Child-Minders Regulation Act, 1948
Nurses Acts
Services under these Acts, etc., in relation to :-
Care of mothers and young children (including provision of day nurseries and mother and baby home)
Care and After Care
Domestic Help
Home Nursing
Health Visiting
Midwifery
Supervision of private maternity and nursing homes and nurses agencies
Vaccination and Immunisation
ASSESSMENT SECTION
Approval of maternity hospital and midwifery bookings
Assessment of applicant's ability to pay for services
Cancellation of charges already made in certain cases
Payment of fees to medical practitioners under Midwives Act, 1951
Sanction for supply of free dried milk, etc.

MENTAL HEALTH

Duties under the following Acts :-
National Health Service Acts, 1946-1952
Lunacy and Mental Treatment Acts, 1890-1930
Mental Deficiency Acts 1913-1938
Services under these Acts etc., in relation to :-
Ascertainment of mental deficiency
Care and After Care in Mental Health
Certification, etc., under Lunacy Acts
Occupation Centres

SPECIAL, STAFFING, ETC.

Matters of special importance, including senior staff appointments, etc.

WEIGHTS AND MEASURES

Duties under the following Acts :-
Weights and Measures Acts, 1878-1936
Sale of Food (Weights and Measures) Act, 1926
Fireworks Act, 1951
Explosives Acts, 1875 and 1923
Petroleum (Consolidation) Act, 1928
Shops Act, 1950
Young Persons (Employment) Act, 1938
Celluloid and Cinematograph Film Act, 1922
Services under these Acts, etc., in relation to :-
Weights and Measures
Explosives
Petroleum
Shops
Storage of raw and scrap celluloid

VITAL STATISTICS

*"The jury eagerly wrote down all three dates on their slates,
and then added them up, and reduced the answer to shillings
and pence."*

—Lewis Carroll (Alice in Wonderland).

Special Features.—The birth rate of 15·1 per 1,000 for the year 1957 was the highest since 1949 but was appreciably below the England and Wales rate. The general death rate of 11·6 per 1,000 was slightly below the 1956 rate and was slightly above the England and Wales rate.

The Infant Mortality rate of 20·6 per 1,000 live births represented a considerable decrease from the previous year. The 1957 rate for England and Wales was 23·1 per 1,000 live births. The neonatal mortality rate of the City in 1957 was 16 per 1,000 live births and showed a decrease over the previous year.

The death rate from Tuberculosis of the Respiratory System, which rose during 1955 for the first time since 1945, showed a further decrease from 1956. The death rate from Other Forms of Tuberculosis was 0·022 per 1,000, as compared with 0·020 per 1,000 in 1956.

The death rate of children under two years of age from Enteritis and Diarrhoea was the lowest ever recorded.

13 cases of Acute Poliomyelitis (Paralytic) and 2 cases of Acute Poliomyelitis (Non-Paralytic) were notified during the year. There were no deaths.

The attack rate from Measles was very high and there were three deaths.

There were no cases of Diphtheria during 1957, and there were no deaths for the ninth successive year.

There were no maternal deaths for the third successive year. There had never been less than three such deaths in any previous year.

Mortality from Cancer showed a slight decrease but was higher than the England and Wales rate.

Area.—The total area of the City at 31st December, 1957, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1957 was 498,500, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Marriages.—The number of marriages in 1957 was 3,981 and the marriage rate (or persons married per 1,000 of the population) was 16·0 as against 16·3 per 1,000 in 1956. The 1957 rate was slightly above the England and Wales rate, which was 15·4 per 1,000. The following table gives details of marriages in Sheffield during the period 1952 to 1957 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE I.—Marriages and Marriage Rates in Sheffield and in England and Wales, years 1952 to 1956 and year 1957

<i>Year</i>	<i>Total Number of Marriages in Sheffield</i>	<i>Persons Married per 1,000 of the population</i>	
		<i>Sheffield</i>	<i>England and Wales</i>
1952	4,044	15·8	15·9
1953	3,996	15·7	15·6
1954	3,974	15·8	15·4
1955	4,185	16·7	16·1
1956	4,067	16·3	15·8
Average (Quinquennium 1952-1956)	4,053	16·1	15·8
1957	3,981	16·0	15·4

Live Births.—There were 8,244 live births registered in the City in 1957 and, after making allowances for births transferable inwards and outwards, the figure of net live births is 7,519. The birth rate was 15·1 per 1,000 of the population as against a rate of 14·1 in 1956. The England and Wales rate for 1957 was 16·1 per 1,000. The statement below shows that, apart from a slight check in 1953, the birth rate of the City has steadily declined since the year 1947 until 1956 and that the upward trend continued in 1957 when the rate was the highest recorded since 1949. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1947. It will be seen that of the 7,519 live births in 1957 there were 286 illegitimate births and that the illegitimacy rate was 38 per 1,000 births. The average of the illegitimacy rates of the City for the ten years 1947 to 1956 is considerably below that of England and Wales :—

<i>Year</i>	<i>Total Live Births</i>	<i>Birth Rate per 1,000 of Population</i>	<i>Illegitimate Live Births</i>	<i>Illegitimacy Rate per 1,000 Live Births Sheffield</i>	<i>England and Wales</i>
1947	10,522	20·7	399	38	52
1948	9,107	17·7	368	40	53
1949	8,087	15·7	282	35	50
1950	7,370	14·3	276	37	49
1951	7,233	14·2	271	37	47
1952	7,005	13·7	227	32	46
1953	7,055	13·9	268	38	46
1954	6,867	13·6	233	34	46
1955	6,756	13·5	257	38	45
1956	7,040	14·1	259	37	46
Average 1947-56	7,704	15·1	284	37	48
1957	7,519	15·1	286	38	46

Stillbirths.—Stillbirths allocated to the City in 1957, after making allowance for transferable births, numbered 157 and gave a rate of 0·32 per 1,000 of the population, the same rate as for 1956. The stillbirths of the City in 1957 also represented a rate of 20·45 per 1,000 total (live and still) births, as compared with 21·95 per 1,000 in 1956 and an England and Wales rate for 1957 of 22·5 per 1,000.

Deaths.—There were 6,407 deaths registered in the City in 1957 and the transferable deaths numbered 250 inwards and 872 outwards. Net deaths allocated to the City therefore totalled 5,785 of which 3,165 were males and 2,620 females. The death rate from all causes was 11·6 per 1,000 of the population. This rate, as is shown in the following statement, is slightly below the 1956 rate and is also lower than the average rate for the decade 1947–1956. The England and Wales rate for 1957 was 11·5 per 1,000.

<i>Year</i>		<i>Number of Deaths</i>		<i>Death Rate per 1,000 of the Population</i>
1947	..	6,260	..	12·3
1948	..	5,797	..	11·3
1949	..	6,431	..	12·5
1950	..	5,883	..	11·4
1951	..	6,633	..	13·0
1952	..	5,937	..	11·6
1953	..	6,041	..	11·9
1954	..	5,821	..	11·6
1955	..	5,934	..	11·8
1956	..	5,852	..	11·7
Average 1947–56	..	6,059	..	11·9
1957	..	5,785	..	11·6

Smallpox.—There were no cases of Smallpox notified during the year.

Measles.—Measles is one of the most infectious of diseases and in a large town few survive beyond junior school age without contracting the illness. While measles may be inevitable, there is no justification whatsoever for deliberately exposing a young child to infection, as is a common custom, in order that brothers and sisters will get it over at one and the same time. Although generally measles is nowadays a fairly mild disease and complications can be treated with sulphonamides or antibiotics, there is nevertheless a real risk of permanent damage to ears, eyes and lungs. This risk is undoubtedly less as the child grows older.

A concentrate of antibodies can be prepared from human blood (Gamma Globulin) and this may be used, if given in sufficient time, not only

to prevent the disease but also to attenuate it. The effect, however, only lasts a few weeks and, unless the circumstances are exceptional, it is usually in the interests of the child merely to aim at producing a mild form of the disease. Although gamma globulin has been available for a number of years it cannot be prepared in quantities sufficiently large to protect the child population as a whole. It is possible, however, that in future it may come into more common use in mitigating the severity of measles among young children.

There were 8,423 cases of measles notified during the year. The attack rate was 16.90 per 1,000 of the population, the corresponding figure in 1956 was 0.37 and in 1955 19.32.

Children are most likely to contract measles during their first couple of years at school. The table based on the figures for the 1957 outbreak demonstrates what is possibly a feature of some interest.

Measles Notifications at ages 0-3 and 5-9 years.*

<i>Week ended</i>				<i>0-3 years</i>	<i>5-9 years</i>
May	4th	..	..	41	32
..	11th	..	..	132	64
..	18th	..	..	118	161
..	25th	..	..	127	246
June	1st	..	..	180	306
..	8th	..	..	183	324
..	15th	..	..	274	320
..	22nd	..	..	336	334
..	29th	..	..	311	173
July	6th	..	..	259	144
..	13th	..	..	177	158
..	20th	..	..	174	126
..	27th	..	..	113	124
August	3rd	..	..	92	51
TOTALS				2,517	2,563

* To facilitate comparison between school and pre-school groups, children aged 4 years have been omitted.

The children reassembled from their Easter Holiday (10th-29th April) and it will be noted that some fortnight after there was a sudden increase in the number of notifications of children of school age; the peak figures for children of pre-school age, however, were reached some two to three weeks later.

A review has been made of measles outbreaks occurring in Sheffield since the infection was first made notifiable in 1940. The only fact that

emerges is that their behaviour is completely unpredictable. It is generally true that outbreaks occur every second year, but during 1950 to 1953 large numbers were notified each year. It is generally true that outbreaks are less common in the Autumn, September in particular being a low month. In 1940, however, the epidemic which was becoming apparent in August spread steadily throughout the Autumn. Indeed the 1940, 1942 and 1948 outbreaks all commenced in the summer. Nor was it possible in general to predict the rate of development of the outbreak, or its duration, or even be certain at what point the outbreak was on the decline. The epidemiologist's task is even less enviable than that of the weather man.

Scarlet Fever.—603 cases of Scarlet Fever were notified during the year and the attack rate was 1·21 per 1,000 of the population as against 1·23 for 1956, and an average rate of 1·26 for the quinquennium 1952–1956. There were no deaths from Scarlet Fever in 1957.

Diphtheria.—There were no cases of Diphtheria notified during 1957, and there were no deaths for the ninth successive year.

Whooping Cough.—The beginning of 1957 saw the tail-end of a whooping cough outbreak which developed in the Summer of 1956. 888 notifications were received during the year, representing an attack rate of 1·78 per 1,000 of the population. There was one death. The incidence of whooping cough during the past four years has, however, been quite low and it is difficult to escape the conclusion that this is associated with the introduction of immunisation against whooping cough.

Whooping Cough Notifications.

<i>Year</i>	<i>Under 12 months</i>	<i>1-4 years</i>	<i>5-9 years</i>	<i>10 years and over</i>	<i>Total</i>
1950	269	1,731	877	32	2,909
1951	113	692	265	6	1,076
1952	167	1,093	514	7	1,781
1953	168	1,005	575	12	1,760
1954	89	425	277	7	798
1955	89	449	346	11	895
1956	101	454	410	17	982
1957	89	409	356	34	888

While the public has been very ready to accept protection against whooping cough, doubts were for a long time felt as to whether an effective vaccine was available. The trials carried out under the auspices of the Medical Research Council took several years to evaluate and were not designed to test the combination of vaccines which are widely used at present. Even today then there are reservations with regard to the efficacy

of the agents used, and it has never been suggested that such complete protection can be offered against whooping cough as is the case with diphtheria. Nevertheless, if the vaccine is able to prevent the permanent damage to the lung that often results from an attack of whooping cough, its use will have been well worth while even if it does not prevent the child catching the infection at some stage of its life.

In Sheffield, whooping cough immunisation—either separately or in a combined form—was not carried out in the clinics until May, 1954 ; nor was vaccine made available to general practitioners through the Department. It is known, however, that as in many other parts of the country a combined vaccine against diphtheria and whooping cough was in use amongst practitioners. It is therefore difficult to pinpoint at what stage whooping cough immunisation was in actual fact introduced in this area, and consequently impossible to speak with any assurance as to the proportion of children who have received some measure of protection by this means. About 10% of whooping cough notifications occur under the age of 12 months, and it is noted that during 1957 only 20% of infants were immunised by their first birthday. It is desirable that children should be immunised against whooping cough as soon as possible after the age of 3 to 4 months.

Typhoid and Paratyphoid Fevers.—Four cases of Typhoid Fever were notified during 1957 compared with three the previous year. There were no deaths in either year.

One patient was almost certainly infected by her father, who had been a typhoid carrier for many years. The remaining cases were a source of some concern because although it appeared probable that one had been infected at a seaside resort on the East Coast and the other two at a resort on the West Coast, nothing could be found in common regarding possible methods of infection. Another significant point was that the typhoid organism responsible in each of these three cases was of the same type, suggesting that they had some common source. Most of the investigations were necessarily carried out at the resorts concerned and, although one of the Sheffield cases appeared to have been infected from dressed crab, this would certainly not account for the others. Winkles came under some suspicion in one of these cases, but the evidence was quite inconclusive. With regard to the third case there was not even a clue as to how the infection might have been contracted.

Six notifications of Paratyphoid infection were received in 1957 compared with three in 1956. There were no deaths.

One of these cases occurred at the very beginning of the year in a family who had been spending Christmas with relatives in a small town in Cumberland. During their stay one of the relatives had developed similar symptoms, although there is no definite evidence in this case that the condition was paratyphoid.

An interesting collection of six cases occurred in the Autumn, which were limited to the circle of one family. Part of this family lived in an industrial area in Lancashire, but both sides of the family seemed to pass back and forth with great frequency. As a number of other cases of the same bacteriological variety were isolated in Lancashire, it seems that the infection originated there. It is of interest that an Alsatian dog, which was the family pet, had symptoms of gastro-enteritis before any member of the family developed symptoms, and subsequent investigations showed that the dog was excreting the paratyphoid organism. A point of particular interest about these cases was that in no instance did enteric fever develop and symptoms, when present, were restricted to diarrhoea and vomiting. As far as is known no case has occurred in Sheffield outside this particular family.

Enteritis and Diarrhoea under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 0·40 in 1957, as compared with a rate of 0·57 for the year 1956. This was the lowest rate ever recorded in the City.

Meningococcal Infection.—There were 16 cases of Meningococcal Infection notified in 1957, compared with 19 cases in 1956, and the attack rate was 0·03 per 1,000 of the population. There were no deaths during the year, as against four deaths in 1956. The average death rate for the quinquennium 1952–1956 was 0·006 per 1,000 population.

Acute Poliomyelitis.—15 cases were notified during the year—13 of Poliomyelitis (Paralytic) and 2 of Poliomyelitis (Non-paralytic)—compared with 32 cases—13 of Poliomyelitis (Paralytic) and 19 of Poliomyelitis (Non-paralytic)—notified in 1956. The attack rate was 0·03 per 1,000 of the population, comparing with a rate of 0·06 for 1956. During the year there were no deaths from this disease, as against one death in 1956.

Acute Encephalitis.—There were no cases of Acute Infective Encephalitis notified during the year.

Sonne Dysentery.—The number of cases notified during the year was 691, compared with 838 in 1956. This figure is somewhat above the average partly because of a fairly extensive outbreak at the Manor Lane Primary School. The number of cases of sonne dysentery brought to light is closely

linked with the efforts that are made to detect them. Undoubtedly in the normal course of events much dysentery occurs under the guise of " gastro-enteritis " or " gastric 'flu " and, unless faecal specimens are sent for bacteriological investigation, there is no way of making a certain diagnosis. At the Manor Lane School specimens were submitted from all children who were known to have had clinical symptoms of dysentery, or had recently suffered from such symptoms. Of the 609 children at the school, some 65 were found to be " positive " cases, although probably by the time the investigation was carried out many of these had ceased to have symptoms.

Sonne dysentery is somewhat of an enigma because, unlike other infectious diseases of the gastro-intestinal tract, its incidence is greatest in the winter months. Curiously the peak of the outbreaks tends to occur in the thirteenth week of the year. This certainly held good for Sheffield in 1957, and in 1950 and 1956 the figures for the thirteenth week were the second highest in the respective years. In 1954, however, which also had a high incidence, the outbreak reached its peak in June—just to prove that infectious disease does not always run to predictable lines.

Malaria.—There were two cases of Malaria notified during the year. In each case the disease was contracted abroad.

Food Poisoning.—Only 71 notifications of food poisoning were received during 1957, compared with 129 in 1956 and 145 in 1955. As in previous years, the greatest number of cases arose during the summer months when conditions are ideal for bacterial growth in food. Investigation of outbreaks of food poisoning presents special difficulties as often all remnants of food have been thrown away, and at the end of the fullest enquiries many uncertainties may remain unsolved. Such an outbreak occurred amongst the staff of a railway buffet. The only meal which could have been responsible consisted of tinned salmon, tinned apricots and pineapple, tea and bread and butter. Four people developed vomiting within 1½–2½ hours ; the remaining person developed symptoms a few hours later. The salmon tin was recovered from the dustbin, but there was no evidence of either metallic poisoning or any micro-organism normally associated with food poisoning ; specimens from the persons affected also gave inconclusive results.

Another small outbreak occurred in a small voluntary home for the blind. Diarrhoea was the predominant symptom, but it was impossible to establish to a certainty whether the meal responsible was breakfast or lunch. The same organism (*Cl. Welchii*) was recovered from the faeces of all cases, and it is probable that meat had been contaminated shortly after slaughter.

There was also a small outbreak apparently caused by potted meat that had been infected with a type of salmonella (*S. Irumu*) that is somewhat uncommon in this country. Three children developed diarrhoea some 18–30 hours after attending a party ; the remaining six had no symptoms but faecal specimens showed that they had been infected with the same organism. Two adults in the confectioners where the potted meat was prepared also suffered from diarrhoea after eating the potted meat, and a child in the household was also infected about a week later. It is thought that *S. Irumu* may have been introduced into the bakehouse through the use of infected liquid frozen egg. No egg, however, remained from the tin that had been used when the potted meat was made, so it was not possible to either prove or disprove this suggestion.

Influenza.—Influenza epidemics occur every few years, but one would have to go back to 1918–19 to find an epidemic which created such a stir. News reached the public as the wave of infection spread across the world, and most of us in this country were resigned to an outbreak of influenza in the Autumn. In fact it came to Sheffield a little earlier and towards the end of August, the Sheffield Wednesday Football Team made headlines in the national newspapers. When the publicity broke there was surprisingly little illness about, but undoubtedly the “flu” spread rapidly, reaching its peak during the third week of September. The outbreak subsided fairly quickly, but not before it had caused widespread apprehension, some of which was justified. Advance reports had suggested that the influenza was of a mild variety and, while this was often the case, there were a number of sudden deaths usually associated with pneumonia. Some of these had occurred in comparatively young people, including children and adolescents, whereas the aged as a group escaped remarkably lightly. A quite unexpected tragedy were the deaths occurring among people who already had a damaged heart associated with past rheumatic fever ; at least three of the women who died were pregnant and, as this association has been noted in other parts of the country, it would seem that the condition of pregnancy involved a special risk. It is quite possible that if this information had been recognised earlier the Ministry would have included expectant mothers among the priority classes to whom they made vaccine available.

The Influenza death rate was 0·114 per 1,000, the highest figure since 0·237 in 1951. The average City rate for the five years 1952–56 was 0·045 per 1,000.

Unfortunately it is still true that the progress of an influenza outbreak is hardly stayed by any public health measures at our disposal. It is frustrating to have to sit back and appear to the public as a sort of commentator on an epidemic that we cannot hope to control. The Department were

certainly active behind the scenes in collating information from various sources with a view to advising the Ministry of Health as to the special features of the so-called "Asian 'flu". It did not prove necessary to give any medical or nursing help to general practitioners or hospitals, although there is little doubt that the Authority would willingly have made staff available if a real emergency had arisen. The Ministry issued a limited supply of influenza vaccine for nurses and other local authority staff in contact with the public in their homes, but it would probably be a fair summing up to say that by the time any real immunity had developed the risk was over.

Pneumonia.—958 cases of Pneumonia were notified in 1957, the incidence rate being 1·92 per 1,000 of the population, as against 1·78 per 1,000 in 1956. A total of 255 persons died from Pneumonia during the year—145 males and 110 females—and the death rate was 0·511 per 1,000 of the population. There were 226 deaths from Pneumonia in the year 1956, and the death rate was 0·453 per 1,000. The average death rate for the five years 1952–1956 was 0·414 per 1,000.

Bronchitis.—There were 411 deaths from Bronchitis during the year, of which 301 were males. The death rate was 0·824 per 1,000 of the population which compares with a rate of 0·778 for the year 1956. The average City rate for the five years 1952–56 was 0·707 per 1,000.

Chronic bronchitis is often regarded as one of the degenerative diseases developing in late middle life or old age. A number of factors appear to have a bearing on the disease—temperature and humidity, atmospheric pollution, industrial dust, and tobacco smoking. It is a disease which is more disabling among men and particularly amongst individuals carrying out heavy manual work, and those whose job involves them in exposure to excessive heat with subsequent exposure to cold during the journey home.

There is an inverse relation between bronchitis deaths and hours of sunshine—the smokiness of the atmosphere and excessive cloud affect northern towns particularly.

The Medical Research Council has set up a Unit at the University which is carrying out research into this problem, which is of the greatest importance as far as Sheffield is concerned. The Authority is co-operating in a number of ways, including the provision of additional atmospheric pollution gauges.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Sheffield was selected for a three years trial period of notification of Acute Rheumatism in children under 16 years of age. This period has since been extended by the Acute Rheumatism Regulations, 1950–57.

During the year 1957, 19 cases were classified as properly notifiable under the Regulations, and a separate report upon an investigation which has been made into these cases appears at the end of this section of the Annual Report.

Cancer.—Deaths from Cancer during the year 1957 numbered 1,068, of which 621 were males and 447 females. The death rate was 2·142 per 1,000 of the population as against a rate of 2·188 in 1956.

The increase in total mortality from Cancer in recent years has been almost wholly confined to males, and has coincided with a steady increase in male deaths from Cancer of the Lung and Bronchus.

The number of deaths from Cancer of the Lung and Bronchus showed a slight decrease during 1957. In common with other industrial areas, the death rate of the City is consistently higher than for the country as a whole, as is shown in the following statement :—

Cancer of the Lung, Bronchus

<i>Year</i>					<i>Rate per one million population</i>		
	<i>Sheffield</i>				<i>Sheffield</i>	<i>England and Wales</i>	
	<i>Number of Deaths</i>						
1950	176	342	280
1951	171	335	302
1952	205	401	323
1953	224	441	343
1954	261	518	369
1955	242	483	389
1956	267	535	407
1957	258	517	426

Below is a table which gives details of deaths of Sheffield residents from all forms of Cancer in the period 1952–1957 and a comparison of the Sheffield death rate with that of England and Wales.

The numbers of deaths under the detailed sub-headings of Cancer, classified according to sex and in age periods, are given in Table IX on page 36.

TABLE II.—Cancer Mortality of Sheffield and of England and Wales for the year 1957 and the previous five years

<i>Year</i>	<i>Deaths of Sheffield Residents</i>			<i>Death Rate per 1,000 of the Population</i>	
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Sheffield</i>	<i>England and Wales</i>
1952	597	459	1,056	2·07	1·99
1953	606	462	1,068	2·10	1·99
1954	629	482	1,111	2·21	2·04
1955	620	461	1,081	2·16	2·06
1956	637	455	1,092	2·19	2·08
5 yrs' av'ge (1952-56)	618	464	1,082	2·15	2·03
1957	621	447	1,068	2·14	2·09

Tuberculosis.—There were 425 primary notifications of tuberculosis of the respiratory system in 1957, and the incidence rate was 0·85 per 1,000 population as against 0·80 per 1,000 in 1956. There were 52 notifications of other forms of tuberculosis, giving an incidence rate of 0·10 per 1,000 which corresponds with a rate of 0·07 per 1,000 for 1956. The 52 notifications were made up as follows :—

Meningitis	12
Bones and Joints	20
Glands	8
Genito-urinary tracts	5
Abdominal	4
Other	3

Deaths from tuberculosis of the respiratory system numbered 72, of whom 60 were males and 12 females. The death rate per 1,000 population was 0·144. This figure compares with a rate of 0·184 in 1956, an average rate of 0·200 for the five years 1952–56, and an England and Wales rate for 1957 of 0·095 per 1,000.

The drop in mortality from respiratory tuberculosis is shown below together with the rates from a number of other large towns :—

<i>Town</i>	1937	1938	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Sheffield	68	50	50	44	44	31	29	22·5	20	18	22	18
Stoke	80	67	53	55	57	51	44	35	38	27	27	22
Birmingham	73	73	64	59	54	46	38	27	24	20	20	14
Bristol	68	56	56	48	44	41	34	21	21	15	12	8
Manchester	92	86	66	69	60	58	45	38	28	27	19	15
Liverpool	79	77	79	79	68	60	52	34	33	29	24	18
Leeds	72	68	62	49	48	35	33	22	22	16	13	11
Newcastle	93	85	89	78	75	62	38	33	28	27	17	15

Some concern has been felt that the Sheffield figures have not fully reflected the drop in mortality from pulmonary tuberculosis that has occurred in other large industrial towns in recent years. Enquiries for additional statistical information have been made to a number of these other Authorities and, while the picture is not uniform, the general pattern is similar to the Sheffield figures which are shown in the table opposite.

TABLE III.—Deaths occurring from Respiratory Tuberculosis, by Sex and Age, for the years 1937-38 and 1947-57

Year	Sex	0-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+	Total
1937	M	1	27	40	45	37	50	12	212
	F	3	46	38	27	17	8	4	143
1938	M	3	16	32	24	33	34	15	157
	F	5	28	23	18	11	10	7	102
1947	M	2	18	32	33	41	28	15	169
	F	2	24	32	12	6	7	2	85
1948	M	1	9	31	23	32	27	24	147
	F	—	17	32	17	6	6	2	80
1949	M	1	3	28	30	38	31	20	151
	F	1	14	28	12	11	4	5	75
1950	M	—	4	18	19	25	25	15	106
	F	—	11	18	5	8	4	9	55
1951	M	—	—	11	16	21	23	26	97
	F	2	7	20	12	3	6	3	53
1952	M	—	2	5	12	16	26	22	97
	F	—	6	9	5	1	4	7	32
1953	M	—	—	12	11	20	16	17	76
	F	—	3	5	5	2	4	5	24
1954	M	—	1	7	10	12	24	11	65
	F	—	1	8	3	8	1	4	25
1955	M	—	1	3	10	25	32	15	86
	F	—	3	4	5	6	—	4	22
1956	M	—	1	3	10	11	26	18	69
	F	—	—	6	6	2	2	7	23
1957	M	—	—	3	5	19	13	20	60
	F	—	—	2	5	3	1	1	12

Few deaths occur under the age of 25 but there is a steady increase in mortality amongst males, which becomes particularly marked from the age of 45 onward. Although there is a definite excess of female deaths in the age group 25-34, the mortality has swung to an excess of males in the 35-44 age group ; thereafter the proportion of males completely outstrips the females though there is a tendency for the female deaths to increase after the age of 65. Nevertheless, bearing in mind this general picture, the number of male deaths in Sheffield is excessively high over the age of 55 years compared with other Authorities. The proportion of male deaths in Sheffield rose from 60% in the years 1937-38 to 85% in 1957.

It is quite possible that the relatively unfavourable rates in Sheffield arise from industrial or other factors peculiar to this City. A number of other Authorities had a much higher death rate in the younger age group and the type of tuberculosis occurring amongst these appears to respond better to chemotherapy and other forms of treatment introduced in recent years. Possibly the more chronic form of tuberculosis that has prevailed in Sheffield responds less readily to these methods of treatment with the result that the overall death rate remains less satisfactory than might have been anticipated.

There were 11 deaths from other forms of tuberculosis—five of males and six of females. The death rate was 0·022 per 1,000 of the population as against the rate of 0·020 for 1956, and an average rate of 0·022 for the five years 1952–56 ; the England and Wales rate in 1957 was 0·012.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1948 to 1957, are given in the table below :—

TABLE IV.—Death Rates per Million from Tuberculosis, ten years, 1948 to 1957

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1948 ..	441	440	54	67	495	507
1949 ..	440	403	74	54	514	457
1950 ..	313	321	54	43	367	364
1951 ..	294	275	49	41	343	316
1952 ..	225	212	20	28	245	240
1953 ..	197	179	18	22	215	201
1954 ..	179	160	28	19	207	179
1955 ..	216	131	22	15	238	146
1956 ..	184	109	20	12	204	121
1957 ..	144	95	22	12	166	107

Infant Mortality.—There were 155 deaths of infants under one year of age in 1957, as compared with 166 in 1956. The infant mortality rate was 20·6 per 1,000 live births in 1957 as against 23·6 per 1,000 in 1956. The England and Wales rate for 1957 was 23·1 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that throughout this period the Sheffield rate has compared favourably with the England and Wales rate.

TABLE V.—Infant Mortality, Sheffield and England and Wales, 20 years, 1938 to 1957

Year	Infant Mortality		Year	Infant Mortality	
	Sheffield	England and Wales		Sheffield	England and Wales
1938	50	53	1948	32	34
1939	48	50	1949	35	32
1940	55	56	1950	28	30
1941	67	60	1951	31	30
1942	49	51	1952	24	28
1943	56	49	1953	26	27
1944	41	45	1954	24	26
1945	46	46	1955	24	25
1946	36	43	1956	24	24
1947	42	41	1957	21	23

In the table which follows in regard to infant mortality, particulars are given of the deaths of infants in the year 1957. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (sixth revision), which was introduced in 1950.

TABLE VI.—Infant Mortality ; Deaths in the year 1957 from stated causes at various ages under One Year

International List Nos.	Cause of Death	Under 1 day	1 day and under 1 week	1 week and under 2 weeks	2 weeks and under 3 weeks	3 weeks and under 4 weeks	Total Deaths 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 1 year
010	Tuberculosis of meninges and C.N.S.	—	—	—	—	—	—	—	—	—	—	—
Remainder of 001-019	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	—	—	—	—	—	—	—	—	—	—	—
056	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—
057	Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—
085	Measles	—	—	—	—	—	—	—	—	—	—	—
Remainder of 020-138	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—
340	Meningitis, except meningococcal and tuberculous	—	—	—	—	—	—	—	—	—	—	—
480-483	Influenza	2	—	—	1	—	3	—	—	—	—	3
490-493	Pneumonia (4 weeks—1 year)	—	—	—	—	—	—	—	—	—	—	—
500-502	Bronchitis	—	—	—	1	—	2	—	—	—	—	2
543, 571, 572	Gastritis, Enteritis and Diarrhoea (4 weeks—1 year)	—	—	—	—	—	—	—	—	—	—	—
751	Spina Bifida and Meningocele	2	—	—	2	—	5	—	—	—	—	2
754	Congenital malformations of circulatory system	3	—	—	1	—	5	—	—	—	—	7
Remainder of 750-759	Other congenital malformations	—	—	—	—	—	—	—	—	—	—	—
760, 761	Birth injuries	4	1	1	—	—	6	—	—	—	—	9
762	Perinatal asphyxia and atelectasis	7	7	—	—	—	14	—	—	—	—	14
763	Pneumonia of newborn	10	5	—	—	—	15	—	—	—	—	15
764	Diarrhoea of newborn (under 4 weeks)	—	—	—	—	—	—	—	—	—	—	—
770	Haemolytic disease of newborn	—	—	—	—	—	—	—	—	—	—	—
774	Prematurity with mention of subsidiary condition	4	—	—	—	—	4	—	—	—	—	4
776	Prematurity unqualified	39	9	1	—	—	49	—	—	—	—	49
Remainder of 760-776	Other diseases peculiar to early infancy	1	4	—	—	—	5	—	—	—	—	5
E924	Accidental mechanical suffocation	—	—	—	—	—	—	—	—	—	—	—
Remainder of E800-999	Other violent causes	4	1	—	—	—	4	—	—	—	—	5
Residual	All other causes	3	—	—	1	—	6	—	—	—	—	15
	ALL CAUSES	72	34	6	6	1	119	15	13	3	5	155

Neo-Natal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 119 in the year 1957, giving a neo-natal mortality rate of 16 per 1,000 live births. The rate for the year 1956 was 18 per 1,000. The neo-natal deaths in 1957 comprised 76·8 per cent. of the total deaths of children under one year of age as against 70·5 per cent. in 1956.

Pregnancy, Child Birth and the Puerperal State.—There were 348 cases of Puerperal Pyrexia notified during the year 1957, and the incidence rate, calculated per 1,000 total (live and still) births, was 45·33 as against a rate of 41·68 in 1956.

There were no maternal deaths during the year 1957. There have now been no such deaths for the past three years, the lowest number ever previously recorded in any one year being the three deaths occurring in 1954. The England and Wales maternal mortality rate for 1957 was 0·39 per 1,000 total (live and still) births, and the average Sheffield rate for the period 1952–1956 was 0·34, as against an England and Wales average of 0·56. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pyrexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes, and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales. Deaths from abortion are disregarded in stating maternal mortality rates.

TABLE VII.—Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, years 1952-1957

Year	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births				
		Sickness incidence from Puerperal Pyrexia	Maternal Mortality		Total Maternal Mortality	
			Puerperal Sepsis	All Other Causes	Sheffield	England and Wales
1952	5	46·59 (333)	—	0·70 (5)	0·70	0·59
1953	4	45·46 (329)	0·14 (1)	0·41 (3)	0·55	0·65
1954	3	53·57 (377)	0·28 (2)	0·14 (1)	0·43	0·58
1955	—	39·38 (273)	—	—	—	0·54
1956	—	41·68 (300)	—	—	—	0·46
Average 5 years 1952-1956 ..	2	45·34 (322)	0·08 (1)	0·25 (2)	0·34	0·56
1957	—	45·33 (348)	—	—	—	0·39

NOTE.—The figures in brackets denote the actual number of cases or deaths.

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable

diseases during the year 1957. Notifications of each disease are tabulated in specified age groups.

TABLE VIII.—Cases of Infectious and other notifiable Diseases during the year 1957 classified under age periods

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards	At all Ages
Smallpox	—	—	—	—	—	—	—	—	—
Measles	271	4,378	3,724	32	12	5	1	—	8,423
Whooping Cough	89	409	383	5	2	—	—	—	888
Scarlet Fever	—	179	410	11	2	1	—	—	603
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	2	—	2	—	—	4
Paratyphoid Fever	2	2	—	—	2	—	—	—	6
Puerperal Pyrexia	—	—	—	162	138	46	2	—	348
Erysipelas	1	—	—	—	2	8	28	16	55
Meningococcal Infection	4	8	—	—	2	—	2	—	16
Acute Poliomyelitis—									
Paralytic	—	5	3	2	1	1	1	—	13
Non-Paralytic	—	1	—	—	—	—	1	—	2
Ophthalmia									
Neonatorum	2	—	—	—	—	—	—	—	2
Pneumonia	31	88	69	60	63	107	296	244	958
Malaria	—	—	1	—	1	—	—	—	2
Dysentery	28	207	338	17	45	34	14	8	691
Acute Encephalitis—									
Infective	—	—	—	—	—	—	—	—	—
Post-Infectious	—	—	2	—	1	—	—	—	3
Food Poisoning	3	16	20	6	—	4	5	17	71
Tuberculosis of Respira- tory System	3	6	23	73	73	70	131	46	425
Other Forms of Tuber- culosis	1	4	10	8	6	5	12	6	52
Acute Rheumatism	—	1	18	—	—	—	—	—	19
TOTALS	435	5,304	5,001	378	350	283	493	337	12,581

Causes of Death.—In Table IX on page 36 are given particulars of the number of deaths of Sheffield residents in the year 1957, classified according to disease, sex and age periods. It should be stated that, commencing with deaths registered in the year 1950, the classification of causes of death is that prescribed in the International List (sixth revision 1948), which replaced the fifth revision of 1938. This change in classification has lessened the value, as regards certain causes of death, of the comparisons which are made of death rates prior to the year 1950 with those of subsequent years.

Population and Birth Rates and Death Rates in Past Years.—Table X on page 37 gives information in regard to the population of the City in 1957 and past years ; also the numbers of births and deaths in the City and the birth rates and death rates of Sheffield and of England and Wales in those years.

TABLE IX.—Deaths of Sheffield Residents in the Year 1957 Classified according to Disease, Sex and Age-Periods

Cause of Death	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	3,165	96	8	5	12	12	33	96	307	714	936	946
	F	2,620	59	2	9	20	14	27	82	185	355	690	1,177
TOTALS		5,785	155	10	14	32	26	60	178	492	1,069	1,626	2,123
1. Tuberculosis, Respiratory	M	60	—	—	—	—	—	3	5	19	13	17	3
	F	12	—	—	—	—	—	2	5	3	1	1	—
2. Tuberculosis, Other ..	M	5	—	—	—	—	—	—	1	2	2	—	—
	F	6	—	1	—	—	—	—	—	2	1	1	1
3. Syphilitic Disease ..	M	6	—	—	—	—	—	—	—	—	2	3	1
	F	1	—	—	—	—	—	—	—	—	—	1	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	M	1	1	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	M	3	1	1	—	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	M	7	—	—	—	1	1	1	1	1	—	2	—
	F	5	—	—	1	—	—	1	1	1	1	—	—
10. Malignant Neoplasm, Stomach ..	M	100	—	—	—	—	—	—	3	11	30	34	22
	F	69	—	—	—	—	—	—	2	10	19	18	20
11. Malignant Neoplasm, Lung, Bronchus ..	M	232	—	—	—	—	—	1	7	43	96	63	22
	F	27	—	—	—	—	—	—	2	3	12	8	2
12. Malignant Neoplasm, Breast ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	83	—	—	—	—	—	—	7	17	18	23	18
13. Malignant Neoplasm, Uterus ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	41	—	—	—	—	—	4	7	7	14	8	1
14. Other Malignant and Lymphatic Neoplasms	M	273	—	1	1	2	—	5	12	33	63	81	75
	F	213	—	1	—	3	—	2	16	21	45	70	55
15. Leukaemia, Aleukaemia	M	16	—	—	1	—	—	—	3	3	—	5	4
	F	14	—	—	—	3	1	—	—	1	5	3	1
16. Diabetes	M	10	—	—	—	—	—	—	1	1	—	3	5
	F	17	—	—	—	—	—	—	—	1	4	8	4
17. Vascular Lesions of Nervous System ..	M	402	—	—	—	1	—	2	7	20	60	135	177
	F	509	1	—	—	—	—	1	3	22	59	143	280
18. Coronary Disease, Angina ..	M	625	—	—	—	—	—	1	16	56	187	208	157
	F	322	—	—	—	—	—	—	2	12	42	118	148
19. Hypertension with Heart disease ..	M	59	—	—	—	—	—	—	—	5	13	18	23
	F	81	—	—	—	—	—	—	—	2	6	27	46
20. Other Heart Disease ..	M	297	1	—	—	1	1	2	23	44	72	152	243
	F	395	—	—	—	—	2	4	10	17	34	85	243
21. Other Circulatory Disease	M	164	—	—	—	—	—	—	1	9	17	47	90
	F	169	—	—	—	—	—	—	2	5	11	34	117
22. Influenza	M	26	—	—	—	—	—	1	3	1	10	10	1
	F	31	—	—	2	1	3	1	2	2	5	11	4
23. Pneumonia	M	145	7	—	1	—	1	3	4	6	33	40	50
	F	110	2	—	2	1	4	2	4	12	12	29	42
24. Bronchitis	M	301	1	1	—	—	—	1	5	29	82	113	69
	F	110	2	—	—	—	—	1	1	7	20	27	52
25. Other Diseases of Respiratory System ..	M	29	4	—	—	—	—	1	3	4	7	6	4
	F	18	2	—	—	2	—	—	—	3	2	4	5
26. Ulcer of Stomach and Duodenum ..	M	42	—	—	—	—	—	—	1	5	12	15	9
	F	18	—	—	—	—	—	—	—	—	3	7	8
27. Gastritis, Enteritis and Diarrhoea ..	M	9	2	1	—	—	—	—	—	—	2	2	2
	F	8	—	—	—	—	—	—	—	1	1	3	3
28. Nephritis and Nephrosis	M	27	—	—	—	1	1	1	3	5	3	8	5
	F	20	—	—	—	2	—	1	2	2	4	4	5
29. Hyperplasia of Prostate	M	28	—	—	—	—	—	—	—	—	1	10	17
	F	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations ..	M	22	15	1	—	—	—	—	2	2	1	1	—
	F	20	14	—	—	—	—	1	1	3	—	1	—
32. Other defined and ill-defined Diseases ..	M	166	62	1	2	2	2	1	5	11	23	27	30
	F	217	35	—	3	3	3	6	11	24	23	37	72
33. Motor Vehicle Accidents	M	31	—	2	—	2	5	6	1	1	3	6	5
	F	19	—	—	—	3	1	—	1	1	4	4	5
34. All other Accidents ..	M	54	2	—	—	1	1	3	7	9	4	7	20
	F	67	3	—	—	—	—	—	1	1	6	11	44
35. Suicide	M	23	—	—	—	—	—	1	3	8	5	3	3
	F	15	—	—	—	—	—	—	3	5	3	3	1
36. Homicide and Operations of War ..	M	2	—	—	—	—	—	1	—	—	—	—	—
	F	3	—	—	1	1	—	—	—	—	—	1	—

TABLE X.—Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1957, and previous years

Year	Population (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		Live Births		Deaths		Birth Rate per 1,000 of Population	Death Rate per 1,000 of Population
		Number of births	Birth Rate per 1,000 population	Number of deaths	Death Rate per 1,000 population		
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
*1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
*1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953	507,600	7,055	13·9	6,041	11·9	15·5	11·4
1954	503,400	6,867	13·6	5,821	11·6	15·2	11·3
1955	501,100	6,756	13·5	5,934	11·8	15·0	11·7
1956	499,000	7,040	14·1	5,852	11·7	15·7	11·7
1957	498,500	7,519	15·1	5,785	11·6	16·1	11·5

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

ACUTE RHEUMATISM REGULATIONS, 1947-1957

The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950 and, after lapsing for a short period, were again renewed as from 15th January, 1954. Certain selected areas of the country, of which Sheffield is one, have therefore been able to increase their experience of the notification of this disease in children up to 16 years of age. On balance, it appears that a useful purpose has been served, and most general practitioners agree that the facilities provided for expert diagnosis, care and after care, have been valuable.

The following table gives particulars of the annual notifications of Acute Rheumatism since the introduction of the Regulations in 1947 :—

TABLE XI.—Notifications of Acute Rheumatism in Sheffield, 1947-57

1947 (from Oct. 1st)	1948	1949	1950	1951	1952	1953 (to Sept. 30th)	1954 (from 15th Jan)	1955	1956	1957
71 (65)	143 (116)	52 (44)	91 (72)	30 (27)	39 (31)	68 (59)	37 (33)	21 (16)	34 (28)	20 (19)

(Figures in brackets represent number confirmed out of the total notifications).

During 1957, 20 cases of acute rheumatism were notified and, following investigation, 19 of these were accepted as definite cases. A number of them were severe cases, with heart complications, and chorea was diagnosed in three cases compared with one case in 1956.

A tabulated statement of cases notified during 1957, by age, sex and clinical classification is given in the following Table :—

TABLE XII.—Tabulation by Age, Sex and Clinical Classification of Cases notified as Acute Rheumatism in the year 1957

<i>Clinical Classification of Case notified</i>	<i>Age in Years</i>								<i>Total all ages</i>		<i>Total both sexes</i>
	0—4		5—9		10—14		15+		M	F	
	M	F	M	F	M	F	M	F			
I. Rheumatic pains and/or Arthritis without heart disease	—	1	3	2	1	—	—	—	4	3	7
II. Rheumatic Heart Disease (active)—											
(a) with polyarthritis	—	—	1	2	—	4	—	—	1	6	7
(b) with chorea	—	—	—	—	—	—	—	—	—	—	—
(c) with no other rheumatic manifestations ..	—	—	—	—	1	1	—	—	1	1	2
III. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
IV. Rheumatic Chorea (alone)	—	—	—	1	—	2	—	—	—	3	3
TOTAL RHEUMATIC CASES ..	—	1	4	5	2	7	—	—	6	13	19
V. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
VI. Other non-rheumatic heart disease or disorder ..	—	—	—	—	—	—	—	—	—	—	—
VII. Not rheumatic or cardiac disease	—	—	1	—	—	—	—	—	1	—	1
TOTAL NON-RHEUMATIC CASES	—	—	1	—	—	—	—	—	1	—	1

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

By ANN KIRK BLACK, M.B., CH.B.,

Senior Assistant Maternity and Child Welfare Medical Officer

"Such as have need of milk and not of strong meat."

—Hebrews v, 12.

In the administration of the Maternity and Child Welfare Services there were three principal Municipal clinics at 31st December, 1957, these being the City Maternity and Child Welfare Centre at Orchard Place and the Firth Park and Manor Centres. There were also 15 subsidiary Centres located at suitable points so that, as far as was practicable, they covered the City. In addition, there were two General Welfare Centres at Parson Cross and Carbrook, which are used at different times for Maternity and Child Welfare work, and work amongst the handicapped.

The total number of children under five years of age attending the various clinics in 1957 was 17,023 as compared with 15,770 in 1956. Details of attendances at these clinics are shown in the appropriate section of the report (page 66).

An aggregate of 6,226 expectant mothers attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 6,072 in 1956.

There are also ante-natal clinics at the City General and Nether Edge Hospitals administered by the Regional Hospital Board. When arrangements have been made for an expectant mother to have her confinement in the City General Hospital, her records are transferred to the ante-natal clinic there about the 36th week of pregnancy, and her continued ante-natal care is the responsibility of the medical staff at the Hospital. In certain cases, where there is a medical or obstetrical abnormality present requiring specialist treatment, the patient is transferred to the City General Hospital early in pregnancy. Primigravidae who are booked for admission to the Nether Edge Maternity Hospital are transferred to the hospital for the 36th week examination, and in certain cases expectant mothers continue attendance at the hospital ante-natal session until term, but the remainder are returned for clinic supervision. There is also a small ante-natal clinic held for training the Part II pupil midwives in ante-natal care. Patients living in the vicinity of this hospital find it convenient to attend this midwives' clinic. In addition there is an ante-natal Centre at the Jessop Hospital for Women. We have been granted facilities in the Professorial Unit of this Hospital for the admission each month of a few patients with abnormalities. This service has been most helpful in assisting us with abnormalities arising late in pregnancy.

The City General and Nether Edge Hospitals and the Maternity and Child Welfare Centre work together as a unit in the care of expectant mothers, and cases defaulting in attendance at the hospital or for some reason requiring to be followed up are referred back to the Centre. The 1957 figures of attendances at the Council's clinics included 1,202 expectant mothers whose confinements were arranged to take place in the City General Hospital or who were sent to hospital for ante-natal treatment in emergency, as compared with 1,291 women during 1956. There were 16 expectant mothers transferred to Nether Edge Hospital for ante-natal supervision for teaching purposes and 580 for the 36th week examination.

Expectant mothers who arrange for home confinement and engage the services of a municipal midwife are requested to continue attendance at the clinic at which their booked midwife is present, so that each midwife can keep her patients under ante-natal supervision as is required under the Rules of the Central Midwives Board. Full records are kept by the midwife and, together with records of the labour and puerperium, are returned to the centre for future reference.

Many expectant mothers are sent to the clinic by their own doctor for ante-natal supervision. Co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his booked expectant mothers develop abnormalities of pregnancy. The medical practitioner is also given information as to the Rhesus Factor, Wassermann reaction and haemoglobin reports of every patient who attends the clinic.

NOTIFICATION OF BIRTHS

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 8,305 live births and 202 still births, making a total of 8,507 births, were received in the year 1957. These births were attended as shown below. Information which has been submitted by the Regional Hospital Board regarding confinements of Sheffield women which took place in 1957 in the Maternity Hospitals, is also given in the following table :—

<i>Notifications of Birth</i>	<i>Sheffield women confined in Hospital</i>		
	<i>No. of confs.</i>	<i>Live births</i>	<i>Still births</i>
At Home—			
By Private Medical Practitioners .. 1,385			
By Midwives 1,792			
3,177			
In Nursing Homes 240			
In Hospitals—			
City General Maternity Hospital .. 2,011	1,913	1,865	74
Nether Edge Maternity Hospital .. 983	930	937	8
Jessop Hospital for Women 2,096	1,403	1,380	55
5,090			
Total .. 8,507			

It should be explained that the obligation to notify applies to all births occurring in the City, whether amongst Sheffield residents or otherwise. The foregoing figures, therefore, contain a certain proportion of births relating to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

THE MATERNITY SERVICES

The work of the Maternity Section of the Maternity and Child Welfare Service continues very much on similar lines to past years. Every expectant mother who attends the Local Authority's clinics is examined medically and arrangements are made for her confinement according to her obstetrical condition and home circumstances.

On her initial attendance the expectant mother receives a complete medical examination and, according to the duration of the pregnancy, an obstetrical examination. Blood samples are taken for Wassermann test, blood group and Rhesus factor, and also for haemoglobin estimation and full blood count. If the expectant mother gives a history of tuberculosis or is a contact of a case of tuberculosis in the household, she is referred

to the Chest Clinic for examination including X-ray, and arrangements are made for B.C.G. vaccination of the coming baby. If the mother has a lesion herself or is a contact of a positive case of tuberculosis in the household, segregation of the newly born infant is arranged until the period of conversion following the B.C.G. vaccination has been completed. The expectant mother with no such history is referred to the Mass Radiography Centre for chest X-ray. This arrangement works very satisfactorily and only a few mothers refuse to attend. The Health Visitor receives a notification of each expectant mother attending the clinic and she is asked to return to the office any information she may have on environmental conditions, family history, etc. which may be of value when arranging for the confinement.

When the expectant mother is found to be healthy, arrangements are made for the home to be visited by a Domiciliary Midwife. The demand for hospital beds is extremely heavy, as three quarters of the expectant mothers request hospital confinement. In making a decision as to the suitability of the home for confinement, several factors must be considered, e.g. :—

- (1) The state of the house, whether in good or bad repair.
- (2) Whether there is overcrowding in the bedroom accommodation.
- (3) Whether the house is let off in rooms to several families, each occupying one or two rooms with the use of a communal kitchen and bathroom.

The human factor also is very important in assessing these cases. Where young people are living in rooms, even with their own relatives, the tenant of the house may refuse to put up with the trouble and disturbance of a confinement, despite the fact that the accommodation is suitable in every way. Some tenants will not hesitate to evict young people from rooms if it is suggested that confinement could take place in the home.

Other factors which have to be taken into account are :—

- (1) Poverty, due to idleness or mental instability in a problem family.
- (2) Illness of the husband or other relative in the house who may be expected to care for the mother during the puerperium.
- (3) The unmarried mother, whose social difficulties are naturally accentuated at such a time, and whose relatives generally refuse to have her at home for the confinement.

On these social grounds many normal cases must be given a bed in hospital for confinement. In future, as the housing position improves, more expectant mothers may well wish to be delivered in their own homes.

Hospital confinement is considered advisable for expectant mothers with previous history of abortions, forceps or Caesarean Section deliveries, stillbirths or neonatal deaths, for all primigravidae aged 30 years and over, and for those who have any of the following conditions :—

- (1) Medical lesion, such as tuberculosis, heart disease, neurological disease, rhesus incompatibility, etc.
- (2) Obstetrical lesion, such as toxæmia of pregnancy, ante-partum hæmorrhage, small pelvis, tumour or multiple pregnancies.

In multigravidae, several factors should be considered, such as age, e.g., expectant mothers over 40 years of age, number of pregnancies, weight of infants at birth, and the closeness of successive pregnancies.

The Local Authority's clinic centres serve as an excellent clearing house and, after examination, mothers can be booked for home or hospital confinement. This considerably reduces attendances of expectant mothers at maternity hospital units, which would otherwise be quite unable to accept for delivery all the patients who would present themselves. However, no clinic centre can work well unless supported by a sufficient number of ante-natal and lying-in beds. Assurance must be given to every expectant mother who requests a bed in hospital for confinement and has to be refused, that should any abnormality occur during the ante-natal period, labour or in the lying-in period, she will be admitted to hospital immediately. It has always been most gratifying to have such excellent help from the three hospitals, namely, the City General, Nether Edge and Jessop Hospitals.

For the mother who is delivered in her own home the Local Authority provides the services of a midwife ; gas and air or trilene analgesia is available ; a maternity pack is given ; the mother can apply for the services of a home help ; and provision can be made for the care of the other children if necessary, either in a day nursery or a residential nursery, during the puerperium.

The Local Authority's Dental Service is open to all expectant mothers who are attending the clinic centres. The Service provides scaling, filling, extraction of teeth, and the supply of full or part dentures free of cost, and is also available during the post-natal period for one year after the birth of the child. This free service can only be granted through the Local Authority, but unfortunately far too few mothers avail themselves of these facilities (see page 96).

Health education is now a very important feature of the Maternity and Child Welfare Service. The expectant mother, especially the primigravida, is advised to attend mothercraft classes for talks given by health visitors and midwives; further details are given on page 109. During the ante-natal period, exercise and relaxation classes are held.

ANTE-NATAL CLINICS

Ante-natal sessions were held at thirteen of the Maternity and Child Welfare Centres and, during the year, 2,294 sessions were held and patients made 40,865 attendances (giving an average of 17·8 per session), as compared with 37,465 and a sessional average of 16·6 in 1956.

It is the practice at the Maternity and Child Welfare Centre ante-natal clinics for a Health Visitor or Clinic Nurse to be in attendance with the Medical Officer at the examination of patients. In order that the Municipal Midwives may fulfil their duties under the Central Midwives Board rules, they attend ante-natal sessions to see their own patients. It is only possible to arrange for attendance in the afternoons as the midwives are out visiting their cases in the mornings. This scheme is working well and is of value as an additional link between the district midwife, the clinic and the expectant mother.

Ante-natal patients attending the clinic are always under the supervision of a doctor.

The figures below show attendances at the various Centres, and include certain cases later transferred to the ante-natal clinics at the City General and Nether Edge Hospitals.

Attendances at Ante-natal Clinics

<i>Centre</i>	<i>Total New Cases</i>	<i>Total Attendances of all Cases</i>	<i>*No. of Sessions</i>	<i>Average Attendances per Session</i>
Orchard Place	3,820	15,201	818	19
Firth Park	314	3,727	272	14
Manor	383	4,780	253	19
Broadfield	—	2,811	144	20
Broomhill	—	1,284	51	25
Burngreave	—	2,287	97	23
Carbrook	—	1,914	95	20
Darnall	—	2,280	132	17
Greenhill	—	803	51	16
Hillsborough	—	2,524	190	13
Parson Cross	—	1,435	92	16
Woodhouse	49	897	51	18
Wybourn	—	922	48	19
TOTALS	<u>4,566</u>	<u>40,865</u>	<u>2,294</u>	<u>17·8</u>

* In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

The total attendances in 1957 show an increase of 3,400 being 40,865 in 1957 as against 37,465 in the previous year ; the number of new cases, however, was 22 less, being 4,566 in 1957 and 4,588 in 1956. The percentage of new ante-natal patients attending the clinic as against the adjusted figure for notified births was 59·2% for 1957 which is slightly lower than the previous year, which was 63·8%.

DETAILED SURVEY OF MATERNITY CASES (DELIVERED DURING 1957)

The following is a survey of 4,173 cases who were confined during the year 1957 and who attended the Maternity and Child Welfare Centre ante-natal clinics; 2,526 were confined in hospital and 1,647 were delivered at home. In addition two patients who attended the clinic died undelivered, 135 miscarried, 137 left the city before confinement, and 162 were not pregnant.

Details are given below in respect of 4,173 mothers who were delivered of a live or still born baby and of the two mothers who died undelivered; and shows the ante-natal classification, result of delivery, and conditions associated with the child. Patients were delivered chiefly in the City General and Nether Edge Hospitals, or at home under the Domiciliary Midwifery Service, and in a few cases at the Jessop Hospital for Women.

Ante-natal Classification

	1956	1957
NORMAL IN ALL RESPECTS	2,076	2,520
PATIENTS WITH ONE OR MORE ABNORMALITY	1,814	1,655
TOTAL ..	3,890	4,175

ABNORMALITIES OF THE 1,814 PATIENTS IN 1956 AND 1,655 PATIENTS IN 1957 ARE AS FOLLOWS :—

	1956	1957
<i>Toxaemia of Pregnancy</i>		
Eclampsia	1	5
Pre-eclampsia	147	155
Hypertension	24	33
	172	193
<i>Cardio-Vascular System</i>		
Mitral Stenosis	19	17
Congenital heart lesion	2	5
Varicosity	1	2
Thrombophlebitis	3	3
Functional murmur	—	1
Auricular fibrillation	—	1
Aortic and mitral stenosis	—	1
Aortic incompetence	—	1
Mitral incompetence	—	1
	25	32

	1956	1957
<i>Respiratory System</i>		
Tuberculosis—quiescent	18	29
active	14	11
Pneumonia	1	4
Bronchiectasis	4	12
Asthma	2	2
Pleurisy	1	1
Bronchitis	—	4
Influenzal bronchial pneumonia	—	1
	— 40 —	64
<i>Digestive System</i>		
Gastric Ulcer	1	—
Hyperemesis gravidarum	3	5
Hepatic failure with hyperemesis gravidarum	1	—
	— 5 —	5
<i>Haemopoietic System</i>		
Microcytic hypochromic anaemia	200	163
Normocytic normochromic anaemia	1,067	902
Megaloblastic anaemia	1	7
	— 1,268 —	1,072
<i>Urinary System</i>		
B.coli pyelitis	56	63
Orthostatic albuminuria	1	—
Pyelonephritis	2	—
Haematuria	1	—
Tuberculosis of Kidney	—	1
Chronic nephritis	—	2
	— 60 —	66
<i>Nervous System</i>		
Epilepsy	7	8
Petit Mal	1	—
Poliomyelitis paralysis	1	2
Melancholia	1	—
	— 10 —	10
<i>Other diseases</i>		
Congenital syphilis	1	—
Acquired syphilis	4	11
Congenital syphilis and gonorrhoea	—	1
Gonorrhoea	—	2
Rheumatoid arthritis	1	1
Diabetes mellitus	1	3
Acholuric jaundice	1	1
Glycosuria	1	1
Infective hepatitis	1	—
German measles	—	2
Osteo-arthritis—hip	—	1
Dysentery	—	2
Influenza	—	6
Appendicitis—operation	—	1
Chorea gravidarum	—	2
Sub-arachnoid haemorrhage	—	1
	— 10 —	35

<i>Conditions associated with pregnancy</i>							1956	1957
Threatened miscarriage	..	..	..	..	..	..	14	13
Hydramnios	..	..	..	..	..	..	8	21
Ante-partum haemorrhage	..	..	..	..	..	..	47	—
do.	do.	(cause not evident)	..	..	..	..	—	36
do.	do.	(accidental haemorrhage)	..	..	..	..	—	31
do.	do.	(placenta praevia)	..	..	..	..	—	14
Rhesus antibodies present in maternal blood	..	..	..	..	..	..	30	44
Vulva oedema—obstructive	..	..	..	..	..	..	—	1
							— 99	— 160

Malpresentation

Breech, external version	..	..	..	..	..	..	265	222
Breech, failed version	..	..	..	..	..	..	19	38
Breech presentation	..	..	..	..	..	..	19	4
Transverse, rectified	..	..	..	..	..	..	19	8
Compound presentation	..	..	..	..	..	..	—	1
							— 322	— 273

Skeletal System

No cases found with abnormalities

Tumors complicating pregnancy

Fibroids	..	..	..	..	..	..	6	3
Benign ovarian cyst	..	..	..	..	..	..	3	2
Bartholin gland cyst	..	..	..	..	..	..	1	—
							— 10	— 5

Diseases of the ductless glands

Colloid goitre	..	..	..	..	..	..	1	—
Myxædema	..	..	..	..	..	..	1	1
Adenoma of thyroid gland	..	..	..	..	..	..	1	—
Thyrotoxicosis	..	..	..	..	..	..	—	2
							— 3	— 3

Abnormalities

Toxaemia of Pregnancy.—The term toxaemia of pregnancy is used to include eclampsia, mild and severe pre-eclampsia and the hypertensive syndrome without albuminuria, which occurs in the later weeks of pregnancy and usually subsides rapidly after delivery. There were 193 mothers suffering from toxaemia of pregnancy and, with the exception of one mother who was delivered at home, all were admitted to hospital for ante-natal treatment varying from a few days to almost four weeks. The

majority of the mothers were given surgical induction of labour just before or at term, in order to obtain a live healthy infant. Membrane sweep usually accompanied by intravenous therapy was the most common procedure. There were five cases of eclampsia : three of the mothers had several severe convulsions, and in one case the blood pressure rose to 222/120 just before the onset of premature labour at the 30th week, and the baby which weighed 2lb. 2ozs. was stillborn ; the other two mothers had full-time confinements but one infant weighing 5lb. 10ozs. was stillborn. The remaining two mothers of this group had only a single convulsion at the onset of labour. One of these mothers had received 35 days' inpatient hospital treatment for mild but persistent toxæmia of pregnancy when the convulsion occurred, and started off a premature labour at the 38th week ; twins weighing 5lb. 3ozs. and 5lb. 1oz. were born alive. The other mother had a normal full-time confinement and the infant weighing 8lb. was born alive.

Of the 155 cases of pre-eclampsia 130 mothers had full-time confinements and 25 mothers had premature confinements, varying from 30 to 38 weeks gestation. There were 155 children born alive, but four children died from a few minutes to seven days after birth, and six children were stillborn. There were six sets of twins.

Of the 33 cases of hypertension 31 mothers had full-time confinements and two mothers had premature confinements. 31 children were born alive but one child weighing 4lb. 10ozs. died at six hours old and two children were stillborn.

The haemoglobin estimation was done on all the mothers during pregnancy and according to the degree of iron deficiency anaemia present iron therapy was given, either orally or intra-muscularly. Ferrous Sulphate (Fersolate) tablets proved quite useful but caused a fair amount of nausea or gastric upset and it was difficult to encourage the mothers to take them. In such cases Ferrous Gluconate or Succinate tablets were tried but, if there was a severe degree of anaemia, intra-muscular injections of Imferon were given and a good response in the rise of the haemoglobin followed. With treatment 86.5% of the mothers showed a haemoglobin of over 70% and upwards. 25 mothers had a haemoglobin below 69%, possibly due to the fact that they failed to take the iron tablets and the ante-natal period in hospital proved too short to allow intensive treatment to raise the level of the haemoglobin. In some cases a nutritional factor may have been present and could account in some way for the six cases having a haemoglobin under 60%.

Many of the mothers, namely 60% in this series, continued at work at least during the early months of the pregnancy, either on account of economic grounds or to qualify for the maternity allowance of 18 weeks, i.e. 11 weeks before the confinement and for seven weeks afterwards. The type of work undertaken, whether sedentary or active, does not seem to influence the course of the pregnancy in any way.

Various theories have been put forward to explain the possible cause, but the actual cause of toxæmia of pregnancy is still unknown. The highest incidence occurs in primigravidae, and usually the condition becomes evident earlier in the pregnancy than in multigravidae.

The importance of early detection of the slightest deviation from normal cannot be stressed too strongly in ante-natal care. Thorough supervision of the health of the expectant mother, the noting of blood pressure and weight gain, and urine testing should always be carried out. Any persistent abnormality is an indication for early admission to hospital. This gives the mother the best chance not only of giving birth to a live, healthy child but also of making a recovery with the least possible renal damage.

The following table gives details in regard to the 193 cases of toxæmia of pregnancy :—

DETAILS IN REGARD TO THE 193 CASES OF

Condition	Total No. of Mothers	Parity	Weeks of gestation				Ages of the mothers at the time of delivery						Weight of infant at birth		L b
			30-33	34-36	37-39	40	Under 20	20-24	25-29	30-34	35-39	40+	5 lbs. 8 ozs. and under	Over 5 lbs. 8 ozs.	
Eclampsia (5 cases)	4	1	1	—	—	3	1	3	—	—	—	—	1	3	
	1	2	—	—	1	—	1	—	—	—	—	—	2*	—	
Pre-Eclampsia (Total 155 cases)	106	1	1	8	10	87	25	43	30	5	3	—	19	90†	1
	22	2	—	2	2	18	—	7	6	5	3	1	5*	19*	
	9	3	—	—	—	9	—	—	5	—	3	1	—	9	
	8	4	—	1	—	7	—	1	2	—	4	1	1	8*	
	10	5+	—	1	—	9	—	—	—	2	4	4	1	9	
Hypertension (Total 33 cases)	19	1	1	—	—	18	3	7	6	1	2	—	1	18	
	5	2	—	—	1	4	—	1	2	2	—	—	1	4	
	2	4	—	—	—	2	—	—	—	—	1	1	—	2	
	7	5+	—	—	—	7	—	—	—	1	2	4	—	7	

* One set of twins

† Three sets of twins

TOXAEMIA OF PREGNANCY IN 1957 SURVEY

Still born	Condition of infants at 14 days		Haemoglobin Estimations				Inpatient Hospital ante-natal care				Place of confinement		Social Grade Classed by Husband's occupation					Mother working during pregnancy		Illeg. pregnancy
	Well	Died	Over 60%	60-69%	70-79%	80% and Over	1-7 days	8-15 days	16-23 days	24-35 days	Hosp.	Home	1	2	3	4	5	Yes	No	
2	2	—	—	—	3	1	3	1	—	—	4	—	—	—	2	2	—	3	1	—
—	2	—	—	—	1	—	—	—	—	1	1	—	—	—	1	—	—	—	1	—
2	104	3	2	10	33	61	54	32	15	5	106	—	—	5	66	10	18	81	25	7
1	22	1	—	2	10	10	15	2	4	1	22	—	—	—	15	2	5	8	14	—
2	7	—	1	2	2	4	6	—	2	1	9	—	—	—	6	—	2	3	6	1
1	8	—	1	2	4	1	5	2	1	—	8	—	—	—	6	—	2	3	5	—
—	10	—	2	3	2	3	7	2	—	1	10	—	—	—	4	2	4	2	8	—
1	18	—	—	—	9	10	8	4	5	2	19	—	—	1	14	2	1	13	6	1
—	4	1	—	—	2	3	3	1	—	—	4	1	—	—	3	—	2	2	3	—
—	2	—	—	—	1	1	1	—	—	1	2	—	—	—	1	—	1	1	1	—
1	6	—	—	1	4	2	5	1	1	—	7	—	—	—	2	1	4	1	6	—

Cardio-Vascular System.—In organic disease of the heart in pregnancy, the most common valvular lesion met with is mitral stenosis, but it is important to bear in mind that other valvular lesions may cause trouble. In this Survey, 21 expectant mothers who were found to have valvular disease gave a history of rheumatism, rheumatic fever or chorea. All these cases were booked to hospital for delivery and transferred to the hospital ante-natal clinic for specialist supervision and treatment.

Five expectant mothers were found to have a congenital heart lesion, but this condition in no way interfered with the course of the pregnancy ; delivery took place in hospital.

Mothers with severe varicosity or who have suffered from thrombophlebitis during the pregnancy are strongly advised to have their confinements under hospital supervision.

Respiratory System.—In disease of the lungs in pregnancy the most frequent lesion is tuberculosis. The routine radiological examination of expectant mothers attending the ante-natal clinics is proving of immense value in detecting the early lesion which would not show any symptoms or signs on clinical examination. 40 mothers with active or quiescent lesions were previously under the care of the Chest Clinic and were referred back for re-examination and X-ray. 11 mothers with active pulmonary tuberculosis were admitted during the ante-natal period to hospital for treatment, transferred to the maternity unit for delivery and returned to hospital for observation and rest. The infants received B.C.G. vaccination and were segregated from the mothers until the period of conversion was completed. The mothers with a quiescent lesion were under Chest Clinic supervision and the infants received B.C.G. vaccination, although segregation was not usually necessary.

The four mothers who developed pneumonia and one mother who developed influenzal bronchial pneumonia received hospital treatment and made a good recovery.

Twelve mothers suffering from bronchiectasis were referred to the Maternity Unit for medical care and delivery at the City General Hospital.

Digestive System.—About 80 per cent. of all expectant mothers in the early months of pregnancy suffer from morning sickness, when either a feeling of nausea or actual sickness occurs. The vomiting may not be confined to the early morning, but may occur throughout the day and be at times quite independent of the taking of food.

The five mothers who suffered from fairly severe vomiting in the early months of pregnancy responded well to treatment and the pregnancy continued satisfactorily to term.

Haemopoietic System.—The anaemias of pregnancy are due chiefly to a deficiency of haemoglobin. The nutritional deficiency anaemia of pregnancy may arise from deficient absorption of iron and some other mineral substance or to a vitamin deficiency of the vitamin B complex. Vitamin C administered with iron is believed to be beneficial.

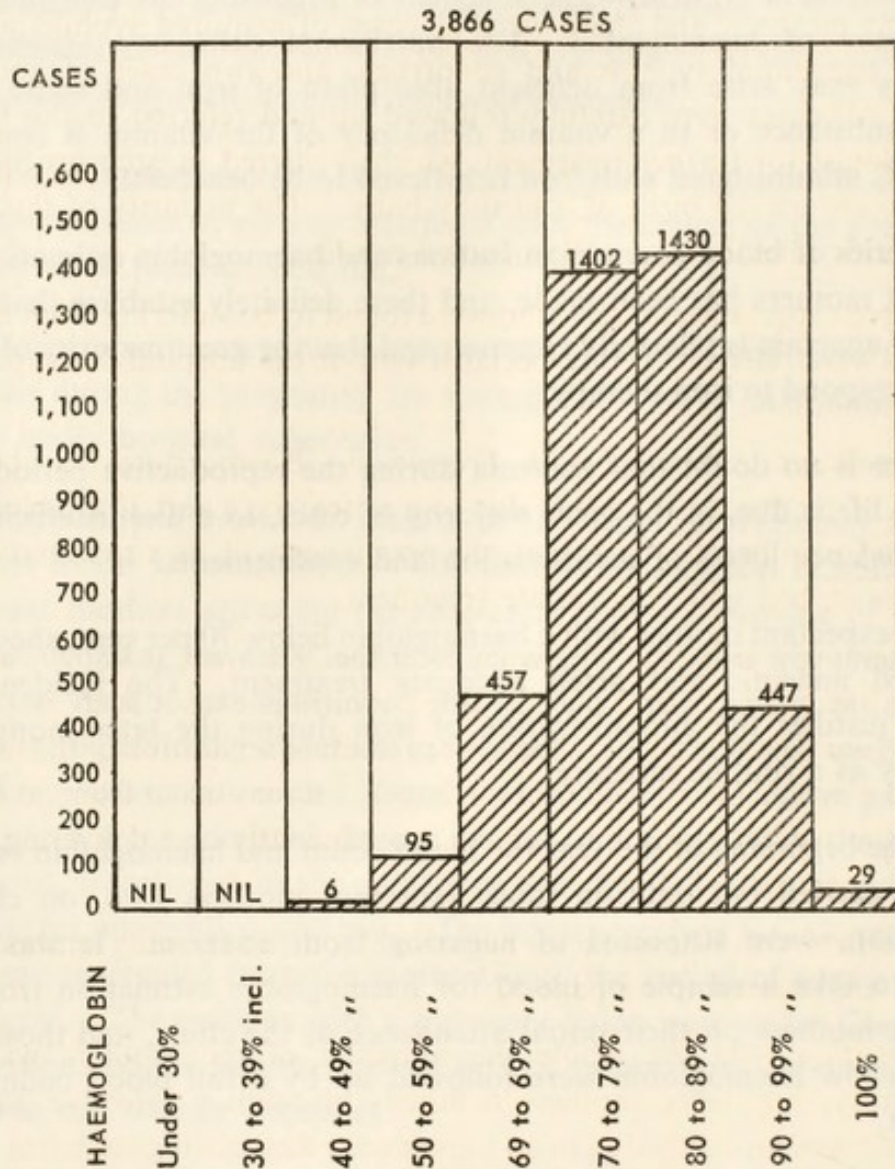
A series of blood count examinations and haemoglobin estimations of expectant mothers has been made, and these definitely establish that some degree of anaemia is relatively common and that the great majority of these patients respond to iron therapy.

There is no doubt that anaemia during the reproductive period of a woman's life is due, in the great majority of cases, to a diet insufficient in iron to balance losses of menstruation and confinements.

Any expectant mother with a haemoglobin below 70 per cent. should be considered anaemic and given adequate treatment. The incidence of anaemia justifies the administration of iron during the later months of pregnancy as a routine measure.

At the beginning of the year the blood count and haemoglobin estimation was carried out only on those expectant mothers who, on clinical examination, were suspected of suffering from anaemia. It was later decided to take a sample of blood for haemoglobin estimation from all expectant mothers on their initial attendance at the clinic, and those that showed a low haemoglobin were followed up by a full blood count and treatment.

Reports received on the first haemoglobin sample on 3,866 cases are shown below ; these reveal that 558 cases, or 14·4% of the 3,866 patients tested, were below 70% and considered to be suffering from anaemia.



Urinary System.—A few mothers showed symptoms of pyelitis of pregnancy, chiefly pain in the side and frequency of micturition. These patients were referred to the hospital unit for ante-natal treatment as this was considered advisable. On recovery the pregnancy continued satisfactorily to term. Two mothers who showed persistent albuminuria were investigated at the hospital maternity unit and were found to be suffering from chronic nephritis; they remained under the hospital for ante-natal care and delivery. One mother was found to be suffering from tuberculosis of kidney; she was booked to hospital for confinement and had a full-time confinement without incident.

Nervous System.—The eight mothers suffering from epilepsy were under constant treatment and the condition in no way interfered with the course of pregnancy.

Other Diseases.—The routine Wassermann test is carried out on all expectant mothers, and there were 11 cases of acquired syphilis and one case of congenital syphilis and gonorrhoea, and two cases of gonorrhoea alone. All cases were carefully followed up and referred to the hospital venereologist for further treatment, which is offered in each pregnancy in order to ensure the birth of a healthy baby. The majority of these cases of syphilitic infection were West Indian mothers.

Three expectant mothers who were found to be suffering from diabetes mellitus were referred to the specialist unit at the hospital for supervision of this condition.

Conditions Associated with Pregnancy.—Haemorrhage in the early months of pregnancy is usually due to a miscarriage and, if the bleeding is slight and pain practically absent, the pregnancy will, as a rule, settle down with rest in bed and appropriate treatment.

Haemorrhage in late pregnancy after the 28th week is known as ante-partum haemorrhage and may be due to various causes such as placenta praevia (unavoidable haemorrhage) or premature separation of the normally situated placenta (accidental haemorrhage); it may occur from no obvious cause, the patient going into labour spontaneously and delivering herself without incident.

Mothers with Rhesus factor negative blood and showing antibody titres present are referred to on page 57.

Nutrition.—On the whole the nutrition of the mothers was quite satisfactory, but three mothers definitely showed a defective nutrition. This state was probably due to an unbalanced diet lacking sufficient protein intake.

During attendance at the clinic mothers were prescribed A and D vitamin tablets and orange juice under the Welfare Foods Scheme, also Ferrous Sulphate, calcium sodium lactate, and Vitamin B tablets, in addition to Colact and Ovaltine. The survey reveals the following nutritional state in 4,175 expectant mothers :—

Nutrition very good	..	..	..	..	..	..	..	90
Nutrition good	..	..	..	..	..	..	..	3,552
Nutrition fairly good	..	..	..	..	..	..	..	530
Defective nutrition	..	..	..	..	..	..	..	3
							TOTAL	4,175

Home Booked Cases for whom Medical Aid was called under the Domiciliary Midwifery Service.—The following shows the number of cases for whom medical aid was called ante-natally, during labour or puerperium, and in certain cases for the baby during the first 14 days of life. Several mothers and babies were transferred to hospital.

Ante-natal Classification

Pre-eclampsia	5
Hypertension	2
Pyelitis of pregnancy	1
Vomiting of pregnancy	2
Ante-partum haemorrhage	1
Minor conditions	5
	<hr/>
	16
	<hr/>

Seven of the above cases were admitted to hospital.

In Labour

Perineal tear	178
Uterine inertia	34
Post-partum haemorrhage	15
Foetal distress	6
Rupture of membranes	9
Premature labour	5
Oedema of vulva	2
Cord presentation	2
Retained placenta	9
Breech	2
Pyrexia	1
High head	2
Emergency B.B.A.	1
Episiotomy and rigid perineum	3
Precipitate labour	3
Large baby	1
Rigid cervix	1
Heavy show	1
	<hr/>
	275
	<hr/>

14 of these cases were admitted to hospital and on three occasions the flying squad was called out.

During Puerperium

During puerperium medical aid was called in 56 cases for the following reasons—puerperal pyrexia 20; mastitis 12; thrombo-phlebitis 10, minor conditions 8; pain at various sites 5, and in one case for offensive lochia. In five of these cases the patient was transferred to hospital.

For attention to Baby.

In 106 cases medical aid was called for attention to the baby, the reasons being on account of—sticky eyes 44; minor lesions 30; congenital malformation 8; prematurity 5; septic lesions on body 5; cyanosis 5; jaundice 5; stillbirth 2 and pemphigus 2. Of these cases six babies were transferred to hospital.

Chest Examination.—All expectant mothers attending the ante-natal clinic are requested to attend the Mass Radiography Centre for routine examination. Where there is information that the mother is a contact of a tuberculous person or where the expectant mother has a chest lesion, she is advised to attend the Chest Clinic. There is always a certain proportion of mothers who fail to attend as requested but they are gradually becoming aware of the necessity for this service and it is hoped that full co-operation will be obtained in time.

Out of the 4,175 cases dealt with, 2,980 attended the Mass Radiography Centre, 411 were X-rayed at the Chest Clinic, one at the City General Hospital, and one at the Royal Infirmary. On the Mass Radiography report it was found necessary to refer 38 expectant mothers to the Chest Clinic for further examination and opinion of the Chest Physician.

Rhesus Factor.—The Rhesus factor is of importance in midwifery. If the mother and father are both Rhesus negative, any child born can only be Rhesus negative and no difficulty arises. If the mother is Rhesus positive and the father is Rhesus negative, then the child suffers no ill effect ; but, if the mother is Rhesus negative and the father Rhesus positive, the child may be Rhesus positive, and difficulty may occur. The effect in this case is that incompatible substances may be manufactured by the mother, because of the action of the Rhesus positive factor in the blood of the foetus, and these incompatible substances may then pass from the mother to the child and destroy the child's blood corpuscles—giving rise to a very severe type of anaemia and dropsy in the baby.

A similar type of difficulty may arise if a Rhesus negative mother is transfused with Rhesus positive blood. The resulting antibodies may affect a child of a subsequent pregnancy.

During the year 1957 there were 3,977 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a few special cases a sample was sent from the husband.

In multigravidae with a negative Rhesus factor, a further sample is required by the Blood Transfusion Laboratory at about the 34th week of

pregnancy and, in a number of these cases, another sample is required from mother and baby on delivery. The district midwives have received instructions in the collection of these samples during attendance at confinement.

In special cases a further sample from the mother is requested during the first post-natal month and a report on the clinical condition of the baby is also sent to the Blood Transfusion Service.

All expectant mothers are supplied with cards showing their blood grouping and Rhesus factor so that, on admission to hospital at any time, they can supply the hospital with information which would be of value in case of need for blood transfusion.

Of the 4,175 cases dealt with in the Ante-natal Survey, 3,501 Rhesus results were positive, 651 were negative and 23 were special cases.

There were 44 expectant mothers who had Rhesus Immune Antibodies, chiefly anti-D, present in the blood. 38 of these mothers had full-time confinements and six mothers had premature confinements.

40 babies were born alive and 5 were stillborn. There was one set of twins. 30 of the live born babies had a positive Coombs test and, as 15 of these babies had a low haemoglobin estimation and varying degrees of jaundice, an exchange blood transfusion was performed a few hours after birth—one premature baby (a twin) died following the exchange blood transfusion. 15 babies were only mildly affected and did not require an exchange blood transfusion immediately after birth, but attended the hospital follow-up clinic for repeated haemoglobin estimations so that should anaemia occur a simple blood transfusion could be given. Ten babies had a negative Coombs test and were Rhesus negative and therefore were unaffected by the Rhesus Immune Antibodies present in the mothers' blood.

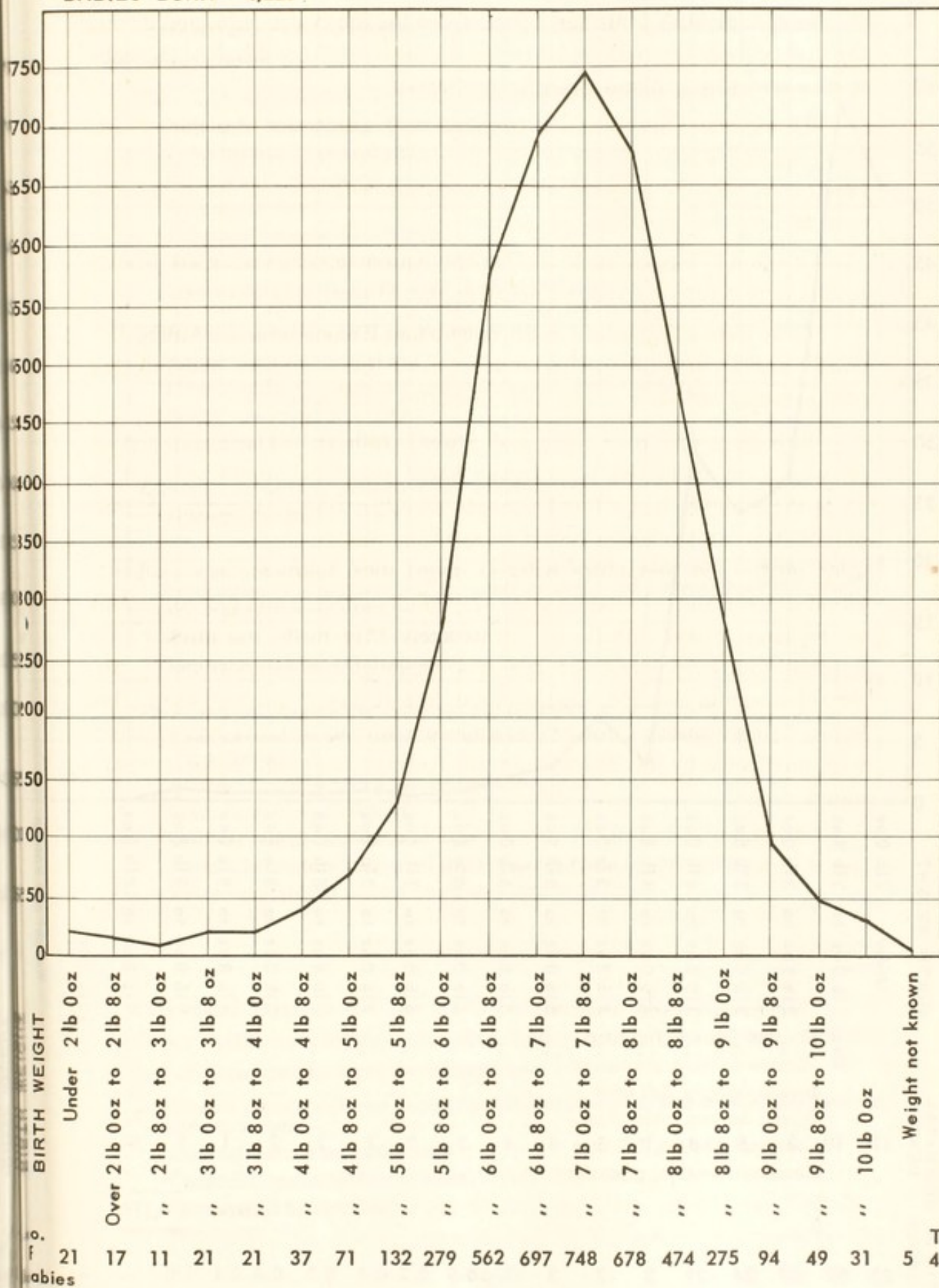
39 babies, including 14 babies who had received an exchange blood transfusion, were discharged from hospital fit and well.

Confinement Results.—The following table shows the nature of the results of the 4,173 confinements reported in the Survey :—

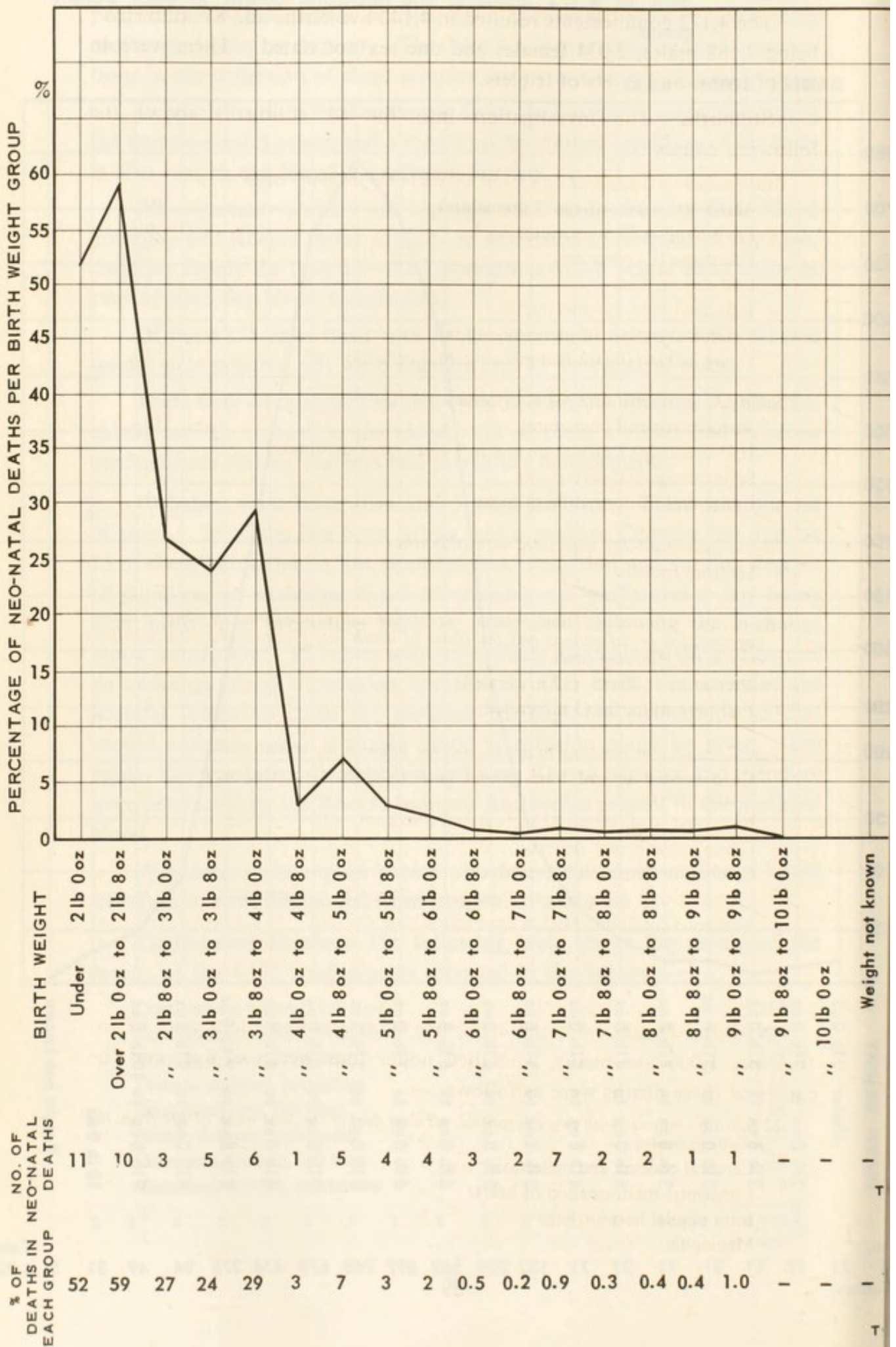
Confinement normal, full time	3,593
Confinement normal, premature	226
Forceps delivery, full time	213
Forceps delivery, premature	15
Breech delivery, full time	56
Breech delivery, premature	22
Caesarean Section, full time	39
Caesarean Section, premature	9
TOTAL	4,173

Birth Weights – The following shows details as to birth weights of 4,223 babies born to 4,173 mothers, and neo-natal deaths in each weight group.

BABIES BORN – 4,223



NEO-NATAL DEATHS - 67



The 4,173 confinements resulted in 4,142 live births and 81 stillbirths ; being 2,188 males, 2,034 females and one sex not stated. There were 46 sets of twins, and 2 sets of triplets.

Stillbirths.—The investigation into the 81 stillbirths shows the following causes :—

<i>Maternal lesion associated with foetal anoxia in the following cases :—</i>	
Accidental haemorrhage (7 premature)	10
Pre-eclampsia (2 premature)	6
Eclampsia (1 premature)	2
Diabetes mellitus	1
Influenzal broncho-pneumonia	1
Traumatic rupture of uterus due to fall	1
Severe asthma (infant had gross cerebral oedema)	1
	— 22
<i>Stillbirths associated with foetal deformity :—</i>	
Anencephaly (all premature)	14
Hydrocephaly (2 premature and in 3 cases other deformity) ..	5
Severe congenital deformities	4
Congenital malformation of heart	1
	— 24
<i>Rhesus incompatibility associated with stillbirths :—</i>	
Hydrops foetalis	5
	— 5
<i>No obvious associated lesion present except unhealthy placentae showing areas of degeneration or infarctions and the cause of death was given as placental insufficiency in the following cases :—</i>	
Premature stillbirths (12 macerated)	13
Full-time stillbirths (5 macerated)	6
	— 19
<i>Various conditions resulting in anoxia and the infant being stillborn :—</i>	
Cord twisted several times round neck (3 cases associated with true knots)	6
Prolapsed cord (length 42 inches) and true knot	1
Complicated breech delivery	1
Cerebral oedema and haemorrhage	1
Foetal distress (obstruction of trachea and bronchi by meconium)	1
Vasopraevia (blood vessel in cord tore during delivery)	1
	— 11
	— 81

Neonatal Deaths.—Of the 4,142 live born children there were 67, or 16.2 per 1,000 live births, who died under four weeks of age, and the causes of these deaths were as follows :—

<i>22 full-time infants, with two exceptions, all died during the first week of life from the following causes :—</i>	
Cerebral oedema and atelectasis	6
Congenital malformation of heart	3
Intra cranial haemorrhage	3
Meningitis	2

Cerebral anoxia-pneumonia	1
Dehydration	1
Asphyxia—due to inattention at birth	1
Anoxia due to inhalation of mucus into right lung causing pneumothorax	1
Oesophageal atresia and imperforate anus	1
Bilateral pneumothorax with interstitial emphysema of lungs and congenital malformation of kidneys	1
Sub-dural haematoma	1
Cerebral anoxia associated with inert labour	1
Prematurity without associated foetal or maternal lesion, therefore cause of premature birth not evident. The infants were all very immature, weights varying from 0lb. 15ozs. to 3lb. 8ozs., duration of life from one to 12 hours	8
<i>Prematurity associated with a lesion in the infant :—</i>	
Cerebral oedema and atelectasis	5
Hyaline membrane disease of lungs	3
Multiple congenital deformities	5
Terminal perforation of stomach and peritonitis	1
<i>Prematurity with associated maternal lesion: —</i>	
Ante-partum haemorrhage (cause not evident)	10
Ante-partum haemorrhage due to placenta praevia	5
Ante-partum haemorrhage due to accidental haemorrhage	2
Pre-eclampsia and accidental haemorrhage	1
Influenzal bronchitis	1
Rhesus incompatibility	1
Severe iron deficiency anaemia	1
Mitral stenosis	1
Familial acholuric jaundice	1
	67

Infant Feeding.—At the 14th day, 3,507 children were breast fed entirely, 320 had combined breast and artificial feeding and 250 were entirely on artificial feeds.

History of Pregnancy, Housing, etc.—On the first attendance of expectant mothers at the ante-natal clinic, information is obtained regarding previous pregnancies, together with details of infant deaths, stillbirths and miscarriages. This information is set out in the table which follows by parity. It will be noted that the total deaths of children under 12 months old is 79 out of 2,110 live births or approximately 3·7 per cent. in the case of mothers who had hospital confinement in the present pregnancy, as against 40 out of 2,511 live births or approximately 1·6 per cent. in respect of the mothers who were booked for home delivery.

In view of the housing accommodation problem, information is obtained as to whether the expectant mother is living in a house or rooms and whether she prefers home or hospital confinement. On the initial

attendance at the clinic of the 4,175 expectant mothers in the report, it was ascertained that 3,183 preferred hospital confinement and 992 requested arrangements to be made for home delivery. The house or rooms of all mothers who wish hospital confinement and are obstetrically normal are visited and a report is received giving particulars of the home conditions. Where it is found that the home is unsuitable for confinement a hospital bed is allocated, but where the home is satisfactory the mother is booked for the domiciliary midwifery service. A number of mothers request home confinement and, where they are medically and obstetrically normal, arrangements are made under the domiciliary midwifery service without a visit being paid to the home, the midwife being requested to report should she find anything unsatisfactory in her routine visits ; such cases are then dealt with according to need. All medical and obstetrically abnormal cases are booked to hospital immediately.

The figures in the following table show that 1,481 or 59 per cent. of the total mothers recorded in the survey who were delivered in hospital lived in rooms, as against 625 or 38 per cent. of those occupying rooms and delivered at home. It will be noted that the majority of mothers living in rooms were gravida 1 or gravida 2 and many were living with relatives.

History of Pregnancy, Housing, etc.

HOSPITAL BOOKED CASES

Parity	No. of expectant mothers	Result of previous pregnancies			No. of babies who died in previous pregnancies at—				Housing Accommodation			Result of present pregnancy		
		No. of pregnancies	Live birth	Still-birth	Mis-carriage	Under one day	One day and under one week	One week and under one month	1-6 months	6-12 months	House	Rooms	Caravan	Live birth
2	478	390	10	81	4	5	1	1	1	225	253	—	477	10
3	207	359	12	47	3	3	1	2	1	99	108	—	203	7
4	130	337	6	50	4	3	—	4	2	73	57	—	128	5
5	85	340	14	54	2	—	—	4	3	55	30	—	88	2
6	49	245	9	26	1	2	—	—	2	28	21	—	46	4
7	36	216	4	23	1	1	1	4	2	27	9	—	35	4
8	23	150	4	10	1	—	—	—	—	22	1	—	21	2
9	5	40	—	3	—	—	—	—	5	4	1	—	5	—
10	5	45	—	6	2	—	—	—	—	4	1	—	4	—
11	6	60	2	5	1	—	—	—	—	3	—	—	6	—
12	3	33	1	1	1	1	—	—	—	6	—	—	3	—
13	1	12	1	—	—	—	—	—	—	1	—	—	1	—
16	1	15	3	—	—	—	—	—	—	1	—	—	1	—
17	1	14	—	2	1	—	—	—	—	1	—	—	1	—
Primigravida ..	1,030	2,110*	66*	308	22	15	8	17	17	549	481	—	1,019	35
Total cases ..	1,498	—	—	—	—	—	—	—	—	498	1,000	—	1,481	31
	2,528	—	—	—	—	—	—	—	—	1,047	1,481	—	2,500*	66

* Including 17 sets of twins, and 1 set of triplets.

* Including 36 sets of twins, and 2 sets of triplets.
(2 mothers died undelivered)

HOME BOOKED CASES

Parity	No. of expectant mothers	Result of previous pregnancies			No. of babies who died in previous pregnancies at—				Housing Accommodation			Result of present pregnancy		
		No. of pregnancies	Live birth	Still-birth	Mis-carriage	Under one day	One day and under one week	One week and under one month	1-6 months	6-12 months	House	Rooms	Caravan	Live birth
2	632	626	3	8	—	—	—	—	—	364	268	—	634	2
3	326	590	13	54	3	2	1	1	2	237	89	—	324	3
4	175	470	9	48	4	4	—	4	3	142	33	—	172	3
5	92	331	4	27	—	1	1	—	—	79	13	—	92	—
6	58	290	4	22	1	1	—	—	1	50	8	—	59	—
7	24	134	3	9	—	—	2	6	—	21	3	—	24	—
8	7	49	1	3	—	—	—	—	—	7	—	—	7	—
9	6	41	2	5	—	—	—	—	—	6	—	—	6	—
10	1	9	—	—	—	—	—	—	—	—	1	—	1	—
Primigravida ..	1,321	2,511*	39	186	8	8	4	13	7	906	415	—	1,319	11
Total cases ..	326	—	—	—	—	—	—	—	—	116	210	—	323	4
	1,647	—	—	—	—	—	—	—	—	1,022	625	—	1,642*	15

* Including 19 sets of twins

* Including 10 sets of twins.

Social Grades.—The mothers delivered in this series were graded according to the husband's occupation and the results are as shown. As is normally expected, the highest percentage belongs to the social grade 3 or skilled artisan class, and the semi-skilled and labouring classes are fairly similar in numbers. We had 183 mothers who were separated, divorced or single and therefore were not graded.

<i>Social Class</i>	<i>Number in Social Class</i>	<i>Percentage in Social Class</i>
1	2	0·05
2	116	2·78
3	2,707	64·84
4	404	9·68
5	763	18·27
Not stated	183	4·38
TOTAL	<u>4,175</u>	<u>100·00</u>

Laboratory Tests carried out during the year 1957.—It is part of the routine work in the ante-natal clinics to take samples for various tests.

Wassermann and Kahn tests are carried out at the Public Health Laboratory, and during the year 4,728 specimens were examined. When an expectant mother is found to have a positive Wassermann and Kahn re-action, she is referred to the Special Clinic at the City General Hospital under the care of Dr. Morrison, the Venereologist, for confirmation and treatment.

The Public Health Laboratory carried out further miscellaneous tests as required in connection with clinic work relating to the care of the mother and child, namely: examination of 102 swabs and samples (ear, nose, throat, etc.) and 12 smears (cervix and urethra). 413 specimens of urine were also examined for organisms.

The Group Pathology Laboratory at the City General Hospital carried out 128 Hogben tests for the ascertainment of pregnancy, and 5,648 tests for blood count and haemoglobin estimation were requested during the year.

The Laboratory at the Firth Auxiliary Hospital, Norton, carried out 16 Zondek Ascheim tests for the ascertainment of pregnancy.

Maternity Patients and Hospital treatment.—In addition to patients sent to the City General and Nether Edge Maternity Hospitals for ante-natal treatment when necessary, and for confinement, 149 patients were referred from the Maternity and Child Welfare Centre to the City General or Nether Edge Hospitals for X-ray examination. There were also 321 patients who were sent from the Centres for dental treatment to the School Dental Clinic under arrangements between the Health and Education Committees (see page 96). 100 expectant and nursing mothers were referred to their private medical practitioners for treatment. There were 399 expectant mothers attending centres who had been examined and X-rayed at the Chest Clinic.

MASS RADIOGRAPHY

A scheme for chest X-ray at the Mass Radiography Centre came into operation in 1954, whereby expectant mothers attending the Maternity and Child Welfare Centre ante-natal clinics are given an appointment letter for chest X-ray. It is the aim of the clinic to make Mass Radiography a part of the initial ante-natal examination of expectant mothers. Where the report shows defects, the expectant mother is referred to the Chest Clinic or Hospital for full investigation where necessary, and arrangements are made for hospital confinement.

During the year, 3,925 expectant mothers were offered Mass Radiography and of these, 931 failed to attend for various reasons ; of the remainder, in 2,928 cases the lung fields were clear, but in 66 cases conditions were found as shown in the statement below :—

Lung appearances suggestive of a tuberculous lesion ? activity	8
(These mothers were referred to the Chest Clinic for further examination. Two were found to have active pulmonary tuberculosis and six were found to have inactive healed lesions).	
Evidence of calcification in various areas of the lungs, otherwise the lung fields clear and no evidence of active disease	18
(These cases were considered healed primary lesions, and only two were referred to the Chest Clinic for a further opinion and found to be satisfactory).	
Increased striation at both bases but no evidence of pulmonary tuberculosis	9
Increased markings and hazy shadowing but no evidence of pulmonary tuberculosis	6
(Three mothers were suffering from bronchitis following heavy colds, one mother was recovering from pneumonia and two mothers had well marked bronchiectasis).	
Flattening of left diaphragm consistent with an old pleurisy but lung fields clear	1
Heart shadow enlarged or displaced or prominent pulmonary artery but lung fields clear	18
(These cases were carefully examined again, and the heart was found to be normal in 17 cases and one had a well marked mitral stenosis).	
Dorsal scoliosis but lung fields clear	5
Sarcoid disease of lungs—operation	1
TOTAL	66

The general practitioner is, by arrangement, given the X-ray result of all his cases.

POST-NATAL CLINICS

During the year every effort has been made to encourage mothers to attend the post-natal clinics. Patients leaving Nether Edge Hospital after confinement are given information as to the days and times of the clinics held at the Maternity and Child Welfare Centres, and advised regarding the value of post-natal examination six weeks after the confinement. The midwives also invite their patients to attend one of these clinics for examination. The attendances in 1957 were 1,980, as against 2,018 for 1956. Certain patients delivered in the City General Hospital receive their post-natal supervision at the Hospital ; others are referred to the Maternity and Child Welfare Centres. Medical practitioners who accept patients for maternity medical services are required to carry out a post-natal examination about the sixth week after confinement.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1957 :—

Attendances at Post-natal Clinics

<i>Centre</i>	<i>Total New Cases</i>	<i>Total Attendances of all Cases</i>	<i>No. of Sessions</i>
Orchard Place	995	1,363	149
Firth Park	165	176	83
Manor	206	285	147
Darnall	74	107	44
Woodhouse	33	45	24
Broadfield	1	1	—
Hillsborough	—	3	—
TOTALS	1,474	1,980	447

FAMILY PLANNING CLINICS

These are held at two of the main centres and advice is given to the mothers according to the regulations of the Ministry where a future pregnancy would be detrimental to the health of the mother. This statement is widely interpreted and, for various conditions, in order to allow the mother to recover her health, she is instructed how to space her family. In a few conditions, such as heart disease, pulmonary tuberculosis, diabetes or Rhesus incompatibility, parents are advised against future pregnancies. Appliances are available at the clinic.

241 new cases attended at the Family Planning Clinics during the year and 793 attendances were made.

INFANT WELFARE CLINICS

At the present time, there are 20 Maternity and Child Welfare Centres operating in the city. The three main centres are :—The Central Clinic, Orchard Place ; the Firth Park Centre, North Quadrant ; and the Manor Centre, Ridgeway Road. The remaining 17 centres are held in various

premises, eight of which are in Church buildings, one is accommodated in a City Library at Hillsborough, one shares premises with a Nursing Association and one with a Youth Centre, one is accommodated in a Public Hall, three are in premises adapted and used for clinic purposes, and the remaining two are premises which have been adapted for general welfare services.

Attendances at Infant Clinics.—At the infant clinics, every baby is seen by the doctor on the first attendance. At several of the centres there is a doctor in attendance at the ante-natal session and a health visitor at the infant session, and the health visitor refers to the doctor all babies attending for the first time and any who are not making satisfactory progress. The other children attending the health visitor's session are seen by the doctor periodically.

During the year sessions have been held for infant consultations, minor ailments, ultra violet light therapy, medical inspection clinics for pre-school children, immunization against Diphtheria, Whooping Cough, and Tetanus and Vaccination against Small Pox. In addition to child welfare sessions, Dr. E. G. Herzog, Orthopaedic Consultant and Superintendent of King Edward VII Hospital, who is in the service of the Sheffield Regional Hospital Board, held sessions for orthopaedic consultations and treatment at the three main Centres, namely, Orchard Place, Firth Park and Manor.

Infant Consultations.—Particulars follow of new cases attending Infant Consultations, and total attendances of new and old cases, at the various clinics in the year 1957 :—

Centre	NEW CASES			TOTAL ATTENDANCES				
	Under 1 year	Over 1 year	Total	Under 1 year	1 to 5 yrs. and over	Total attendances	No. of sessions	Average attendance per session
Orchard Place ..	692	12	704	4,972	528	5,500	338	16
Firth Park	615	24	639	7,783	1,257	9,040	504	18
Manor	762	25	787	7,488	1,821	9,309	516	18
Broadfield	459	5	464	4,647	512	5,159	202	26
Broomhill	280	7	287	2,640	294	2,934	150	20
Burngreave	382	2	384	3,537	225	3,762	151	25
Carbrook	264	4	268	2,394	117	2,511	151	17
Chantrey	100	8	108	1,383	321	1,704	102	17
Darnall	223	1	224	2,416	172	2,588	106	24
Dore	18	—	18	241	15	256	25	10
Endcliffe	229	6	235	2,472	367	2,839	143	20
Greenhill	188	4	192	2,098	300	2,398	98	24
Handsworth	122	1	123	1,787	88	1,875	99	19
Hillsborough	466	3	469	4,690	202	4,892	246	20
Manor Park	10	—	10	86	8	94	6	16
Parson Cross	234	1	235	3,109	326	3,435	102	33
Tinsley	79	—	79	834	27	861	48	18
Totley	52	4	56	648	151	799	51	16
Walkley	—	—	—	—	—	—	—	—
Woodhouse	128	4	132	1,562	210	1,772	99	18
Wybourn	106	—	106	940	60	1,000	51	20
TOTALS	5,409	111	5,520	55,727	7,001	62,728	3,188	20

In addition attendances were made at the various immunisation and vaccination clinics held at the Maternity and Child Welfare Centres as follows :—

	<i>New Cases</i>	<i>Total Attendances</i>
Diphtheria Immunisation	18	27
Whooping Cough Immunisation	19	68
Diphtheria/Tetanus Immunisation	39	71
Diphtheria/Whooping Cough/Tetanus Immunisation ..	3,486	10,677
Vaccination against Smallpox	2,160	4,525
TOTAL ..	5,722	15,368

For full report on immunisation and vaccination mentioned see page 122.

Poliomyelitis Vaccination.—In May, 1956, sessions were commenced at several of the Maternity and Child Welfare Centres for vaccination against poliomyelitis for children under five years of age in groups as selected by the Ministry of Health. Two injections were given to complete the course and, during 1956, 23 sessions were held and 773 children received the full course. In 1957 the sessions were continued at Orchard Place, Firth Park, Manor, Woodhouse and Carbrook Centres, 84 sessions were held and 3,029 children received the full course.

Medical Inspection Clinics.—In the Maternity and Child Welfare Service one of the main aims has been to promote the well-being and health of the mother and child, to prevent ill-health of all types and to help towards the improvement or cure of physical defects found on examination of the young child. The medical inspection of pre-school children is carried out at all Maternity and Child Welfare Centres in the City. Detailed records of all medical examinations are collected and classified according to the age groups, as shown in the tables on the following pages. This periodic medical examination is carried out in six age groups, namely at one year, 18 months, two, three, four and four-and-a-half years, so that the children may receive six examinations before entering school.

The children are given an appointment at each birthday and in addition at 18 months and 4½ years. It is found of value to examine the children more frequently in the infant years so that, where any defect is found, the child can be referred to the family doctor for full investigation and treatment as early as possible. Many mothers appreciate the medical inspection service and, in 1957, 12,767 examinations were carried out.

The majority of the children were in good health and 9,199 examinations showed no defect. In the remaining 3,566 examinations one or more defect was revealed. In many cases the defect was trivial but worth noting, and the mother was advised how best to deal with the problem. The

child suffering from a more serious defect was referred to the family doctor for treatment. The children from all the child welfare centres, and in all age groups, were found to be very clean and infestation was practically nil. It was extremely rare to find a child attending the clinic with unsatisfactory clothing or footwear.

Nutrition.—As a result of the assessment, nutrition was classified as very good, good, fair and poor. This classification was judged on clinical findings, and height and weight measurements. Since growth involves many factors, care must be taken in assessing the child's nutrition. Although the three-scale classification of good, fair and poor was recognised, there were a number of children with nutrition well above the average of good, and only 26 children showed defective nutrition as compared with 31 in 1956. This result is satisfactory, and clinical rickets has almost disappeared in the last few years.

Dental Caries.—On the whole the dental decay found in the pre-school child at the periodic examination has remained fairly constant during the last two or three years. In the 7,165 medical inspections carried out on children at two years to 4½ years, it was found that 1,380 had carious teeth, which is 19 per cent. of the children in this range of ages. 21 children under two years of age had some carious teeth. During the war years, inspection of children at the day nurseries showed a great improvement in dental caries and it was thought that the adequate and well balanced diet, with additional supplements of Cod Liver Oil and Orange Juice supplied at the Nurseries, contributed to this improvement. However, on the whole, there is now a definite increase in dental caries, and it is believed that this is largely due to the greatly increased consumption of carbohydrates in the form of cakes, pastry, biscuits and sweets.

Skin Conditions were mild, mostly eczema and dermatitis, and these lesions tend to disappear as the infant grows older, so that by school age very few children suffer from eczema. There were 70 cases of naevus, which is lower than in the previous year.

Throat conditions.—In many cases tonsils and adenoids showed quite a marked enlargement from 2½ years of age and this condition was often accompanied by enlarged cervical glands. On examination it was found that 133 children had obstructing tonsils and adenoids compared with 111 children in the previous year. These children were referred to the family doctor for his opinion as to the advisability of tonsillectomy. 11 children had tonsillectomy performed ; this is considerably lower than the 1956 figure of 25.

Ear conditions were slightly lower in 1957, being 59 as compared with 65 in 1956. The condition found was mainly due to otitis media. Two children were found to be suffering from congenital deafness.

Eye Conditions.—Strabismus formed the bulk of the eye lesions found, namely 109 which was the same as in 1956. Two children were blind in one eye and one was partially blind.

Conditions of the Circulatory System showed a marked decrease on the 1956 figures. This was due to the number of functional heart murmurs noted. These are of no significance and usually disappear before the child reaches adolescence. There was no case of rheumatic heart disease, but three congenital heart lesions were found.

Lung conditions in the children examined showed an increase in 1957 over the previous year as more children were found to be suffering from bronchitis and asthma.

Developmental conditions found which were of importance, were talipes equino varus, cleft palate and congenital dislocation of the hip, and all children suffering from these lesions were under specialist care.

The total attendances at the medical inspection clinics during 1957 were as follows :—

Centre	Total attendances			No. of sessions	*Average attendance per session
	Boys	Girls	Total		
1. Orchard Place ..	652	648	1,300	193	7
2. Firth Park	624	654	1,278	182	7
3. Manor	991	887	1,878	191	10
4. Broadfield	517	500	1,017	197	5
5. Broomhill	406	401	807	136	6
6. Burngreave	358	367	725	144	5
7. Carbrook	267	234	501	94	5
8. Chantrey	221	228	449	91	5
9. Darnall	316	268	584	145	4
10. Dore	52	51	103	13	8
11. Endcliffe	352	350	702	138	5
12. Greenhill	268	265	533	84	6
13. Handsworth	199	233	432	49	9
14. Hillsborough	580	532	1,112	181	6
15. Tinsley	83	78	161	44	4
16. Totley	111	99	210	45	5
17. Walkley	—	—	—	—	—
18. Woodhouse	136	146	282	45	6
19. Parson Cross	236	242	478	100	5
20. Wybourn	113	93	206	48	4
21. Manor Park	3	4	7	3	2
TOTALS	6,485	6,280	12,765	2,123	6

* These clinics are combined with Infant Consultations.

Vaccination and Immunisation.—This is an integral part of our care for the child and every opportunity is taken to encourage mothers to have their children immunised against diphtheria, whooping cough and tetanus, and vaccinated against small-pox and poliomyelitis, and to consent to B.C.G. vaccination for protection against tuberculosis where necessary. Special attention is paid to this section of the work at the Medical Inspection Clinics. A full report on this service is to be found on page 122.

Breast Feeding.—During the ante-natal period every encouragement is given to the expectant mother to prepare for breast feeding and later, at the child welfare clinic, every aid is advised to help the mother to breast feed her child as long as possible. In the survey, details of which are shown in the table below, 3,169 children were examined in the first age group at the medical inspection clinics, and the mothers were questioned as to the time they weaned the child during the first year. Practically all the infants had some breast milk during the first few weeks of life but, as lactation lessened or the mother did not wish to continue breast feeding, 1,237 infants were breast fed for less than one month. The highest rate of breast feeding was at the end of the first month when 1,932, or 60·96 per cent., were fully breast fed. At the end of three months only 1,225, or 38·65 per cent., were still being breast fed. Lactation was not well maintained and at six months only 605 infants, or 19·09 per cent., were fully breast fed. The rate of weaning then quickly increased so that between nine and ten months only 245 infants, or 7·73 per cent., were breast fed.

TABLE XIII.—Amount of breast feeding in the children examined in the first age group (12-17 months)

						<i>Percentage of Total examinations</i>
<i>No. of children examined</i>	..	3,169				
<i>No. of months fully breast fed :—</i>						
Less than one month	..	1,237	..	..	..	39·0
One month	..	1,932	..	..	..	60·96
Two months	..	1,508	..	..	..	47·58
Three months	..	1,225	..	..	..	38·65
Four months	..	886	..	..	..	27·96
Five months	..	687	..	..	..	21·68
Six months	..	605	..	..	..	19·09
Seven months	..	449	..	..	..	14·17
Eight months	..	349	..	..	..	11·01
Nine months	..	245	..	..	..	7·73

The feeding of the infant has greatly changed in the last few years and the tendency now is to start mixed feeding in the early months ; this has an influence on the length of time breast feeding is persevered with after the age of six months. At that time the child is having a mixed diet of cereal,

fruit and vegetable, and having become accustomed to the added flavours the child often objects to breast milk. There is no doubt that the children are much improved with the early mixed feeding.

TABLE XIV.—Summary of 12,765 Medical Inspections of children aged one to five years carried out during 1957, classified according to age-groups, sex and standard of nutrition

Group	No. of examinations	NUTRITION							
		Very good	% of examinations	Good	% of examinations	Fairly good	% of examinations	Poor	% of examinations
<i>Group 1</i> (12-17 months)									
Male	1,629	702	43·1	879	54·0	46	2·8	2	0·1
Female	1,540	500	32·5	965	62·7	73	4·7	2	0·1
<i>Group 2</i> (18-23 months)									
Male	1,229	459	37·3	726	59·1	43	3·5	1	0·1
Female	1,202	335	27·9	777	64·6	87	7·2	3	0·3
<i>Group 3</i> (24-32 months)									
Male	1,119	405	36·2	646	57·7	65	5·8	3	0·3
Female	1,034	279	27·0	674	65·2	80	7·7	1	0·1
<i>Group 4</i> (33-41 months)									
Male	998	373	37·4	562	56·3	61	6·1	2	0·2
Female	960	264	27·5	608	63·3	86	9·0	2	0·2
<i>Group 5</i> (42-50 months)									
Male	794	291	36·7	450	56·7	52	6·5	1	0·1
Female	817	264	32·3	487	59·6	65	8·0	1	0·1
<i>Group 6</i> (51-60 months)									
Male	716	255	35·6	416	58·1	44	6·2	1	0·1
Female	727	239	32·9	431	59·3	50	6·9	7	0·9
<i>Total all age groups</i>									
Male	6,485	2,485	38·3	3,679	56·7	311	4·8	10	0·2
Female	6,280	1,881	30·0	3,942	62·7	441	7·0	16	0·3
TOTAL—both sexes	12,765	4,366	34·2	7,621	59·7	752	5·9	26	0·2

TABLE XV.—Summary of Defects found in 12,765 Examinations of Children during the year 1957, classified under Sex and Age Groups

Defects	All Clinics												Full Total (both sexes)		
	Group 1 (12-17 months)		Group 2 (18-23 months)		Group 3 (24-32 months)		Group 4 (33-41 months)		Group 5 (42-50 months)		Group 6 (51-60 months)			Total	
	M	F	M	F	M	F	M	F	M	F	M	F		M	F
Cleanliness—															
Infested Body		1												3	
Infested Head														3	
Skin—															
Naevus	16	20	4	9	5	5		2	3				28	42	
Eczema	37	21	21	16	21	18	15	19	14		7	5	115	90	
Urticaria		1						1						1	
Dermatitis		1		1					1				2	3	
Impetigo	3	1		1					1				4	4	
Warts					1								2	2	
Icthyosis					1								1	1	
Scabies													1	1	
Other conditions	4	3	3			2	1	1			2		10	9	
Tonsils and Adenoids—															
Enlarged	13	14	41	33	56	46	67	48	69		80	71	326	278	
Obstructing	2		7	3	12	2	20	15	19		22	18	82	51	
Teeth—															
Three and under—carious	1	1	3	6	15	12	66	63	142		164	159	390	363	
Four and over—carious			4	6	25	14	63	50	109		146	119	348	300	
Ears—															
Deaf	10	11	5	4	3	3	6	1	5		5	4	34	2	
Otitis Media														23	
Eyes—															
Squint	3	3	14	10	8	12	6	9	11		9	15	51	58	
Ptosis	2	1											2	1	
Blind in one eye	1												1	1	
Partially Blind													1	1	
Nystagmus (vision normal)							1				1		2	2	
Albino	1	2	1	1		2	1				1		2	2	
Conjunctivitis	1	1			1	1	1						2	2	
Blepharitis		1		2	1	1	1	3					2	5	
Congenital Glaucoma			1										1	1	
Cyst Right Eyelid														7	
Heart and Circulation—															
Congenital Heart Disease	1			1	2	3	1	5	6		9	8	2	1	
Functional Murmur	5	5	5	1	2	3	6	5	6		9	5	33	28	
Lungs—															
Bronchitis	50	39	22	16	23	9	14	13	12		9	5	130	92	
Asthma	1	2	1	2	2		3	2			1		8	7	
Pleurisy													1	1	
Alimentary System—															
Rectal Prolapse							1		1				1	1	
Fibrocystic Disease of the Pancreas														2	
Nervous System—															
Spastic Paralysis															
Poliomyelitis Paralysis			1	1	2		1	1				1	4	1	
Paralysis due to Spina Bifida													1	3	
Left Hemiplegia due to old Fractured Skull		1						1						1	
Mental Condition—															
Mentally Defective		1	3					1			1		1	1	
													1	1	
													3	4	

Minor Ailments Clinics.—These are held at three of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park and Manor Centres, and children are referred from the Infant Consultation sessions for treatment for minor ailments. Details of attendances at these clinics are as follows :—

<i>Centre</i>	<i>Attendances of Children</i>		
	<i>Under 1 year</i>	<i>1—5 years</i>	<i>Total</i>
Orchard Place	37	19	56
Firth Park	244	12	256
Manor	469	118	587
TOTALS	750	149	899

Ultra Violet Light Clinics.—Sessions are held at Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres. Children are referred by the medical officer at the Infant Consultations for a course of 24 treatments and reviewed before a further course is prescribed. The attendances in 1957 are shown below :—

<i>Centre</i>	<i>Attendances of Children</i>		
	<i>Under 1 year</i>	<i>1—5 years</i>	<i>Total</i>
Orchard Place	56	2,848	2,904
Firth Park	31	3,141	3,172
Manor	64	3,129	3,193
TOTALS	151	9,118	9,269

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

<i>Year</i>	<i>Total Attendances of all Children</i>	<i>Total Children attending for first time</i>
1953	103,148	5,567
1954	97,048	5,357
1955	83,126	4,828
1956	80,992	5,176
1957	85,661	5,520

Children referred to Private Medical Practitioners or Hospital for treatment.—356 of the children who attended at the Centres during the year were referred by the medical staff to their private medical practitioners for treatment, 9 were referred to hospitals, 129 to the school clinic, 104 to the City General Hospital Laboratory for blood count and 5 to the Chest Clinic.

Children Act, 1948.—One of the Maternity and Child Welfare Centre Medical Officers visits each week children who are under the care of the Children's Officer at Blackbrook Mount, the Moss Residential Nursery and the Reception Centre, Broomgrove Road. Three-monthly visits are made to Thornseat Lodge, Bradfield, and medical supervision is carried out periodically at Halifax Road Cottage Home.

Foster parents who are in charge of children under the Children's Officer are encouraged to attend the Maternity and Child Welfare Centre periodically with the foster child for examination and general medical supervision.

Day Nurseries.—Four day nurseries are visited every three months by one of the Maternity and Child Welfare Centre Medical Officers and a general inspection of the children is carried out. The matrons of the nurseries are free to communicate with the Senior Medical Officer at the Centre should they require advice regarding the condition of a child admitted to the nursery at any time.

Distribution of Dried Milks and Nutrients during 1957.—At the Maternity and Child Welfare Centres the Government's Welfare Foods, Cod Liver Oil compound, tablets of vitamin A and D, National Dried Milk and concentrated orange juice are distributed. In addition, a number of proprietary brands of dried milk and nutrients, such as tablets of calcium sodium lactate, Fersolate, Vitamin B, Virol, Halibut liver oil, Rose Hip Syrup, children's iron tonic, and proprietary brands of infant foods such as Robsoup, Farex, Robrex, Baby Rice, Colact, Ovaltine and Lactagol are available when ordered by the medical or health visitor staff. Expectant and nursing mothers and children under five years of age benefit by obtaining these items at ten per cent. above cost price, and free of charge in necessitous circumstances. The following list gives details of the various items sold during 1957 :—

<i>Quantities Distributed</i>	1956	1957
Ostermilk (dried milk)—1 lb. packets	41,999	38,514
Colact—1 lb. packets	12,102	10,866
Cow and Gate (dried milk)—1 lb. packets	21,254	23,232
Ovaltine— $\frac{1}{2}$ lb. tins	38,156	43,305
Farex—12 oz. packets	7,796	7,060
Robrex—8 oz. packets	2,203	2,298
Lactagol	1,214	1,586
Children's tonic—6 oz. bottles	570	412
Adult tonic—12 oz. bottles	253	333
Calcium tablets—packets of 42	11,998	12,649
Ferrous sulphate tablets—tins of 50	13,447	14,785
Vitamin tablets—packets of 84	11,245	12,359
Virol—6 oz. cartons	3,575	3,949
Halibut Liver Oil—5 c.c. bottles	6,742	5,834
Rose Hip Syrup—6 oz. bottles	13,163	13,657
Robsoup—2 $\frac{1}{2}$ oz. tins	4,511	4,663
Citrate of Soda—small packets	1,325	1,056
Baby Rice—6 oz. packets	5,351	5,855
Triple pack cereal	—	2,506

National Dried Milk and Vitamins.—Since 1954, the distribution of welfare foods has become the responsibility of the local health authorities throughout the country. By arrangement with the Ministry of Food, the Sheffield Health Department has distributed these foods since 1941, the local arrangement being made in the first place because of the popularity of the Maternity and Child Welfare Centres and their convenient situation throughout the City. It was considered that the mothers could collect their welfare foods while attending the clinics, and those who did not attend would be easily served from the clinic centres. The scheme has worked well throughout the 17 years it has been in operation. The following are details in regard to the distribution of these commodities in the years 1956 and 1957 :—

<i>Foods</i>	<i>Quantities Distributed</i>	
	1956	1957
National Dried Milk—1½ lb. tins (No. of tins)	87,933	65,845
Cod Liver Oil—6 oz. bottles (No. of bottles)	53,402	47,050
Orange Juice—6 oz. bottles (No. of bottles)	309,509	325,536
Vitamins A and D Tablets—Packets of 45 tablets (No. of packets)	21,583	20,920

It will be noted that there is a drop in the uptake of Cod Liver Oil. However, most of the children under 12 months of age who attend the clinics are receiving Halibut Liver Oil in liquid form, as it is found that this agrees with the children better than Cod Liver Oil. In addition, most of these young children are prescribed Rose Hip Syrup.

MATERNITY AND NURSING HOMES

No new premises were registered as Nursing Homes during the year. On the 31st December, 1957, there were seven Nursing Homes on the register, providing accommodation for 7 maternity and 120 other cases, and these premises were visited as required.

CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, five registrations have been granted for the care of a total of 78 children.

HOMES FOR MOTHERS AND BABIES AND HOMELESS CHILDREN

In the last few years increasing attention has been focused on the unmarried mother and the mother who is homeless, and every endeavour has been made to give assistance over a difficult period. Many of these mothers attend the Maternity and Child Welfare Centres in search of help regarding confinement arrangements and in some cases adoption of the child, or where the mother is homeless she may seek advice and help

regarding accommodation. There are now several Homes where mothers can be accommodated. The Mother and Baby Home at 19-21, Hucklow Road is administered by the Council for the care of unmarried girls and mothers in social difficulties with a view to rehabilitation where necessary. St. Agatha's Hostel is in the control of the Church of England and takes unmarried mothers, usually primiparae, both before and after confinement, and assists in placing the mother in a post if she has no home to which she can return ; in a number of cases adoption of the baby is arranged. This Home is not primarily for Sheffield cases but serves an area far beyond the City boundary. There is close co-operation between St. Agatha's Hostel and the Maternity and Child Welfare Centre, and arrangements are made for a number of their cases to be admitted to Sheffield hospitals for confinement and to attend the ante-natal clinic for supervision. Notice of all admissions and discharges is received at the Orchard Place Centre.

With regard to the homeless mother accommodation can be arranged through the Social Care Department for admission to "Norwood House", also homeless mothers are admitted to the Mother and Baby Home at Hucklow Road. There is close association between the Health Visitors and the Social Care Department regarding difficulties which arise from time to time in connection with homeless women.

Many unmarried expectant mothers attend the Maternity and Child Welfare Centre for ante-natal supervision and confinement arrangements, and all such cases are reported to the Superintendent Health Visitor with a view to investigation as to any difficulty the mother might meet. Arrangements are made as far as possible before the confinement as to the care of the baby and, if adoption is necessary, guidance is given to the mother. If an expectant mother has found it impossible to remain at home during her pregnancy she can be admitted to the Hucklow Road Mother and Baby Home. This Home is under the direct supervision of the Superintendent Health Visitor and is intended for Sheffield residents. All applicants for admission are interviewed by the Superintendent Health Visitor or her Deputy, and arrangements made for admission where necessary.

During the year 1957, 29 mothers had some period of residence in the Home, 22 were admitted for a period before the baby was born and arrangements made for hospital delivery ; 14 of these mothers returned to the Home from hospital with the baby. Five others were admitted for the first time with the baby, and two mothers who were in the Home in 1956 remained for a period in 1957. The 22 mothers who were admitted prior to confinement spent 445 days in the Home, making an average of 20 days per mother ; 21 who were admitted post-natally with the baby spent 823 days in the Home, an average of 39 days per mother.

On investigation of the 29 mothers who were in the Home during the year, 17 were unmarried, two were married women, nine were separated and one was a widow. All these mothers were admitted on account of some domestic difficulty. Two of the mothers returned home prior to the confinement ; 12 returned home after the baby was born and six took the baby with them, four of the babies were adopted, one went into a residential nursery and one was transferred to the care of the Children's Department. One mother went home direct from hospital. One mother was discharged to the care of her sister and another one to stay with a friend, one was admitted into a training home, and one was discharged to rooms ; these four mothers took the baby with them. One mother went into domestic service and the baby was adopted. The Social Care Department took charge of two mothers, and one of the babies was transferred to the care of the Children's Department and the other remained with the mother. At the end of the year five mothers were still in the Home and two had been transferred to hospital and were expected to return.

Inmates of the home belong to various denominations and arrangements are made for regular attendance at their place of worship ; visits are made to the Home by representatives of the Churches concerned.

Every effort is made to train the girls in good housekeeping, which includes general domestic work, kitchen duties and laundry work. Many were found to have no knowledge of house management and needed considerable training, both as to general cleanliness and the care of domestic equipment. It was found that the girls who had been in domestic service had a higher standard than the majority. Each girl is trained to care for her own baby, does the laundry work connected with the child, and attends to her own personal belongings, from the point of view of both cleanliness and repair. The girls are taught to knit baby garments from patterns and also to make garments which are cut out and prepared for them.

Books and magazines have been provided, but reading does not generally appeal to the girls. They are free each afternoon and occasionally go to the pictures. Visitors are allowed each evening and on Saturday afternoons.

Many of the girls have been very difficult, especially some of the married women, several of whom had been evicted from their own homes, but others have responded well. It has been found that the Home has served a useful purpose in the general care and rehabilitation of unmarried girls and mothers in difficult social positions, and in a number of cases girls have been helped over a difficult situation and have been received back into their own homes.

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 30 beds.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children, and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

DAY NURSERIES

*"Those that do teach young babies
Do it with gentle means and easy tasks."*

William Shakespeare (Othello).

The four Day Nurseries at Beet Street, Darnall, Firth Park and Meersbrook Park remained in use during the year 1957. Although running well below capacity the number of children in attendance was about the same as in the corresponding periods of 1956. As a result of the increasing cost of maintaining a child in the Day Nurseries, the maximum daily charge was raised in November, 1957.

Assessment of charges remained one of the problems during the year, largely owing to the difficulty and delay in obtaining accurate figures of the parents' income. The position was also complicated by the high rate of turnover of children entering the nurseries.

The children were examined regularly by doctors on the staff of the Department; there were no serious outbreaks of illness at any time during the year.

The average daily attendances in the Day Nurseries during each month of the year 1957 are given below:—

<i>Month</i>									<i>Average Number</i>
January	..	..	..	..	..	..	..	..	98
February	..	..	..	..	..	..	..	..	107
March..	..	..	..	..	..	..	..	..	98
April ..	..	..	..	..	..	..	..	..	96
May ..	..	..	..	..	..	..	..	..	86
June ..	..	..	..	..	..	..	..	..	91
July ..	..	..	..	..	..	..	..	..	96
August	..	..	..	..	..	..	..	..	78
September	..	..	..	..	..	..	..	..	88
October	..	..	..	..	..	..	..	..	106
November	..	..	..	..	..	..	..	..	106
December	..	..	..	..	..	..	..	..	93

The table which follows shows the number of children on the register at the end of the year, classified according to the reason for admission to the nurseries.

Reasons for Admission of Children to Day Nurseries—Week Ended 9th December, 1957

Nursery	Parent Widow or Widower	Child Illegitimate	Sickness of either parent	Parent Divorced, Separated, Deserted	Living in Rooms	Both Parents Gainfully Employed	Mother's Confine- ment	Doctor's Advice	Other Reasons	Total
Beet Street	2	11	3	15	—	16	—	—	3	50
Darnall	2	5	—	14	—	9	1	1	1	33
Firth Park	1	6	4	14	—	17	1	—	2	45
Meersbrook Park	2	10	3	5	—	14	—	—	1	35
TOTALS	7	32	10	48	—	56	2	1	7	163

81

Number of children admitted to the Nurseries during the month ended
 9th December, 1957 21
 Number of children who have left the Nurseries during the month
 ended 9th December, 1957 23
 Number of parents interviewed 32

Week ended
 September 7th, 1957 159
 June 8th, 1957 145
 March 9th, 1957 154
 December 8th, 1956 157

INVESTIGATIONS INTO PERI-NATAL DEATHS

by MARION E. JEPSON, M.B., Ch.B., D.C.H.,
Assistant Maternity and Child Welfare Medical Officer

One of the main concerns of present day obstetrical practice is the reduction of the stillbirth and neo-natal death rates. In England and Wales, the figure for the combined stillbirth and the early (under 1 week) neo-natal deaths (peri-natal mortality) has remained virtually steady since 1948, at about 37-38 per 1,000 total births. It is felt that a study of the relationships between all the different factors operating in cases may possibly lead to certain conclusions regarding the true cause of death, and may provide some insight into the means of prevention. With this in mind, an attempt has been made to survey the causes of all peri-natal deaths notified in Sheffield during 1957. The term 'peri-natal deaths' includes stillbirths and all deaths occurring during the first week of life. These two are grouped together because it is recognised that, generally speaking, many of the causes of neo-natal death operated during intra-uterine life and during the actual period of parturition, and were the same as those producing stillbirths. As far as possible, the enquiry in each case has covered the full ante-natal history of the patient, the labour record, the general medical history and social background, and post-mortem reports where available.

Total number of Peri-natal deaths	271		
Stillbirths	157		
Early neo-natal (under 1 week)	114		
		1955	1956
Stillbirth rate (per 1,000 total births)	25.4	22.0	20.5
Early neo-natal mortality rate (under 1 week) per 1,000 live births	15	16	14
Peri-natal mortality rate (per 1,000 total births)	41	37	34

The classification of each case has been based on the underlying clinical cause of death rather than on autopsy findings, which usually reveal the immediate cause of death only, and may give little indication of the truly significant factors in the aetiology.

Multiple pregnancies have been grouped separately, as it is felt that a truer picture would be obtained from a classification of single births.

Number of peri-natal deaths	271
Number of multiple births	28
Stillbirths	9
Neo-natal	19
Number of single births	243
Stillbirths	148
Neo-natal	95

The 243 single cases have been classified into 8 main groups.

1. Foetal deformities.
2. Maternal toxæmia.
3. Ante-partum hæmorrhage, not associated with any form of toxæmia.
4. Mechanical stresses.
5. Maternal conditions.
6. Placental insufficiency.
7. Premature, cause unknown.
8. Mature, cause unknown.

In many of the cases, a definite abnormality of pregnancy or labour has been present and classification has been accordingly simple. In a few cases, more than one factor seems to have been operative, and these have been classified according to the most potentially lethal factor present. The remainder have been divided into: Premature, cause unknown and Mature, cause unknown. These are cases where the pregnancy and labour have been normal and autopsy findings have shown no specific lesion. In the present state of our knowledge, such deaths cannot be satisfactorily explained.

The following table gives the actual and percentage distribution of deaths by clinical cause amongst 243 single peri-natal deaths; the end column gives the corresponding percentage for the previous year (1956).

<i>Group</i>	<i>Stillbirths</i>		<i>Neo-natal</i>		<i>Peri-natal</i>		<i>% Total 1956</i>
	<i>No.</i>	<i>% Total</i>	<i>No.</i>	<i>% Total</i>	<i>No.</i>	<i>% Total</i>	
1. Deformity	35	23·7	17	17·9	52	21·4	13·5
2. Maternal Toxæmia	26	17·6	12	12·6	38	15·6	20·3
3. Ante-partum Hæmorrhage ..	13	8·8	11	11·6	24	9·9	9·5
4. Mechanical Stress ..	20	13·5	12	12·6	32	13·2	6·4
5. Maternal Conditions ..	10	6·8	12	12·6	22	9·1	14·8
6. Placental Insufficiency ..	15	10·1	7	7·4	22	9·0	—
7. Premature, cause unknown.. ..	20	13·5	20	21·1	40	16·5	24·5
8. Mature, cause unknown.. ..	9	6·0	4	4·2	13	5·3	11·0
	148	100%	95	100%	243	100%	100%

It will be seen that in both years the highest percentage fall in three groups:—(1) Deformity, (2) Maternal toxæmia and (3) Premature, cause unknown.

Placental insufficiency as a separate group has been differentiated for the first time this year, and the significance of these figures and their bearings on the figures of the "Premature, cause unknown," and "Mature, cause unknown" groups will be discussed in more detail later in the report. The deaths due to mechanical stresses have doubled during 1957. This again is discussed in the detailed breakdown of the groups.

Detailed Breakdown of Groups

1. Multiple Pregnancies.

Total number of multiple births	28
Stillbirths	9
Neo-natal deaths	19

There were 25 twins and 3 triplets (2 of one family and 1 of another) in the 28 multiple pregnancy peri-natal deaths. Of the 28 deaths, 25 (89 per cent.) were associated with prematurity* and prematurity alone was the only factor which seemed to be responsible for 15 of these 25 cases. In the remaining 10, additional factors were present, which though not necessarily lethal in themselves would, when coupled with prematurity, undoubtedly adversely affect the outcome.

1. Rhesus incompatibility (the other twin was successfully transfused)	1
2. B. Coli Meningitis	1
3. Toxaemia of pregnancy in the mother	6
4. Unattended deliveries (Twin pregnancy undiagnosed)	2

* Here as elsewhere, the criterion of prematurity is a birth weight of 5½ lbs. or under.

2. Single Pregnancies.

1. Foetal Deformities.—

In this class are included deformities which are incompatible with continued life and are thus given priority over other abnormal conditions such as toxæmia, prolapsed cord, which might have produced death in a normal baby.

Number of abnormalities	52
Stillbirths	35
Neo-natal deaths	17
% of deaths due to deformities	21·4
% of similar deaths in 1956	13·5

The following table shows the type of deformity present.

	Type	Stillbirth	Neo-natal	Total
1. C.N.S.—				
	Anencephalic	23	1	24
	Meningo-myelocoele +/- Hydrocephalus	10	7	17
2. Heart		2	4	6
3. Alimentary tract		—	4	4
4. Lungs and kidneys		—	1	1
		35	17	52

It will be seen that, compared with the previous year's figures, there has been a significant increase in the number of deaths due to abnormalities of the foetus. This increase has been almost entirely due to an increased number of defects in the central nervous system, especially anencephaly. It is realised that this survey is concerned only with those defects which are incompatible with survival, but it would be most interesting to know whether this increase is part of a general pattern of increased foetal abnormalities, or whether it is a specific increase in central nervous system defects only. One difficulty in trying to elucidate any factors which may have been operating to produce such central nervous system defects, is the fact that these factors must operate at a very early stage in the pregnancy (*i.e.* about 6–8 weeks), at which stage many women are barely aware that they are pregnant, and their memory regarding any stresses to which they might have been subjected at that stage is correspondingly hazy. The details regarding these patients have been examined from the point of view of virus infection (especially rubella, as there were many cases in the city during the year), X-ray examination, anaesthesia, nutrition, but in very few cases has any significant factor come to light.

1. Associated maternal disease.				
	Known virus infection	0		
	Tuberculosis	1		
	Mitral stenosis	1		
	Severe hyperemesis	1		
2. Possible X-ray of chest before 8th week of pregnancy				3
3. Similar abnormalities in previous pregnancy				3
4. Anaesthesia—N ₂ O for dental extraction				1
5. The patient was investigated for sterility and had a salpingogram when the pregnancy was at such an early stage (4 weeks) that it was clinically undiagnosable.				1

Thus, out of the 52 cases, there seems to be only one (5), where a definite cause for the abnormality can be singled out; genetic factors may possibly play a part in the 3 cases in (3), and anoxic factors cannot be completely disregarded in (1), and (4).

2. Maternal Toxaemia.

Toxaemia includes all cases of eclampsia, pre-eclampsia and hypertension, which may or may not have been accompanied by accidental hæmorrhage. In this series, 38 out of 243 single deaths (15·6%), were attributable to toxaemia.

<i>Toxaemia.</i>	<i>Stillbirths</i>	<i>Neo-natal</i>	<i>Total</i>
Eclampsia	2	—	2
Pre-eclampsia	11	7	18
Hypertension alone	6	1	7
Toxaemia + Accidental Haemorrhage ..	7	4	11
	26	12	38

In 17 of the 26 stillbirths, death had taken place in utero before labour commenced or was induced.

Of the 38 cases, 25 (18 stillborn and 7 neo-natal deaths), were premature babies. Of these 25, 12 had gone into labour spontaneously, producing 4 macerated foetuses, 4 fresh stillbirths and 4 neo-natal deaths, and in the remaining 13, labour had been induced either because of intra-uterine death (7 cases), or because the toxaemic condition was such that further delay would have endangered the mother's life (6 cases).

Other factors present in addition to the toxaemia included:—

1. Cushing's syndrome and Milroy's disease.
2. Mitral stenosis—2 cases.
3. Influenzal pneumonia.

Parity

Primigravidae	21
Multigravidae	17

11 of the 17 multigravidae had a history of having toxaemia in one or more pregnancies.

Toxaemia is one of the complications of pregnancy in which early recognition of untoward developments and immediate treatment are essential if disaster is to be avoided. In some cases, even when all steps have been taken, failure of the condition to respond to treatment calls for the delicate decision as to whether to relieve the maternal condition at the price of an immature baby whose chances of survival are correspondingly small, or to add risk to the mother by waiting in the hope of a more mature baby.

Of the 38 toxaemic patients, 20 had hospital in-patient treatment as soon as the condition was recognised. 11 patients were treated at home, all appeared to have a mild form of toxaemia; 5 were under the care of their own doctors and 6 were attending either hospital or welfare clinics. 5 cases

of accidental haemorrhage associated with toxæmia, and 2 cases of eclampsia appeared to develop 'out of the blue' with no previous warning signs.

Compared with the previous year's figures (20.3%), the percentage of deaths associated with toxæmia shows a significant fall (15.6%), which may be an index of the standard of ante-natal care received.

3. Ante-Partum Hæmorrhage (Unassociated with toxæmia)

Included in this group are 24 foetal deaths due to ante-partum hæmorrhage from placenta prævia or accidental hæmorrhage not associated with any form of toxæmia.

	<i>Stillbirths</i>	<i>Neo-natal</i>	<i>Total</i>
Placenta prævia	3	5	8
Vasa prævia	1	—	1
Accidental hæmorrhage	9	6	15
All Causes	<u>13</u>	<u>11</u>	<u>24</u>

In none of the cases had there been any history of ante-partum hæmorrhage from any cause in previous pregnancies.

4. Mechanical Stress

Under this heading are grouped 32 cases in which some mechanical factor appears to have been the primary cause of death. It includes, for example, abnormalities in the umbilical cord, difficulties during labour, and I have also included 5 cases where death has been ascribed to 'inattention at birth.'

	<i>Stillbirths</i>	<i>Neo-natal</i>	<i>Total</i>
1. <i>Cord conditions</i> —			
Cord very tightly round neck	8	—	8
Tight knots in cord	2	—	2
Short cord leading to placental separation ..	1	—	1
Prolapsed cord	2	—	2
2. <i>Stress during labour</i> —			
Breech	2	2	4
Forceps	3	2	5
Impacted shoulder	1	—	1
Precipitate labour	—	2	2
Difficult trial labour	—	1	1
3. <i>Direct trauma</i>	1	—	1
4. <i>Inattention at birth</i>	—	5	5
All Classes	<u>20</u>	<u>12</u>	<u>32</u>

Compared with the previous year's percentage (6.4%), this year's figures (13.2%) seems disturbingly high, as one might in some ways regard the figure for "mechanical stresses" as an index of obstetrical skill. There were, however, an unusually high number of cord

complications this year, and in 11 out of the 13 death would seem unavoidable. Foetal death in the "direct trauma" case was due to rupture of the uterus following direct violence to the full-term uterus by a fall. In addition there were five cases of "inattention at birth" in which trauma may have been a factor contributing to death. Three were unidentified bodies found on waste ground in different parts of the city, and two were accidental deaths following precipitate labour where no help was available.

5. Maternal Conditions

This group includes 22 cases in which there was some condition in the mother—either already present when pregnancy began or supervening on the pregnancy—which has adversely affected its outcome.

Type	Stillbirth	Neo-natal	Total
Blood incompatibility	6	3	9
Influenza	1	3	4
Cardio vascular disease	—	2	2
Diabetes	1	—	1
Status asthmaticus	1	—	1
Incompetent cervix	—	4	4
Poor generally	1	—	1
All Causes	<u>10</u>	<u>12</u>	<u>22</u>

Of the 12 neo-natal deaths, all except those due to blood incompatibility were premature babies.

Blood Incompatibility

8 cases were due to the Rhesus factor (anti-D.). The ninth was due to the Anti-Kell factor. Two mothers had received cortisone treatment from the beginning of the pregnancy, but intra-uterine death occurred at the 32nd week in both cases. The 3 babies born alive were all seriously affected and, though given exchange transfusions, survived for a short time only. All the cases had been recognised as such from an early stage in the pregnancy.

Influenza

These 4 peri-natal deaths occurred during the epidemic of Asian flu. The pregnancy, up to the point of infection, had been normal in all respects. In one case, intra-uterine death occurred, and the other three patients went into labour during the course of the illness.

Incompetent Cervix

These four cases were known to have some degree of incompetence of the cervix from previous abnormalities in the cervix. It was thought that the incompetence gave rise to premature labour and it has been suggested that some form of plastic repair may remedy the defect and allow future pregnancies to proceed to term.

6. Placental Insufficiency

Placental Insufficiency as a cause of peri-natal death has been included as a separate group. Previously, the cases now classified under this heading have been included in the "Premature, cause unknown" or "Mature, cause unknown" group, but there now appear grounds for thinking that in certain of the cause unknown cases (both premature and mature), death is due to inadequate placental functioning. The 22 cases which have been included are those in which there is hormonal imbalance as shown by a low level of pregnandiol excretion in the urine, and/or histological examination of the placenta showed such infarction or undue ageing changes as to render it inadequate for the needs of the foetus. Cases of what might have been termed secondary placental insufficiency, where infarction is obviously secondary to, or at least associated with, some other condition such as toxæmia, are not included in this group.

Stillbirths	..	..	..	..	..	..	15
Neo-natal	..	..	..	..	..	..	7
TOTAL	..	..	..	..	..	..	<u>22</u>

16 of the 22 were premature (10 stillbirths and 6 neo-natal deaths).

14 of the 22 patients were over 30. There were 9 primigravidae and 4 with 7-9 previous pregnancies. In 5 cases, there was a history of many times repeated stillbirths or premature labour.

There would appear to be two types of placental insufficiency.

1. Where the insufficiency has been present throughout the pregnancy; the patient has always been "small for dates," and often intra-uterine death takes place at an early stage, although by actual dates the pregnancy may continue to term. Such cases are usually associated with a state of hormonal imbalance.

Of the 10 premature stillbirths, 9 were macerated, showing that intra-uterine death had taken place some time previously. In those cases where the baby was born alive, it was seen that in 6 cases out of 7, premature labour resulted in a very small baby.

2. A relative insufficiency appearing to arise in cases of post-maturity. The baby is normally sized and developed, but fibrotic changes taking place in a mature placenta, then render it inadequate. The remaining 6 cases of the 22 were all mature babies and the duration of the pregnancy was in each case 42-44 weeks.

7. Premature, Cause Unknown

Babies weighing $5\frac{1}{2}$ lbs. or under at birth are classified as premature. Apart from maceration due to intra-uterine death, no abnormality is present

in the foetus though many are grossly immature. The reason for the onset of premature labour is obscure as there is usually no recognisable abnormality during pregnancy.

Stillbirths	20
Neo-natal deaths	20
	<hr/>
	40
	<hr/>

8. Mature, Cause Unknown

The babies weigh more than 5½ lbs. at birth and though at autopsy, lesions of anoxia may be present, or in some cases, evidence of the inhalation of amniotic fluid, there has been no clinical cause found for such changes. Pregnancy and labour have been normal.

Stillbirths	9
Neo-natal deaths	4
	<hr/>
	13
	<hr/>

As has already been pointed out, no attempt had been made in 1956 to allocate deaths to the "Placental insufficiency" group. Such cases would have been included in the deaths ascribed to "Premature, cause unknown," or "Mature, cause unknown."

Analysis of Maturity

The single peri-natal deaths have been classified according to maturity.

	<i>Mature</i>	<i>Premature</i>
Deformity	16	36
Maternal toxæmia	13	25
Ante-partum hæmorrhage	5	19
Mechanical stresses	26	6
Maternal conditions	10	12
Placental insufficiency	6	16
Premature, cause unknown	—	40
Mature, cause unknown	13	—
	<hr/>	<hr/>
	89	154
	<hr/>	<hr/>

It will be seen that of the 243 single peri-natal deaths, 154 (63·4%) occurred in premature babies. Prematurity is thus the commonest cause of peri-natal deaths, and in 26·1% of the cases, we are quite unaware of any concrete reasons for premature labour.

There were 12 cases of illegitimacy amongst this series of peri-natal deaths, and 17 cases where the conception had been pre-marital. Of these, 6 had made no arrangements whatever for their confinement, and 4 others did not attend clinic, hospital, or their own doctor until the pregnancy was 30 weeks or more advanced.

With possible means of prevention in mind, it will be seen that perinatal deaths can be divided into two main groups.

1. *Avoidable*—

- (a) Most mechanical stresses.
- (b) Maternal conditions.
Ante-partum haemorrhage.
Maternal toxæmia.

2. *Inevitable*—

- (a) Premature, cause unknown.
- (b) Mature, cause unknown.
- (c) Placental insufficiency.
- (d) Deformities.

1. *Avoidable* deaths may possibly be averted by:—

- (a) Skilful management of labour and awareness of its possible difficulties.
- (b) The recognition and successful treatment of diseases and obstetrical abnormalities of the mother during pregnancy, whereby the risk to the baby is greatly lessened. Although one feels that in our present state of knowledge, a complete solution to the problem is not yet possible, especially in the case of ante-partum hæmorrhage and toxæmia, we can go a long way towards lessening their dangers.

2. *Inevitable*. This class is perhaps of the greatest interest and one on which extended survey of all relevant details may throw some light. The proportion of unexplained peri-natal deaths, especially the premature cases, is still disturbingly high, although the recognition of placental insufficiency as a factor opens a new field for research. The increase in the number of deformities, especially at this time of increased awareness of the potential dangers of radiation, is interesting, but a consideration of the many possible factors, without over-concentration on one, is essential.

It would seem that the recognition of factors predisposing to abnormalities in pregnancy and their immediate treatment is one of the essentials in the reduction of peri-natal deaths. This could be furthered by—

I. Co-operation and free interchange of information amongst all who are concerned with the welfare of the mother—family doctors, hospital consultants and midwives and medical officers working from local authority clinics. Expert ante-natal care is necessary to prevent, if possible, and certainly to treat, the slightest departure from normal.

II. Education of the mother, so that she feels that some share of the responsibility for her own well-being and that of the infant rests with her, and that she can freely discuss with the medical and nursing Staff any

factors that seem to her unusual. This would include such subjects as general fitness, diet and the importance of adequate rest, especially when it involves a balanced consideration of the values of continued work during pregnancy, set against the risks of inadequate rest being a factor in premature labour.

III. Each advance in medical science makes the boundary line between the two groups—Avoidable and Inevitable—less distinct. The constant aim must be not only the reduction of the numbers in the "Avoidable" group, but a refusal to accept that the others will remain "Inevitable." This means a constant awareness of trends in all fields of medicine and their application to obstetrics in particular.

PROBLEM FAMILIES

By CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.,
Assistant Maternity and Child Welfare Medical Officer

"These are a law unto themselves."
—Epistle of Paul to the Romans, II, 14.

The decision has been taken to appoint a male social worker to undertake duties with the social problem group, but until the work is initiated it is difficult to do more than reiterate the claim of these families to the special care of the community and for a revision of our attitudes and approach to them.

It is true that the pressures brought to bear on the community by these families bring numerous persons and agencies to their doors in an attempt to help them, but it is unfortunate that the results have been poor considering the vast expenditure of effort and money.

Many families have their problems which cause unhappiness and may even bring them temporarily into the public eye. Most quickly recover from these difficulties, but a few fail utterly and miserably. The latter present to us neglected children, half-educated undisciplined adolescents, children whom nobody wants when marriages break and partners are changed. Most live in squalid conditions however adequately housed, and almost invariably there is a heavy load of debt irresponsibly incurred. Family relationships are strained and over-dramatised, and only those who have close dealings with these families can have any conception of the complicated domestic and marital situations which arise in them.

Some of these families for a variety of reasons cease to survive as a unit and their children become the responsibility of the Local Authority. Others appear to improve as the years pass but this may be deceptive. The home looks more comfortable and, as the children grow older, neglect assumes subtler forms. Juvenile delinquency takes its place and the social failings of a family of adolescents move from the sphere of the teacher and Health Visitor, and become the concern of the Court and the Probation Officer. Probably rather more than half of the children found stable and sound marriages. The others, when they marry, reproduce the Problem Family pattern all over again. Each successive survey of the remnant hundredth of Charles Booth's submerged tenth seems only to emphasize that at its roots lie parents of sub-normal intelligence or grossly disturbed personality, or others in which both are combined.

The Medical Officer of Health can take a wide view of these problems and, as his records often span several generations, he has the opportunity of understanding by what combination of individuals and circumstances these unsatisfactory families arise. He is well aware that few Problem Families arise out of a blue sky. In a community in which the unfit as well as the fit survive—in which, perhaps prematurely, we are tending to avert our eyes from mental defect and the insanities—it is necessary to face up to the logical outcome of our attitudes. As long as the community encourages the survival and, later, fulfilment in marriage of its weaker members, it must be prepared to prop them in an effective form as long as they need support.

The censorious and punitive attitude of the moralists towards these families is undergoing modification before the arguments of the humanists and geneticists, whose expectation of little from those to whom little has been given, has resulted in our acceptance of the broad conception of diminished responsibility.

We do not at present know how to make dull individuals intelligent or whether the faults of psychopaths lie in their genes or in their environment ; nor do we know how to prevent serious mental illness. We do, however, know the value of manipulating the environment of an individual so that adverse stresses and handicaps are lessened and the positive aspects of the human situation encouraged. At the present stage of our knowledge the only hopeful method of approach to Problem Families lies in painstaking work along these lines. Thus the worker aims to develop a personal relationship with the family in which he or she plays the role of a respected friend who has time to listen with understanding. The absence of a critical attitude and a determination to help the family to smooth out their difficulties may gradually improve the total situation.

It is vitally important to help these families when the children are young. Although children often cling to neglectful parents animal-like as the provider of shelter and nourishment, the adolescent is liable to develop scorn for one or both parents which results in rebellious behaviour and irreversible personality disturbance which, in turn, is reflected in the next generation.

No method of dealing with Problem Families brings spectacular results and many failures arise. The visitor giving time and help from inside the family situation will be likely to make some imprint, however slight, rather like the proverbial water dropping on a stone. The ultimate goal lies hidden in the mists of faith and idealism, and we hope in the many generations that will almost inevitably arise.

DENTAL SERVICES

Report of Mr. E. COPESTAKE, L.D.S., Principal School Dental Officer, on the Dental Treatment provided in the School Health Service Dental Clinics for Pre-school Children, Expectant and Nursing Mothers and Mental Welfare Patients during 1957.

"A general flavour of mild decay."

—Oliver Wendell Holmes (The Deacon's Masterpiece).

A total of 205 three-hour sessions were spent on the treatment of mothers and pre-school children, compared with 174 sessions in 1956. This represents approximately 5% of the total number of sessions during which the school dental clinics were in use.

Pre-school Children.—There was a substantial increase compared with 1956 in the number of children examined and treated. A number of children were seen for whom treatment was not required but it should not be surmised that these children had faultless teeth. Defective teeth, such as decayed central and lateral deciduous incisors, are often present but treatment for such teeth is not usually indicated. Of the children said to have been made dentally fit, many would not leave the surgery with perfectly restored teeth as this ideal condition is not always possible to attain. Many mothers and children are not agreeable when conservative treatment is suggested. It is often advantageous to leave some teeth which, though too carious to be successfully filled, might give good service for long periods without giving rise to pain or tenderness when eating. One regularly observes children who suck their thumbs, but no attempt at this age can be made to provide remedial treatment other than an instructive talk to the parents on the bad effects of this habit. The dentist can do little but the parent can be of great help to a child by persuading him to break the habit.

A small number of selected children have been under continuous treatment at the Central Clinic from the time they were first referred from a Child Welfare Centre until they entered a school. Such children are recalled at three monthly periods. Cavities are filled in the initial stages of their formation, and they are filled too, without the discomfort and possibility of failure which attends the filling of the larger cavities found in deciduous teeth. This is a practice which has much to recommend it but it is doubtful whether the time could be considered well spent, unless patients are selected from those who will attend punctually and show an interest in preserving the teeth.

Summary of Dental Treatment Provided—Pre-school Children

Numbers provided with dental care.

<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
202	170	165	150

Forms of Dental Treatment provided.

<i>Scalings and Gum Treatment</i>	<i>Fillings</i>	<i>Silver Nitrate Treatment</i>	<i>Extractions</i>	<i>General Anaesthetics</i>
1	41	5	332	153

Expectant and Nursing Mothers.—More mothers were treated than for some years past. Inevitably they can be divided into two groups: (a) a small select number with clean, well cared for mouths and (b) a large number of those in whom no evidence can be seen of any attempt ever having been made to clean or look after the teeth. The examination of these two groups by anyone doubting the beneficial effects of keeping a mouth clean and fresh, would certainly dispel any doubts which he or she might have on the subject. It is apparent from observations made, that it is the more socially unfortunate patients who so sadly neglect their teeth by omitting to keep them clean.

In contrast to the normal patients who visit the clinics, an increasing number of mothers, immigrants from Jamaica, now attend for treatment. Their placid natures, quaint expressions and the difficulties associated with their ability to understand only the more simple words, make an interesting change in one's work. They possess jaws which are remarkably well developed and teeth which are of beautiful shape and appearance. However, it is unfortunate that their gingival tissues generally show pronounced inflammatory changes. Once decay starts, their teeth appear to be rapidly destroyed, so that those which are present, have perfect crowns or none at all. It is characteristic to find nothing left of the molar teeth but rows of roots surrounded by grossly inflamed gum tissue. Their love of finery is apparent and the following incident did not give occasion for surprise. She was beautifully dressed in clothes of good quality and of brilliant colours, yet the effect was pleasant and very decorative. A soft, well modulated voice asked if she could have all her top teeth made of yellow gold. She was insistent and eventually retired with a pathetic smile and a list of dental practitioners taken from a classified business telephone directory.

A total of 526 mothers were given appointments to attend the dental clinic for examination and advice and 372 kept the appointments made.

Only 233 of the 367 needing treatment eventually received all the treatment which they originally undertook to accept. If patients are indifferent to the need for the personal care of the teeth, they are indifferent also to the need of treatment. Yet the fact remains that mothers who are seen to possess deplorable teeth, are often only too insistent that their children should be pushed into the dentist's surgery. This gives rise to the thought that a dental health education campaign could result in a vastly different attitude from that which is now seen. If parents could be persuaded to adopt the habit of regularly visiting the dentist, perhaps their children, by force of example, would like to do this also.

Summary of Dental Treatment Provided—Mothers.

Numbers provided with dental care.

<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
372	367	268	233

Forms of Dental Treatment provided.

<i>Scalings and Gum Treatment</i>	<i>Fillings</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures provided</i>		<i>Radio-graphs</i>
				<i>Full upper or lower</i>	<i>Partial upper or lower</i>	
53	148	2,021	321	170	25	30

Provision of Dentures.—The extraction of teeth and the subsequent provision of dentures constitutes the bulk of the treatment provided. The dentures were made in the School Dental Service laboratory. Mr. A. E. Gisburn, the dental officer who has been responsible for the provision of dentures since the treatment of mothers was first started, recently attended a course in dental prosthetics held by the London University at the Eastman Dental Clinic. He has shown an interest in this type of treatment, quite unaffected by circumstances made discouraging by patients who so often attend at times other than those arranged or who do not attend at all.

Dental Treatment for Mentally Handicapped Children.—The children of 16 years and under attending the Pitsmoor and "The Towers" Occupation Centres were examined. Since these Centres have been visited during each of the last three years and the majority of the children have received treatment during that time, their dental condition shows considerable improvement, so that far less treatment per child was needed than when

the first visit was made. There was a total of 27 awaiting treatment at the end of the year following the inspection carried out in November.

Summary of Dental Treatment Provided

<i>Number inspected</i>	<i>Number requiring treatment</i>	<i>Number offered treatment</i>	<i>Number accepting treatment</i>
84	36	36	28
<i>Temporary teeth extracted</i>	<i>Permanent teeth extracted</i>	<i>Number of general anaesthetics</i>	<i>Number of patients completing treatment</i>
8	5	7	8

Concluding Remarks.—Considerably more treatment was carried out than in previous years, and if it were concerned to a large extent with the removal of pain, sepsis and neglected teeth, it can be said that no alternative was possible. One could be excused in thinking that because the patients seen had taken little interest in the advantages of treatment offered under the National Health Service, the availability of treatment alone is not sufficient to promote dental health in the case of many of the patients with which we are concerned. It has proved possible to achieve a marked improvement in the dental health of school children during the last fifty years and it is just as desirable, but admittedly not so easily achieved, to effect a similar improvement in young adults and others who as yet see no virtue in regular dental care. The evidence available from the investigations carried out on the effects of the fluoridation of water supplies, indicate that a very valuable reduction is obtained in the incidence of dental caries at all age levels in communities enjoying the advantages of such water. It is stated however, that in later life more teeth are lost in the radical treatment of chronic diseases of the gums than from the effects of dental caries. It is apparent therefore that fluoridation though valuable in itself, would need the support of regular dental treatment and the essential care by the patient in maintaining a clean mouth, if teeth are to be retained in a healthy condition to an advanced age.

Many of the mothers treated are physically handicapped by poor health and home conditions are sometimes a heavy burden. I should like to thank Dr. Black and her staff for their help with the many queries and reports which have been asked of them concerning these mothers. The provision of an escort has been required by some, so destitute of friends, that none could be found to accompany them when attending for treatment involving the use of general anaesthetics.

MIDWIFERY

By Miss D. E. TATE, S.R.N., S.C.M., Q.N.S., H.V. Cert.,
Non-Medical Supervisor of Midwives

" Yea, the stork in the heaven knoweth her appointed time."

—Jeremiah, vii, 8.

At the end of the year 1957 the Municipal Midwifery Staff consisted of one Supervisor of Midwives, one Assistant Supervisor of Midwives, 44 full-time midwives, one district nurse midwife, and one part-time midwife directly employed by the Council, and one midwife employed by the Jessop Hospital for Women under arrangements with the Council. The calls on the domiciliary midwifery service increased considerably during 1957.

During the year the midwives attended 1,186 confinements at which the midwife alone was booked, and of these the doctor was called in to assist with the actual birth in 33 cases : in addition the midwives attended 1,874 confinements at which the doctor was also booked, making a total of 3,060 cases attended by midwives employed by the Council, being 96·3% of the total domiciliary births in the City. The corresponding figures for the year 1956 were 1,114 and 1,725 respectively, making a total of 2,839 cases attended by midwives employed by the Council, being 95·6% of the domiciliary births.

The midwives continued to attend the weekly ante-natal sessions held in their areas and thus had the opportunity of seeing each week and getting to know the patients booked to them for confinement. 1,944 attendances were made at these sessions. In addition to these regular ante-natal sessions all midwives are encouraged to see their patients at home at least twice during their pregnancy to give advice on preparations for the confinement. If for some reason booked patients cannot attend the clinic sessions the midwives give full ante-natal care to the patients in their own homes.

Nursing care of the mother and baby in home confinements is carried out by the midwife for a minimum of 14 days. An arrangement is in operation between the hospitals and the Local Authority whereby all maternity patients discharged home before the 14th day are notified to the Supervisor of Midwives and passed to the domiciliary midwife's care up to the 14th day in accordance with the requirements of the Central Midwives Board.

Visits are made by the midwives to the homes of expectant mothers to assess their suitability for home confinement. Reports are made in every case and forwarded to the Senior Assistant Maternity and Child Welfare Medical Officer before the decision is made as to where the confinement should take place. 2,739 visits were made for this purpose.

Relaxation exercises and mothercraft classes are held at various centres throughout the City. These classes are very well attended and both midwives and health visitors participate in the teaching.

The following statement gives a summary of the visits made by the midwives during the year 1957 :—

Home visits during ante-natal period	13,427
Nursing visits during the 14 days after confinement	54,733
Visits to mothers confined in hospital and discharged home before the 14th day	7,037
Visits for the purpose of assessing suitability for home confinements	2,739
Post-natal visits	650
TOTAL	78,586

Relief of Pain in Childbirth.—All the midwives employed by the Council are qualified to administer analgesics and possess apparatus for this purpose. Transport is available whenever necessary to carry the apparatus to the home of the patient. During the year 1957 the midwives administered gas and air analgesia, trilene analgesia and pethedine as follows :—

Of the 708 confinements for which the doctor was booked and was present gas and air was administered in 585 cases, trilene in 57 cases and pethedine in 441 cases.

Of the 1,166 confinements for which the doctor was booked and was not present, gas and air was administered in 870 cases, trilene in 45 cases and pethedine in 593 cases.

Of the 1,186 confinements for which the midwife alone was booked, gas and air was administered in 916 cases, trilene in 27 cases and pethedine in 523 cases.

Breast Feeding.—Of the 3,060 confinements attended by midwives during the year, 2,557 infants were wholly breast fed when the midwife ceased at the 14th day.

Medical Aid Calls.—There were 575 cases in which medical aid was summoned by midwives during the year under Section 14(1) of the Midwives Act, 1918, as against 571 in 1956. Particulars of these cases are as follows :—

Condition occurring during Pregnancy	26
Condition occurring during Labour	325
Condition occurring during Puerperium	92
Condition occurring in respect of the Infant	137
TOTAL	580

In 5 cases medical aid was summoned on account of both the mother and baby.

Maternity Packs.—Sterilised maternity packs were used throughout the area for use at home confinements.

Pupil Midwives.—27 pupil midwives received district training with approved district teaching midwives in preparation for the Part 2 examination of the Central Midwives Board.

Post-graduate Courses.—The Supervisor of Midwives and five midwives attended resident post-graduate courses during the year. Preparations are being made for a local post-graduate study day to take place early in 1958 for all domiciliary midwives.

Domiciliary Care of Premature Babies.—This service, which commenced in 1952, was continued during the year. Two midwives, who have received special instruction, have been seconded to this work. Eight sets of equipment to help in the nursing of these infants are available when required free of charge. This equipment comprises special cot and mattress, blankets and bedding, hot water bottles, thermometers, and special feeding equipment. The equipment is kept at Firth Park Maternity and Child Welfare Centre and transport is provided by the Ambulance Service. The following is a summary of the work carried out in 1957 by the midwives seconded to the care of premature babies :—

Infants Born at Home

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
2 lbs. 8 ozs. and under	None	—	—	—
2 lbs. 9 ozs.— 3 lbs. 8 ozs.	3	2 transferred to hospital, both died. 1 made satisfactory progress	Artificially fed	52
3 lbs. 9 ozs.— 4 lbs. 8 ozs.	10	1 transferred to hospital 1 died at 20 days	1 breast fed 1 breast and complementary 6 artificially fed	261
4 lbs. 9 ozs.— 5 lbs. 8 ozs.	71	3 transferred to hospital	42 breast fed 10 breast and complementary 16 artificially fed	1,379

Infants Born in Hospital and Discharged to Care of Premature Unit

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
2 lbs. 8 ozs. and under	—	—	—	—
2 lbs. 9 ozs.— 3 lbs. 8 ozs.	3	—	2 breast fed 1 artificially fed	8
3 lbs. 9 ozs.— 4 lbs. 8 ozs.	16	1 returned to hospital (pyloric stenosis)	6 breast fed 2 breast and complementary 7 artificially fed	88
4 lbs. 9 ozs.— 5 lbs. 8 ozs.	44	—	20 breast fed 4 breast and complementary 20 artificially fed	221

HEALTH VISITING

By MISS I. LITTLEWOOD, S.R.N., S.C.M., H.V.Cert., Superintendent
Health Visitor

*"It is always a silly thing to give advice,
But to give good advice is absolutely fatal."*

Oscar Wilde (Portrait of Mr. W. H.)

At the end of the year 1957, the staff of Health Visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Superintendents of Infant Welfare Centres and 32 full-time qualified Health Visitors. In addition there were five Student Health Visitors, who were taking the training course and will return to the Department on obtaining the Health Visitors' Certificate and remain for at least two years.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of expectant and nursing mothers and young children, and the service has been extended in recent years to include the general care and health education of the household as a whole; special attention is being increasingly paid to the general care of old people. Their activities extend into the field of prevention of illness and care and after-care for all members of the family. The welfare of young children is supervised at the discretion of the Health Visitor until the age of five years, when records are transferred to the School Health Service. Enquiries are made in connection with persons suffering from whooping cough, rheumatism, scarlet fever, poliomyelitis, measles and all other notifiable infectious diseases with the exception of the intestinal diseases.

Certain Health Visitors are attached to the hospital in their respective areas, and they visit the hospital Almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person likely to be discharged from hospital. In the case of a child where the home conditions are unsuitable for immediate reception, discharge from hospital is delayed until satisfactory arrangements can be made. Information is given to the Health Visitor for the district in which the out-going patient lives, and she arranges for the necessary help to be given, e.g. services of a domestic help, beds, bedding and nursing equipment where necessary; advice is also given on diet and other problems. Reports are sent to the Medical Officer of Health in cases of housing difficulties and in respect of matters which need to be referred to other Departments and outside Authorities.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patients to keep under regular supervision and continue the necessary treatment. In addition to visiting for Sheffield hospital

*Co-operation
with
Hospitals*

a small number of notifications of patients who are ready for discharge are received from hospitals beyond the City boundary where the patient's home is in Sheffield, and there is close co-operation between the hospitals and the Health Visitors in order to decide whether or not the environmental conditions are suitable for the discharge of the patients. A report is sent to the hospital in all these cases.

Health Visitors are constantly in contact with general practitioners in order to discuss difficulties which arise in connection with families on the District to whom it is thought some help can be given. Many medical practitioners now communicate with the Health Visitors personally, and the Health Visitor also calls at the doctor's surgery when matters of emergency arise with regard to one of his patients.

General Practitioners and Health Visitors

The Health Visitors are responsible for the home visits of patients suffering from tuberculosis, and they pay regular visits to the Chest Clinic in order to discuss with the medical staff any matters relating to the welfare of their cases. In addition, one Health Visitor calls at the Chest Clinic each day in order to keep close contact with any matters arising in respect of District cases.

Tuberculosis and B.C.G. Vaccination

Babies of tuberculous mothers are treated with B.C.G. vaccine and, where possible, arrangements are made for a suitable relative to take charge of the child for the necessary period of segregation. Every effort is made by the Department to arrange for the babies to remain in the care of their own families but, where this is impossible, foster-parents are employed for the segregation period or the child is placed in a residential nursery (see page 128). These babies are closely supervised by the Superintendent and Deputy Superintendent Health Visitor.

Full details regarding "follow-up" work connected with tuberculous cases and B.C.G. vaccination are given on page 128.

Diphtheria immunisation has been carried out for a number of years at the various centres. Triple antigen is now used for immunisation against diphtheria, whooping cough and tetanus. The Health Visitors have carried out considerable educational work amongst the mothers in their respective districts in order to popularise these immunisation courses, and it is gratifying to know that the mothers have responded well to the efforts of the staff.

Immunisation and Vaccination

The Health Visitors also encourage the mothers to have their babies vaccinated against smallpox and appointments are made for this to be carried out at the various Child Welfare Centres.

A considerable amount of visiting has been carried out by Health Visitors during the last six months of the year on the investigation of the prevalence of poliomyelitis virus in the faeces of normal children from the age of six months to four years. This work was undertaken in conjunction with the Public Health Inspectors and the Public Health Laboratory, and 168 visits were paid to the homes of co-operating parents. The survey is to continue into 1958.

With regard to the influenza virus survey carried out by the Chest Clinic at the City General Hospital, the Health Visitors called upon a number of patients who had been selected and had volunteered for injection with influenza vaccine. The Health Visitors carried out the "follow-up" work after injection of patients for four months. If a patient developed any symptoms at all the Chest Clinic was informed and the Health Visitor called upon the patient who completed a questionnaire. This work was done at the request of the Ministry of Health.

*Accidents in
the Home*

On receipts of reports from the City hospitals of burns, scalds and other accidents occurring in the home, which have been treated at the out-patients' department or in hospital, the Health Visitors visit the children who are under five years of age, and all the old people over 65 years ; enquiries are made into the circumstances of the accidents, and advice is given in regard to their prevention and the safeguarding of the children. As far as the old people are concerned, investigations are made as to whether housing conditions are responsible, whether hand rails are provided on the stairs, whether there are lighting defects which can be adjusted, or whether there is any other obvious condition in the home which may be responsible for an accident. Fire guards have been loaned where there is danger of an old, blind or other disabled person falling into the fire ; 55 guards were provided during the year through the Care and After-Care Service.

The statement below has been compiled from reports received in the Department during the year from the Royal Hospital, the Children's Hospital and the City General Hospital. It shows by age groups the number of cases of scalds, burns and other accidents in the home treated at the casualty departments of these three hospitals during the year 1957.

Type of Accident	Number of Cases reported					At all Ages
	In Age Groups					
	0—4 years	5—14 years	15—44 years	45—64 years	65 years and over	
Burns	33	9	6	3	2	53
Scalds :—						
Hot Tea	27	8	1	—	—	36
Kettles	3	1	2	3	—	9
Others and unspecified	44	11	2	3	—	60
Falls :—						
Down stairs	9	4	25	26	16	80
Other Falls	2	1	8	18	9	38
Cuts and Lacerations ..	8	1	7	4	—	20
Swallowing Drugs or Poisons	1	—	—	—	—	1
Swallowing foreign bodies	3	2	—	—	—	5
Accidents caused by Wringing Machines ..	11	9	1	4	1	26
Trapping of hands in windows, doors, etc.	1	—	2	4	2	9
Miscellaneous	5	4	8	4	—	21
TOTALS	147	50	62	69	30	358

Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the Health Visitors, and such cases are kept under regular supervision. Information received is confidential and, as knowledge of the nature of the work becomes widespread, more cases are revealed to the Department. During the year, co-operation has been received from the Inspectors of the National Society for Prevention of Cruelty to children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings which are attended by the Deputy Medical Officer of Health and the Deputy Superintendent Health Visitor.

Welfare of Children

Co-operation between the Public Health Department and the Voluntary Services has been a feature in the scheme for supplying "meals on wheels" to certain old people and handicapped persons. The Council Social Service and the Women's Voluntary Service arranged a pilot scheme for supplying two meals per week, to operate over an area of one mile radius from the City centre, and asked for all applicants to be visited by the Health Visitor. This service was started in September 1957, and is to continue as a pilot scheme into 1958 with a view to ascertaining the need and value for such service.

Meals on Wheels

The Health Visitors call upon all cases whose names are put forward for "Meals on Wheels" and state whether they consider the applicant should be included in the scheme; they also recommend cases which they discover while on routine visiting if such person is living in the chosen area. All applicants when accepted for "Meals on Wheels" are kept under supervision by the Health Visitors.

During the few months the scheme has been in operation we have found that the service has been of help to elderly people discharged from the Geriatric Hospital. Several of these were suffering from malnutrition on admission to hospital and by means of this service it has been possible to maintain the improvement achieved at the hospital. It has also proved useful in the case of persons disabled through sickness or physical disability who were living alone. Where persons were suffering from cardiac conditions, hemiplegia, disseminated sclerosis and similar conditions, the aged, and those who suffer physical disabilities, the scheme has proved particularly useful.

Care of the Aged

During the year, many requests have again been received for help from, and in connection with, people suffering from old age and infirmity; these requests come from various sources, e.g., other Corporation Departments, General Practitioners, clergy, voluntary societies, National Assistance Board Officers, Police, relatives and neighbours. Every case is visited by a Health Visitor and, where possible, help is given. On many occasions the Health Visitor calls in the medical practitioner and discusses a case with him. Where hospital admission is necessary in the case of the aged, a report setting out the difficult social problem will often accelerate admission. In cases of illness, it may be possible to provide a Domestic Help. Where help is granted to an aged person, such person is kept under regular supervision if necessary.

In many cases, with the co-operation of the general practitioner, it has been possible to arrange for convalescent treatment. At times it has been necessary to contact relatives in various parts of the country in connection with an old person whose condition has deteriorated.

In the course of duty, considerable help has been received from the National Assistance Board officials in the supply of bedding, clothing and money grants where special diet was necessary. It has always been found that these officers were anxious to help to the fullest possible extent.

During the year the close co-operation between the Geriatric Unit at Fir Vale Infirmary and this Department has continued to work satisfactorily. Each month a case conference is held which is attended by a representative

of the Social Care Department, the Medical Officer in charge of the Unit, the Ward Sister, the Almoner and Health Visitors. All cases considered fit for discharge home are reviewed, and the home conditions are investigated by the Health Visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that, should deterioration take place, immediate re-admission can be arranged. In the investigation of the homes, frequently several visits have to be paid in order to interview responsible relatives, and at times it is difficult to persuade the relatives that it is to the advantage of an old person to be discharged to his own home. In a considerable number of cases it has been impossible to get a relative to take responsibility for an old person, and it has been necessary to give the service of a Domestic Help.

The homes of many old people have been cleaned in preparation for their return from hospital. In some cases the house had been closed for many months and it was necessary for the Domestic Help Service to clean, heat and generally prepare the house before arrangements could be made for the patient to return home. It has sometimes been necessary to replace beds and arrange for the purchase of bedding before the patient could be discharged from hospital. On a number of occasions the Domestic Help has had to remain at the house to await the return of the patient on the day of discharge.

In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases arrangements can be made through the Department for a male or female attendant to visit weekly to give assistance. When people requiring this service are mobile, arrangements can be made for a bath at the cleansing station, and during the year a few people have been transported by ambulance car for this purpose. It is not considered necessary for a trained nurse to attend these cases; the work of the attendants has been satisfactory and fills a need.

A scheme is in force whereby medical and social science students at the Sheffield University, state enrolled nurses and student nurses from the various hospitals in the City, and students undertaking the administrative course for nurses at the Royal Hospital and Royal Infirmary, are given information regarding the work of Health Visitors at the Maternity and Child Welfare Centres and on the district. Some of the students accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes. Medical students attend the Maternity and Child Welfare Centre, Orchard Place, monthly for talks on administration in connection with the services administered at the Maternity and Child Welfare Centres. Other talks and discussions are

*Training of
Nurses and
Students*

also arranged for the various students on subjects relating to their studies. The Superintendent Health Visitor attends the School of Nursing in order to give lectures, and arranges observation visits to Maternity and Child Welfare Centres and the district nurses' home. She also arranges group discussions with the persons responsible for the supervision of these services. The Deputy Superintendent Health Visitor gives talks to first year nursing students at the City General Hospital, and a Health Visitor attends group discussions at the City General Hospital which are held three monthly.

A number of talks and demonstrations on maternity and child welfare work have been given by the Health Visitors at Totley Training College in Housecraft.

Health Education has been introduced at several more clinic centres during the year and full advantage has been taken of the films on accidents, general care of the young and old, and other matters of interest. In addition, the Health Visitors have been responsible for talks, many of which have been given in the evening, to groups of people such as mothers' clubs, girl guides, women's guilds, church organisations, etc. One of the Health Visitors has undertaken, as a temporary measure, the theoretical training of the students in the educational and day nurseries for the nursery nurses' examination course. This involves attendances for weekly lectures, demonstrations, and revision at the Kenwood Training Centre.

Other Work

During the year there has been co-operation with the Venereal Disease Centre. On receipt of information from the Centre regarding defaulters, the Deputy Superintendent Health Visitor calls on patients in their own homes and advises them in the hope that they can be persuaded to continue attendance at the clinics. This "follow up" work has been very gratifying in that a large proportion of patients have been successfully persuaded to return to the clinic.

The Health Visitors also give assistance to the School Health Service by visiting cases of scabies and families in verminous condition, which are reported from time to time to the Medical Officer of Health.

All applications which do not conform with the usual requirements for admission to the Department's Nurseries, *i.e.*, that the mother is working, are dealt with and the Health Visitor calls and submits a report in regard to the home circumstances and the need for the admission of the children to the Nurseries.

Three of the Health Visitors attended a post graduate course held at Cambridge University, the Deputy Superintendent Health Visitor attended a post graduate course at Southampton, and one Health Visitor attended the course of the Central Council for Health Education at Bangor.

Arrangements are in operation for the loan of scales in cases where a baby is in need of test feeding ; the scales are transported to the mother's home by this Department, and the Health Visitor calls to instruct the mother in their use.

Liaison between the Health Visitors and the Family Service Unit has continued. Arrangements have been made for domestic help to be given to certain problem families which have been under the supervision of the Family Service Unit, with a view to assisting in rehabilitation. It has also been possible to arrange for convalescent treatment for mothers in some of these families, and children have been taken into the care of the day nurseries.

During 1957, Mothercraft Classes were held at seven of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park, Manor, Broadfield, Hillsborough, Woodhouse and Burngreave Centres, on one afternoon each week.

The classes consisted of talks to expectant mothers on diet, the layette, personal and oral hygiene, matters relating to the birth of the baby and preparation of the home for the confinement, breast feeding and management of the baby ; relaxation classes also were held.

There have also been classes for mothers of young children, and the subjects dealt with were :—baby's daily routine, care of the baby's skin, rest and exercise, breast and bottle feeding and their problems, vaccination and immunisation including B.C.G. vaccination, baby's mental and physical development, safety in the home, choice of footwear, growth of personality, problems of discipline, attitude of parents to children, choice of toys and play, minor physical upsets, and nursing of children with infectious diseases. In addition, a number of film strips and projected sound films on health education have been shown.

The following shows new cases and total attendances at these classes :—

<i>Centre</i>	<i>New</i>	<i>Total Attendances</i>
Orchard Place	14	203
Firth Park	338	1,166
Manor	198	983
Hillsborough	120	707
Woodhouse	27	117
Burngreave	90	313
Broadfield	85	361
TOTALS	<u>872</u>	<u>3,850</u>

	<i>Number of Visits</i>
Post-Natal Cases	219
Puerperal Pyrexia	—
Tuberculosis—Pulmonary	3,710
Non-Pulmonary	245
	<hr style="width: 10%; margin-left: auto; margin-right: 0;"/> 3,955
Tuberculosis contacts	351
B.C.G. reactors	1,004
Jelly tests	884
Mantoux test readings	70
Immunisation and vaccination visits	513
Poliomyelitis virus survey	168
Domestic Help Service	1,502
Old people	3,037
Visits to Nursing Homes	2
Visits to Child Minders	13
Visits to Mother and Baby Homes	41
Visits in regard to :—	
Investigation of Infant Deaths	23
Investigation of Stillbirths	138
Home Conditions	78
Handicapped Persons	160
Problem families	634
Accidents in the Home	83
Other Reasons	157
	<hr style="width: 10%; margin-left: auto; margin-right: 0;"/>
TOTAL	<u>73,662</u>

In addition, the Health Visitors paid 10,416 ineffectual visits during the year.

Ophthalmia Neonatorum.—There were two notifications of Ophthalmia Neonatorum during the year 1957, and it is gratifying to report that the vision was unimpaired in all cases following the treatment given. The visiting of these patients has been transferred to the Domiciliary Midwifery Service.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given.

During 1957, 127 premature infants were born alive at home and 386 were born alive in hospital or nursing home to Sheffield residents. 21 small or feeble infants were transferred from home to hospital. There was a slight increase in the number of premature infants born in 1957 compared with the preceding year. The rate of survival of very small immature

infants is very poor ; of the 58 infants weighing 3 lbs. 4 ozs. or less at birth, only 17 were alive at the end of the 28 day period. The causes of the 79 deaths of premature infants weighing 5 lbs. 8 ozs. and under were classified as follows :—

Prematurity (38 infants were immature weighing 3 lbs. and under)	54
Prematurity and atelectasis	8
Prematurity and multiple congenital abnormalities	7
Prematurity and intra-cranial haemorrhage	4
Prematurity and cerebral oedema	2
Prematurity and hyaline membrane disease of Lungs	1
Prematurity and broncho-pneumonia	1
Prematurity and haemolytic disease of the newborn	1
Prematurity and B. Coli meningitis	1
TOTAL	79

During the year there were 94 premature stillborn babies to Sheffield residents in all weight groups ; 76 children were born in hospital, 2 in a nursing home and 16 were born at home. This number shows a slight decrease compared with the premature stillbirths for 1956, when there were 100, of which number, 84 were born in hospital, and 16 at home. The details are as follows in the various weight groups for 1957 :—

<i>Weight at Birth</i>	<i>Born in Hospital</i>	<i>Born at Home</i>	<i>Born in Nursing Home</i>	<i>Total</i>
3 lbs. 4 ozs. or less	40	6	1	47
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs.	23	3	1	27
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs.	9	—	—	9
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs.	3	3	—	6
Not weighed	1	4	—	5
TOTALS	76	16	2	94

Information is given in the statement below regarding the 513 premature babies born in 1957 to mothers who were resident in the City.

	<i>Born at Home</i>	<i>Born in Hospital or Nursing Home</i>
Died in first 24 hours	8	52
Died on 2nd to 7th day	3	11
Died on 8th to 28th day	3	2
Survived 28 days	113	321
TOTALS	127*	386

* Of the 127 babies born at home, 106 were nursed entirely at home and 21 were transferred to Hospital.

Of the 21 transferred to Hospital, 4 died during the first 24 hours, 3 died on the 2nd to 7th day, 2 died 8th to 28th day and 12 survived 28 days.

Further information is given in the following tables with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1957 and during the past eight years.

TABLE XVII.—Premature Babies born alive to Sheffield Residents during the Year 1957

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Not weighed	Total
Born at Home	6	12	24	85	—	127
Born in Hospital or Nursing Home	52	67	98	169	—	386
Grand Total—Premature Babies	58	79	122	254	—	513
<i>Died in First 24 hours</i>						
Born at home	4	4	—	—	—	8
Born in hospital or nursing home	30	16	3	3	—	52
	34	20	3	3	—	60
<i>Died on 2nd to 7th day</i>						
Born at home	—	2	—	1	—	3
Born in hospital or nursing home	5	3	3	—	—	11
	5	5	3	1	—	14
<i>Died on 8th to 28th day</i>						
Born at home	1	—	1	1	—	3
Born in hospital or nursing home	1	—	—	1	—	2
	2	—	1	2	—	5
<i>Total who died during first 28 days</i>						
Born at home	5	6	1	2	—	14
Born in hospital or nursing home	36	19	6	4	—	65
	41	25	7	6	—	79
<i>Total who survived 28 days</i>						
Born at home	1	6	23	83	—	113
Born in hospital or nursing home	16	48	92	165	—	321
	17	54	115	248	—	434

Percentages of those born at home who died during the first 28 days 83·3% (5) 50% (6) 4·2% (1) 2·4% (2) — 11% (14)

Percentage of those born in hospital or nursing home who died during the first 28 days 69·2% (36) 28·3% (19) 6·1% (6) 2·4% (4) — 16·8% (65)

Percentage of all premature babies who died during the first 28 days 70·7% (41) 31·6% (25) 5·7% (7) 2·4% (6) — 15·4% (79)

Total Live Births to Sheffield Residents Notified during 1957
7,552

Number of Premature Births
513

Percentage of Premature Births to Total Live Births
6·79%

Total Still Births to Sheffield Residents Notified during 1957
155

Number of Premature Births
513

Percentage of Total Still Births to Premature Births
30·21%

58 (0·77%) of all live births weighed 3 lbs. 4 ozs. or less.

79 (1·05%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

122 (1·62%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

254 (3·36%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

TABLE XVIII.—Premature Babies born alive to

Weight at Birth	Total	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	BORN IN HOSPITAL OR NURSING				
						Total	Survived 28 days	Died under 28 days	Result not known	
1950										
Up to 2 lb. 8 oz.	29	2	27	—		26	2	24	—	
2 lb. 9 oz.—3 lb. 8 oz.	48	25	23	—		39	20	19	—	
3 lb. 9 oz.—4 lb. 8 oz.	114	91	23	—		81	64	17	—	
4 lb. 9 oz.—5 lb. 8 oz.	321	302	19	—		214	203	11	—	
Weight not stated	3	1	2	—		—	—	—	—	
TOTAL	515	421	94	—	81.7	360	289	71	—	—
1951										
2 lb. 3 oz. or less	15	—	15	—		12	—	12	—	
Over 2 lb. 3 oz.—3 lb. 4 oz.	31	16	15	—		24	13	11	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	89	68	21	—		72	57	15	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	110	93	17	—		82	69	13	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	232	220	11	1		133	125	8	—	
Weight not stated	1	—	1	—		—	—	—	—	
TOTAL	478	397	80	1	83.1	323	264	59	—	—
1952										
2 lb. 3 oz. or less	14	1	13	—		13	1	12	—	
Over 2 lb. 3 oz.—3 lb. 4 oz.	30	15	15	—		28	15	13	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	92	75	17	—		75	59	16	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	106	97	9	—		80	72	8	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	227	214	12	1		165	156	8	1	
Not weighed	3	—	3	—		—	—	—	—	
TOTAL	472	402	69	1	85.2	361	303	57	1	—
1953										
3 lb. 4 oz. or less	49	14	35	—		42	10	32	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	93	75	18	—		79	62	17	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	110	101	9	—		91	83	8	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	222	213	9	—		154	146	8	—	
TOTAL	474	403	71	—	85.0	366	301	65	—	—
1954										
3 lb. 4 oz. or less	49	14	35	—		46	13	33	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	97	80	17	—		79	65	14	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	104	95	9	—		83	77	6	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	239	232	7	—		159	154	5	—	
Not weighed	1	—	1	—		1	—	1	—	
TOTAL	490	421	69	—	85.9	368	309	59	—	—
1955										
3 lb. 4 oz. or less	68	21	47	—		58	17	41	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	81	68	13	—		69	59	10	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	95	87	8	—		73	65	8	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	232	225	7	—		160	153	7	—	
TOTAL	476	401	75	—	84.2	360	294	66	—	—
1956										
3 lb. 4 oz. or less	67	20	47	—		58	19	39	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	81	66	15	—		63	48	15	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	114	106	8	—		91	84	7	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	229	217	12	—		154	145	9	—	
Not weighed	6	2	4	—		3	1	2	—	
TOTAL	497	411	86	—	82.5	369	297	72	—	—
1957										
3 lb. 4 oz. or less	58	17	41	—		52	16	36	—	
Over 3 lb. 4 oz.—4 lb. 6 oz.	79	54	25	—		67	48	19	—	
Over 4 lb. 6 oz.—4 lb. 15 oz.	122	115	7	—		98	92	6	—	
Over 4 lb. 15 oz.—5 lb. 8 oz.	254	248	6	—		169	165	4	—	
TOTAL	513	434	79	—	84.6	386	321	65	—	—
Total for years 1950–1957	3,915	3,290	623	—	84.0	2,893	2,378	514	—	—

NOTE.—During the years 1951 and 1952, the weights at birth are shown in five groups as compared

Sheffield Residents, Years 1950-1957

HOME	BORN AT HOME											
	% survived 28 days	Total born at Home	Nursed entirely at Home	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	Born at home and transferred to Hospital	Survived 28 days	Died under 28 days	Result not known	% survived 28 days
	3 9 33 107 3	— 8 22 101 1	— 5 20 94 —	— 3 2 7 1	— — — — —	— — — — —	— — — — —	3 1 11 6 2	— — 7 5 1	3 1 4 1 1	— — — — —	— — — — —
80.3	155	132	119	13	—	90.2	23	13	10	—	56.5	
	3 7 17 28 99 1	2 1 11 21 91 1	— 1 8 21 90 —	2 — 3 — — 1	— — — — 1 —	— — — — — —	1 6 6 7 8 —	— 2 3 3 5 —	1 4 3 4 3 —	— — — — — —	— — — — — —	
81.7	155	127	120	6	1	94.5	28	13	15	—	46.4	
	1 2 17 26 62 3	— 1 13 24 57 2	— — 12 24 53 —	— 1 1 — 4 2	— — — — — —	— — — — — —	1 1 4 2 5 1	— — 4 1 5 —	1 1 — 1 — 1	— — — — — —	— — — — — —	
83.9	111	97	89	8	—	91.8	14	10	4	—	71.4	
	7 14 19 68	5 7 17 66	2 7 16 66	3 — 1 —	— — — —	— — — —	2 7 2 2	2 6 2 1	— 1 — 1	— — — —	— — — —	
82.2	108	95	91	4	—	95.8	13	11	2	—	84.6	
	3 18 21 80	1 11 18 77	— 11 17 76	1 — 1 1	— — — —	— — — —	2 7 3 3	1 4 1 2	1 3 2 1	— — — —	— — — —	
84.0	122	107	104	3	—	97.2	15	8	7	—	53.3	
	10 12 22 72	6 6 20 69	4 5 20 69	2 1 — —	— — — —	— — — —	4 6 2 3	— 4 2 3	4 2 — —	— — — —	— — — —	
81.7	116	101	98	3	—	97.0	15	9	6	—	60.0	
	9 18 23 75 3	7 13 18 70 2	— 13 17 68 —	7 — 1 2 2	— — — — —	— — — — —	2 5 5 5 1	1 5 5 4 1	1 — — 1 —	— — — — —	— — — — —	
80.5	128	110	98	12	—	89.1	18	16	2	—	83.3	
	6 12 24 85	2 7 20 77	1 4 19 77	1 3 1 —	— — — —	— — — —	4 5 4 8	— 2 4 6	4 3 — 2	— — — —	— — — —	
83.2	127	106	101	5	—	95.3	21	12	9	—	57.1	
82.2	1,022	875	820	54	—	93.7	147	92	55	—	62.6	

with four in other years.

HOME NURSING

"It's the children's night out and I have to stay home with the nurse."

—Ring Lardner

The whole of the Home Nursing Service in the City is under the direct administration of the Council. There are two principal Nurses' Homes—the Johnson Memorial Home and the Princess Mary Home—together with five subsidiary homes situated in the Handsworth, Manor, Woodhouse, Intake and Darnall areas. These homes cover the whole area of the City.

The two principal homes are "Key" training centres, i.e., they are recognised by the Queen's Institute of District Nursing as centres for a full course of training. During the year under report 14 candidates undertook the course and all were successful. Five of the candidates gained credit passes in the practical examination.

During 1957, the Superintendent of the Johnson Memorial Home attended the Standing Conference of Training Home Superintendents and the Superintendent of the Princess Mary Nurses' Home attended the Residential Nursing Administrators' Course.

The Home Nursing Service is an integral part of what may be called the Home Care Services (e.g., including Home Helps, Health Visitors, Care and After-Care, etc.) and probably the most valuable aspect of this system is the fact that it does relieve hospital beds—many patients can be nursed at home who would otherwise have to be admitted to hospital or alternatively they can be discharged from hospital much earlier than would be the case if there were no nursing service, i.e., surgical cases are often discharged from hospital with their wounds still stitched and their nursing care is continued at home including the final removal of the sutures. Also, with the expert attention available and the development of new treatment techniques, patients suffering from tuberculosis can be sent home earlier than hitherto. This is not only an important economical factor with regard to costs but must also be good for the patient's morale as admission to hospital is, even now, a frightening and disturbing prospect to many. In addition, there is always the natural desire to be amongst relatives and friends however much the medical and nursing attention in hospital is appreciated.

With regard to this aspect of the Service it is interesting to compare the work carried out by the nurses during 1949 (the first full year of operation following the inception of the National Health Service Act) with that carried out in 1957. In 1949, 502 cases were referred from hospitals for home nursing as compared with 1,103 in the year under report. In addition,

there is a continuing increase in the number of patients given injections and, quite apart from the obvious fact of greater use of injection therapy as a result of modern developments, the high standard of technique attained by the Home Nurses is enabling many patients, who would previously have been admitted to hospital or attended as out-patients, to be given such treatment at home. In 1949, 489 cases were treated with injections as compared with 3,821 in 1957 (49 per cent of all cases nursed)—an increase of 3,332. It will be seen from Table XIX (Pages 119 to 121) that of the patients nursed, 508 were suffering from Cancer and other neoplasms, 570 from Vascular lesions of the central nervous system, 1,452 from diseases of the heart and circulatory system and 369 were senile. The great majority of these cases were of a chronic nature and their care at home would be extremely difficult if it were not for the services provided by the Home Nurses. It can safely be assumed that without such provision, many of the patients would become an overpowering burden to their relatives and admission to hospital, no matter how unwelcome, would be sought. At any rate, attendance at out-patient clinics or general practitioners' surgeries would be necessary. This would not only result in tiresome journeys for many but would also increase the demand for ambulances.

Of the patients nursed, 4,069 (52 per cent) were aged 65 years or over. The skilled care and attention given to these old people by the nurses makes it possible for many to go on living in their own homes who would otherwise have no choice but to seek a place in a home for the aged or infirm or even, if that is not to be had, in a hospital. The majority of old people undoubtedly prefer to remain in their own homes and there is everything to be said for helping them to do so, thus retaining their independence and enabling them to live a normal life for as long as they possibly can.

It will be seen from the section of this report which deals with the Care and After-Care Services (Page 143) that there is now a wide range of nursing equipment and appliances available for loan to patients being nursed at home and this is proving a very important factor in reducing the necessity of admission to hospital or allowing earlier discharge. Considerable use of these appliances is made by the Home Nurses for the added care and comfort of the patients and they find this service of great assistance in their work.

The work of a Home Nurse is often carried out under very difficult circumstances—i.e., in many cases there is no easily available hot water supply and the situation of toilet facilities is inconvenient—but nevertheless a very high standard of nursing is maintained and thus the confidence of the hospitals and general practitioners in the Service has been gained.

This has contributed greatly towards relieving the pressure on hospitals both with regard to the necessity for admission and the possibility of earlier discharge.

At 31st December, 1957, there were 79 District Nurses—36 full-time and 43 part-time—employed by the City Council. The work carried out by these nurses during the year is summarised as follows :—

Number of cases on the Register at 1st January, 1957	1,936
Number of new cases attended by the nurses during the year ..	5,867
Total number of cases attended by the nurses during the year ..	7,803
Number of cases removed from the Register during the year ..	5,699
Number of cases on the Register at 31st December, 1957	2,104
Number of visits made by the nurses during the year	225,447

The 7,803 cases nursed during 1957 were referred by the following :—

Medical Practitioners	6,236
Hospitals	1,103
Personal Application at Nurses' Homes	370
Maternity and Child Welfare Centres	65
Personal Applications at the Home Nursing Centre	29
TOTAL	7,803

These cases may be classified as under :—

Medical	6,797
Surgical	848
Gynaecological	88
Maternity	70
TOTAL	7,803

The types of nursing carried out were as follows :—

Injections	3,821
General Nursing Care	2,256
Enemas	510
Dressings	666
Preparation for diagnostic investigation	197
Bed Baths	212
Washouts, douches, catheters, etc.	69
Changing of Pessaries	50
Others	22
TOTAL	7,803

Of the patients nursed, there were 4,069 (52·1 per cent.) who were aged 65 years or over.

The following Table gives a summary of the cases nursed, classified according to illness, sex and age-group.

TABLE XIX.—Summary of Cases Nursed during 1957, classified according to Illness nursed, Sex and Age Group

Illness Nursed	ALL AGES		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis	59	58	—	—	—	—	33	36	15	17	11	5
2. Other infectious diseases including :— common childhood fevers (measles, etc.), food poisoning, dysentery, venereal diseases, erysipelas, poliomyelitis, herpes zoster Excluding :— influenza, pneumonia, gastro-enteritis	8	12	1	—	1	1	3	6	3	3	—	2
3. Parasitic diseases including :— worms, scabies, pediculosis	7	8	1	—	—	—	—	3	4	1	2	4
4. Malignant and lymphatic neoplasms	210	298	—	—	—	—	9	13	110	113	91	172
5. Asthma	7	4	1	—	1	—	1	1	3	2	1	1
6. Diabetes mellitus	50	317	—	—	—	—	1	14	14	66	35	237
7. Anaemias	47	300	2	—	—	1	1	42	15	78	29	179
8. Vascular lesions of the central nervous system	227	343	—	—	—	—	1	3	69	88	157	252
9. Other mental and nervous diseases includ- ing :— psychosis, melancholia, senile dem- entia, psychoneurosis, neurosis, anxiety, alcoholism, drug addiction, mental defici- ency, disseminated sclerosis, paralysis agitans, spastic paralysis, long-standing hemiplegia, epilepsy, progressive muscular atrophy, neuralgia, neuritis, sciatica	35	71	—	—	1	—	5	14	15	18	14	39
10. Diseases of the eye	7	9	1	—	2	—	1	3	1	1	2	5

TABLE XIX.—Continued

Illness Nursed	ALL AGES		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
11. Diseases of the ear	30	31	8	6	17	7	3	15	2	1	—	2
12. Diseases of the heart and arteries . .	629	823	1	—	1	—	13	46	262	300	352	477
13. Diseases of the veins	30	78	—	—	1	3	3	10	13	31	13	34
14. Upper respiratory diseases including :— common cold, acute sinusitis, acute tonsillitis, influenza	136	149	10	6	16	18	67	75	35	44	8	6
15. Other respiratory diseases including :— pneumonia, bronchitis, empyema, pleurisy (except tuberculosis, No. 1), congestion of lung, bronchiectasis	518	523	20	10	16	12	56	96	242	183	184	222
16. Constipation	225	361	4	2	3	5	13	28	52	102	153	224
17. Other diseases of the digestive system in- cluding :— disorders of teeth, tongue and mouth, gastric, duodenal and peptic ulcer, gastritis, appendicitis, hernia, intestinal obstruction, gastro-enteritis, fissure in ano, cirrhosis of liver, cholecystitis, gall-stones . .	341	387	—	—	2	1	94	107	144	142	101	137
18. Diseases of the urinary system and male genital organs	119	119	—	—	1	1	8	17	30	69	80	32
19. Diseases of the breast and female genital organs	—	222	—	1	—	—	—	63	—	54	—	104
20. Complications of pregnancy and the puer- perium	—	70	—	—	—	—	—	70	—	—	—	—

TABLE XIX.—Continued

Illness Nursed	ALL AGES		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
21. Diseases of skin and subcutaneous tissues ..	85	132	2	3	6	4	22	27	13	30	42	68
22. Diseases of bones, joints and muscles ..	21	82	—	—	1	—	2	11	8	14	10	57
23. Injuries ..	55	125	1	2	3	—	12	9	7	17	32	97
24. Senility ..	125	244	—	—	—	—	—	—	—	—	125	244
25. Congenital Malformations ..	4	6	2	4	—	—	2	—	—	2	—	—
26. Amputations ..	15	13	—	—	—	—	2	—	5	1	8	12
27. Ill-defined diseases or disabilities ..	11	17	—	—	—	2	6	6	2	5	3	4
TOTALS ACCORDING TO SEX AND AGE GROUPS ..	3,001	4,802	54	34	72	55	358	715	1,064	1,382	1,453	2,616
TOTALS IN AGE GROUPS ..	7,803		88		127		1,073		2,446		4,069	

VACCINATION AND IMMUNISATION

"What, wouldst thou have a serpent sting thee twice."

—William Shakespeare (The Merchant of Venice).

Under the National Health Service Act, 1946, the City Council has the duty of making arrangements with all medical practitioners to provide free vaccination against smallpox and also free immunisation for all Sheffield residents who desire these services. Facilities are also available for vaccination and immunisation at Maternity and Child Welfare Centres, at Nurseries and at School Clinics by the Local Authority's own medical staff.

In every case in which a medical practitioner undertakes vaccination or immunisation, he is asked to complete and send to the Medical Officer of Health a record card giving all the details which are necessary to maintain accurate records and facilitate payment.

Separate Reports follow with regard to these services :—

SMALLPOX VACCINATION

Information is given in the statement below relating to primary vaccination and revaccination in the years 1949 to 1957, and also, for purposes of comparison, in the period from 5th July to 31st December, 1948, the preceding months of 1948, and in the full year 1947.

Vaccination and Revaccination—Years 1947-1957

Year	Aged under 1yr.	1 and under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	Total
PERSONS VACCINATED					
1947	3,319	1,907	20	13	5,259
1948 (1st January to 4th July) ..	569	1,632	10	3	2,214
*1948 (5th July to 31st December) ..	747	36	12	26	821
*1949	565	584	30	90	1,269
*1950	705	1,058	82	145	1,990
*1951	781	1,151	99	309	2,340
*1952	763	876	60	269	1,968
*1953	1,157	1,093	158	346	2,754
*1954	1,261	1,122	80	180	2,643
*1955	866	1,243	78	242	2,429
*1956	1,040	1,397	72	234	2,743
*1957	1,615	1,374	132	277	3,398
PERSONS REVACCINATED					
1947	—	—	—	—	—
1948 (1st January to 4th July) ..	—	—	—	—	—
*1948 (5th July to 31st December) ..	—	1	2	59	62
*1949	—	3	25	225	253
*1950	—	20	31	396	447
*1951	—	26	45	1,041	1,112
*1952	—	10	34	559	603
*1953	—	19	58	1,034	1,111
*1954	—	15	38	427	480
*1955	—	14	43	550	607
*1956	—	17	52	535	604
*1957	—	24	36	511	571

* As regards these periods the age quoted is that at 31st December. In previous periods it is the age when vaccinated.

The primary vaccinations and re-vaccinations during 1957 were carried out as follows :—

	<i>Primary vaccinations</i>	<i>Re-vaccinations</i>
By General Medical Practitioners	1,499	500
At Maternity and Child Welfare Centres	1,848	11
At Hospitals	51	60
TOTALS	3,398	571

It will be seen that following the introduction of voluntary vaccination there was a very marked decline in the number of primary vaccinations. In fact, the number of persons vaccinated during the year 1949 fell to 24 per cent. of the number for the year 1947. The position has improved during subsequent years, but the number of vaccinations during 1957 was still only 64·61 per cent. of the figure for 1947.

Infant vaccination provides young children with an immunity against smallpox which can be expected to last at least for several years ; moreover, it ensures that vaccination performed later in life will be less likely to cause a severe local reaction or to be followed by encephalomyelitis, which is a rare but serious complication. Vaccination is a routine procedure in the Forces, and an International Certificate of Vaccination against Smallpox is a condition of entry into many countries abroad. With the growth of air travel this requirement is becoming of increasing importance. In addition, vaccination may always have to be carried out as an emergency measure because of contact with a suspected case of smallpox.

POLIOMYELITIS VACCINATION

Vaccination against Poliomyelitis was continued during the year with some extensions to the original scheme.

In May, Ministry of Health circular 6/57 extended the offer of vaccination to children born in 1955 and 1956, and in November circular 16/57 notified further extensions to children born in 1943-46, expectant mothers, general medical practitioners and ambulance staff. The families of the last two groups were also included.

At 31st December, 1957, the position was as follows :—

No. of children who had completed the course (two injections)	18,727
No. of children who had received one injection only ..	973
No. of applicants awaiting vaccination	43,746

INFLUENZA VACCINATION

In September, Ministry of Health circular 13/57 offered vaccination against influenza to general practitioners and to local authority staff who care for the sick in their own homes, e.g., nurses, midwives, health visitors, home helps and ambulance staff.

72 general practitioners and 201 members of the staff availed themselves of the offer.

DIPHTHERIA IMMUNISATION

An efficient Diphtheria Immunisation Service has existed in Sheffield since 1941 and it was not greatly changed by the introduction of the National Health Service Act, 1946.

A total of 7,424 children under 15 years of age completed the course of immunisation in the year 1957, as against 5,579 in 1956. The following statement gives particulars of the number of persons who have been immunised since 1937, the first year in regard to which there are records available :—

Year	Number of persons who completed the course			Total
	Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	
1937-40	347	241	—	588
1941	4,335	5,530	76	9,941
1942	8,995	22,145	257	31,397
1943	6,965	14,461	626	22,052
1944	5,489	2,669	51	8,209
1945	7,213	1,881	27	9,121
1946	7,717	1,660	16	9,393
1947	8,133	1,408	39	9,580
1948	8,511	817	10	9,338
1949	7,655	1,575	49	9,279
1950	5,201	688	17	5,906
1951	5,715	607	27	6,349
1952	5,688	806	20	6,514
1953	5,151	1,175	7	6,333
1954	5,173	919	9	6,101
1955	4,000	519	15	4,534
1956	4,856	723	1	5,580
1957	6,413	1,011	3	7,427
TOTALS	107,557	58,835	1,250	167,642

At the end of this section of the Report is given a tabular statement showing the number of children immunised in each age group as at 31st December in each of the years 1937-1957. It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining to a higher age group. After adjustment for this circumstance the records show the number of persons in the above age groups who had been immunised up to 31st December, 1957, to be as in the statement below :—

	Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	Total
Number of persons immunised as at 31st December, 1957	18,510	70,196	78,936	167,642

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of five years, or when entering school. The following statement shows the number of children in the age group of five and under 15 years who have been given these injections from the outset, in May, 1944, until 31st December, 1957 :—

<i>Year</i>								<i>Number of children given reinforcing injections</i>
1944 (8 months)	..	..	..	..	..	..	..	1,972
1945	..	..	..	..	..	..	..	2,311
1946	..	..	..	..	..	..	..	5,006
1947	..	..	..	..	..	..	..	3,515
1948	..	..	..	..	..	..	..	4,146
1949	..	..	..	..	..	..	..	5,325
1950	..	..	..	..	..	..	..	3,603
1951	..	..	..	..	..	..	..	4,621
1952	..	..	..	..	..	..	..	5,409
1953	..	..	..	..	..	..	..	4,970
1954	..	..	..	..	..	..	..	4,647
1955	..	..	..	..	..	..	..	2,671
1956	..	..	..	..	..	..	..	3,442
1957	..	..	..	..	..	..	..	3,330

The following statement gives a classification of primary immunisations completed and reinforcing injections given in the year 1957 :—

			<i>Primary immunisations</i>	<i>Reinforcing injections</i>
At Maternity and Child Welfare Centres	..	..	3,783	—
By School Health Service	..	..	1,176	2,117
At Hospitals	..	..	307	44
By General Medical Practitioners	..	..	2,161	1,140
TOTALS	..	..	<u>7,427</u>	<u>3,301</u>

Constant efforts are made to encourage more children to be immunised and parents are made aware, by every possible means, of the importance of availing themselves of this service in order that their children may obtain immunity. 56·26 per cent. of all children under five years of age and 98·04 per cent. of all children between 5 and 15 years of age in the City had been immunised by the end of 1957, as against 52·00 per cent. and 98·07 per cent. respectively at the end of 1956. (It is realised that the figure of over 98 per cent. for children between 5 and 15 years of age, which is based on the only figures available, is almost certainly overstated). During 1957, general medical practitioners carried out 29·09 per cent. of all primary immunisations as against 33·78 per cent. in 1956, 26·30 per cent. in 1951 and 11·39 per cent. in 1947.

There were no confirmed notifications of diphtheria in the under 15 years age group in 1957, which compares very favourably with the 875 notifications and 21 deaths in this group in the year 1939, when very few

children were immunised. Thus it would seem that mass immunisation has not only protected the large numbers of children inoculated but has also had the effect of lessening the likelihood of the disease occurring amongst the relatively small number of non-immunised children now remaining.

Combined Immunisation.—The use of combined vaccine for immunisation against Diphtheria and Whooping Cough was introduced at the Maternity and Child Welfare clinics in May, 1954, and immunisation against Whooping Cough alone was also commenced at this time. During 1956, combined immunisation against Diphtheria/Whooping Cough/Tetanus was introduced at the clinics, and arrangements were made for the distribution of this triple vaccine through the Public Health Department to general practitioners. The following statement shows the number of children under 15 years of age who received these injections during 1957. These figures, where relevant, are included in the statement of primary Diphtheria immunisations shown earlier in this report.

<i>Type of Immunisation</i>	<i>Number of children immunised</i>
Diphtheria/Whooping Cough/Tetanus	5,447
Diphtheria/Whooping Cough	460
Whooping Cough only	29

Certificates of Inoculation.—The Medical Officer of Health, as in other Local Authorities, authenticates the signature of the doctor carrying out inoculation against certain diseases for persons travelling abroad, in conformity with international agreement.

DIPHTHERIA IMMUNISATION

The following tabulated statement shows the number of children immunised each year since 1937 :—

Age in years on 31st December of the corresponding year	1937- 1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total immunised on 31st December, 1957	
Under 1 Year	—	—	—	12	679	85	64	76	119	462	532	491	252	369	426	354	619	105	580	1496	0-4 Group 18510	
1 Year	—	10	33	1728	1810	2384	3091	4500	4222	5004	5380	4707	3439	3630	3567	3293	3154	2857	3104	3526		
2 Years	10	34	82	1142	1454	1456	1142	1414	1904	1352	1556	1305	855	1026	853	700	691	612	698	773		
3 "	20	31	86	864	806	869	637	565	713	556	430	495	336	269	372	287	223	181	202	244		
4 "	5	11	64	576	708	1028	203	305	434	340	258	260	161	209	226	243	173	105	127	186		
5 "	—	23	23	1206	3744	3215	649	546	442	598	455	590	223	311	356	417	450	176	202	300	5-9 Group 30494	
6 "	—	18	21	998	3258	2490	675	603	537	463	290	514	248	210	284	449	318	224	344	369		
7 "	—	22	15	770	2876	2208	605	283	287	206	119	267	133	92	125	169	162	91	121	187		
8 "	—	18	27	552	2338	1670	240	174	189	137	86	164	71	57	73	107	94	49	73	109		
9 "	—	7	11	532	2784	1616	165	138	121	118	57	109	49	44	64	89	52	31	51	76		
10 "	—	—	9	396	2338	1170	163	109	109	98	55	95	40	34	37	58	44	22	26	51	10-14 Group 39702	
11 "	—	—	8	314	2278	1110	151	122	74	64	41	92	24	29	40	58	45	22	19	38		
12 "	—	—	—	370	2071	903	165	108	94	50	32	46	25	14	25	34	24	10	11	26		
13 "	—	—	—	298	1830	662	117	96	84	51	20	37	22	10	25	35	24	20	11	22		
14 "	—	—	—	117	1628	460	91	48	40	38	13	40	10	10	10	25	11	9	9	17		
15 Years and over	—	—	—	66	795	726	51	34	24	43	14	67	18	35	31	15	17	20	2	7	15 and over 78949	
Total each Year Immunisations	35	174	379	9941	31397	22052	8209	9121	9393	9580	9338	9279	5906	6349	6514	6333	6101	4534	5580	7427	Grand Total— 1937-1956 167642	
Reinforcing Injec- tions	—	—	—	—	—	—	1981	2320	5038	3515	4146	5325	3603	4621	5409	4970	4647	2671	3442	3301	54989	

B.C.G. VACCINATION

by MARION E. JEPSON, M.B., Ch.B., D.C.H.

"Stay, Master Needle, you do prick too fast."—

Ben Johnson (The Magnetic Lady).

B.C.G. Vaccination as a protection against tuberculosis is becoming increasingly widespread. There are three groups for whom this protection would appear to be especially valuable :—

1. Babies born into tuberculous households.
2. Other contacts of known tuberculous cases, where these contacts have not already acquired immunity against tuberculosis.
3. Those children approaching school-leaving age, who have not yet acquired immunity; children at this age are about to enter a more mixed population where the chances of infection are increased.

1. *Babies born into tuberculous households*

Young children are particularly susceptible to tuberculosis as their natural resistance is low. B.C.G. Vaccination is a means of stimulating the development of immunity, and it is essential that this measure should be carried out where there is likely to be an infectious case in the household. A period of segregation from the case is advisable while his immunity is developing; where possible the care of the babies during this period is undertaken by relatives or friends, so that the child may remain within its family circle. Where this proves impossible, the child may be placed with suitable foster parents or admitted to a residential nursery. Recruitment of foster parents has proved difficult and on December 31st, 1957 there were only three foster mothers employed in this scheme.

In the year under report, seven children (compared with 17 in 1956) were boarded-out for the purpose of segregation :—

With foster parents	4
In residential nursery	3
TOTAL	<hr/> 7 <hr/>

2. *Other Child Contacts*

When each new case of tuberculosis is notified, the home is visited by a Health Visitor. One of the most important purposes of this visit is to encourage anyone who may have been in contact with the notified case to have a chest examination and X-ray to make sure that they are free from the disease. In the case of children this is especially desirable, in order that they should be offered protective vaccination where the preliminary skin test shows this to be necessary. Of the contacts aged 15 years and under who attended the Chest Clinic during 1957, 839 were vaccinated with B.C.G. A number of contacts also attended the Children's Hospital; for children under three years of age, the procedure is simplified by the Health Visitors co-operating in a scheme whereby the preliminary skin test is applied by

the Health Visitor in the home; the child then attends the Children's Hospital for the reading of the skin test and, if necessary, is then vaccinated with B.C.G.

3. *B.C.G. Vaccination of School Children*

During the year 1957, the scheme for the B.C.G. vaccination of school-children has been continued. The programme for the vaccination of school leavers (aged 13—14 years) which had been commenced in September, 1956 was completed by holding a number of defaulter sessions during the Spring term of 1957, and the programme for the school year 1957-58 was commenced in the Autumn term of 1957. In addition to this, during the Summer term of 1957, a number of Infant schools were visited, and the school entrants (aged 5 years) were skin tested. This was somewhat in the nature of a preliminary survey in order to gain information with regard to the positive reactor rate amongst children of this age, and to give some indication as to whether it would be of value to make such skin testing a routine procedure. To some extent, both programmes were affected by epidemics—measles during the early months of the year, and influenza in the Autumn term, which resulted in the absence of a considerable number of children, but it is hoped that by the end of this school year, all these children will have had a further opportunity to be skin tested and vaccinated if necessary.

The follow-up of positive reactors in both groups of children has been continued; all these children have been offered appointments to be X-rayed either at the Mass Radiography Centre or at the Chest Clinic, and an attempt has been made to visit the homes in order to discover, if possible, any potential source of infection, and also to offer opportunities for X-ray to the parents and other members of the family.

B.C.G. Vaccination of School Leavers

The figures for the year 1957-58 are compared with those of the two preceding years, when comparable numbers of children were tested.

School Year	1955-56	1956-57	1957-58
Eligible 13 year olds	6,330	6,284	7,590
Consents received	4,491	4,743	6,387
Consent rate	70·9%	75·5%	84·3%
Absent	150	105	213
Withdrawn	13	11	16
Already had B.C.G.	13	110	251
Number skin tested (excluding those who have had B.C.G.) ..	4,315	4,517	5,907
Positive	1,122	1,073	1,080
% Positive	26·0	23·8	18·3
Negative	3,193	3,444	4,827
% Negative	74·0	76·2	81·7
Number vaccinated	3,192	3,444	4,678

Comments

1. The figures for the year 1957-58 when compared with those of the two preceding years show interesting trends.

2. The number of parents who consented to their children being vaccinated has shown an increase of almost 9 per cent. over last year's number; eight or nine schools produced a 100 per cent. consent rate. I think that this is indicative of a greatly increased awareness, on the parent's part, of the value of vaccination at this age, and there have been many signs that this is a question to which they are giving much serious thought.

3. The rather high absentee rate can be accounted for by the epidemic of influenza in the first half of the Autumn term. It has been gratifying to note how many parents have been most anxious that a further opportunity for the children to be vaccinated should be available.

4. There is a further increase in the number of children who have had B.C.G. previously. Most of these children were skin tested during the visit to the school to ensure that the B.C.G. vaccination was still effective, and where a negative result was obtained, further vaccination was offered. The percentage of positives in the preceding table does not include those children who had previously had B.C.G.

5. The percentage of positive reactors is 5.3 per cent. less than in the previous year; such a reduction might suggest a decreasing level of infection in the general population.

6. Out of 4,827 negative reactors, 4,678 have been vaccinated with B.C.G. The remaining 149 have been in the process of being vaccinated against poliomyelitis and it was felt advisable to defer B.C.G. vaccination until this had been completed.

7. There has again been excellent co-operation from all the schools, both in the matter of facilitating the practical working of the scheme and also in their own enthusiasm for it, which I feel certain has been communicated to the children and their parents.

Follow-up of Positive Reactors

Of the 5,907 school leavers who were skin tested for the first time this year, 1,080 were positive reactors, and of these 1,071 have been followed-up.

Results of the Skin Test

The method of skin testing used was that of multiple puncture, using a Heaf gun. The degrees of the positive reaction have been recorded as suggested by Heaf.

1	—Small papule at each puncture	..	..	..	236
2	—Ring of induration	..	..	..	234
3	—Solid weal	..	..	..	242
4	—Larger ring of induration	..	..	..	251
4+	—Vesicle formation	..	..	..	94
	Unclassified	..	..	..	14
	TOTAL	..	..	..	<u>1,071</u>

X-ray findings

All the positive reactors were offered appointments to have a chest X-ray.

School Year	1955-56	1956-57	1957-58
Number X-rayed	818	1,012	1,004
% positive reactors X-rayed ..	72	94	94
No pulmonary lesion	769	964	962
Miscellaneous, non-active and healed lesions	46	46	37
Active lesions	3	2	2

The miscellaneous lesions included two cases of congenital heart abnormality and two cases of bronchiectasis. 57 children were recalled for the purpose of a large film being taken.

In the case of each positive reactor, the home has been visited by a Health Visitor, who has interviewed the parents and explained the purpose of the investigations. The purpose of the visit is twofold—the immediate family and any close contacts of the positive reactor are urged to avail themselves of the facilities afforded by the Mass Radiography Centre and the Chest Clinic, and an attempt is made to gain some details of the history of the family, especially with regard to known or doubtful cases of tuberculosis with whom the child may have been in contact. So far, 898 families have been interviewed, some visits are still outstanding and in other cases, circumstances such as residence outside the city boundary have made investigation not possible.

Contacts

A total of 2,987 contacts was reported from the 898 households visited:—

Immediate family contacts (parents, brother or sister)	2,377
More distant contacts (grandparents, uncle or aunt, friends) ..	610
TOTAL	2,987

X-ray of contacts

Total contacts	2,987
Number who stated they had been recently X-rayed	326
Number already attending Chest Clinic regularly	89
Number advised to attend for X-ray	2,454
Actual number attending	593 (24·2%)

A number of younger children in the families were skin tested at the Chest Clinic. Where the skin test was negative, B.C.G. vaccination was offered; where positive, the chest was X-rayed.

Results of X-rays

No lesions found	568
Non-active lesions	24
Active	1

Source tracing

In the 898 families investigated, there were 292 families (32 per cent.) in which there had been, at one time or other during the child's lifetime, a potential source of tuberculous infection. In addition to this, several families had a history of relatives dying from tuberculosis before the child was born and, in 58 families, there was more than one possible source of infection. 35 of the positive reactors were known to have had some form of tuberculosis, *e.g.* tubercular glands or bone, in the past.

The contacts were divided into household and non-household contacts and the sources of infection were graded in degrees of probability.

1. *Probable* — the suggested source is very likely to be the true source.
2. *Possible* — the connection is less certain.
3. *Remote* — the connection is "not proven."

Source	Probable	Possible	Remote	Total
Household	82	20	4	106
Non-Household	103	66	17	186
TOTALS	185	86	21	292

Relationship of "Source" to Positive Reactors

Father or Mother	85
Brother or Sister	17
Grandparent	27
Uncle or Aunt	89
Other Relations	16
Friends or Neighbours	58
TOTAL	292

Tuberculin Reaction of Siblings

Out of the 1,024 brothers and sisters of the positive reactors, the tuberculin reactions of 145 are known; these have been determined at the Chest Clinic as a result of these or other contact investigations or as part of the school entrants' or school leavers' programmes.

	+ve	-ve
Younger brother or sister	14	76
Older brother or sister	11	44
TOTAL ..	<u>25</u>	<u>120</u>

Comments

1. The response of contacts to the opportunity to be X-rayed is again disappointing, although it would seem that an increasing number of people are being X-rayed regularly at work. One active case of tuberculosis was found as a result of the examination of contacts.

2. Where the tuberculin reactions of brothers and sisters are known, it is seen that of the 145, 120 cases are negative, suggesting that in these families the positive reactor tends to become infected from sources outside the family circle.

3. In this connection the analysis of the sources of infection is interesting; the enquiries suggest it is the uncle or aunt, rather than "grandfather coughing in the corner," who is a common source of infection. It is recognised, however, that bronchitis is common in old people—and tuberculosis as a cause of the symptoms is liable to be overlooked.

General Comments

1. Although the two sets of children tested are not strictly comparable, the rise in the positive reactor rate, from 1·8 per cent. in the five year old group to 18·3 per cent. in the thirteen year old group, is striking. It affords evidence of the increased chances of infection to which the child is liable as he emerges from the more or less confined family circle of his young days to the wider circle of later schooldays, with their ever-increasing contacts.

2. I feel that, in view of the disappointing results of contacts being asked to attend for X-ray, we ought perhaps to try to discover some new approach to bring home to parents, and others, that they have a responsibility—not least to themselves—to face up to the possibility that they may be the source of infection. Tuberculosis nowadays is a disease with an entirely hopeful prognosis provided it is recognised and treated. I feel that

there may be a need for a fuller explanation to the parents on the significance of the positive reaction so that, without alarming them unnecessarily, it may be possible to overcome both the lack of appreciation of the need for X-ray, especially when the family is apparently healthy, and the understandable reluctance to disclose names of any possible sources of infection.

3. The work involved in following-up the contacts of the positive reactors has once again been undertaken by the Health Visitors; it is not an easy task, often necessitating in these days of working mothers, several visits and their co-operation is greatly appreciated.

As stated earlier, there seems to be an increasing desire, on the part of parents, to co-operate with regard to the examination and B.C.G. vaccination of their children. It is only when the spotlight turns on themselves that this enlightened outlook is replaced by one of fear and mistrust.

Skin Testing of School Entrants

The procedure followed in the skin testing of school entrants varied a little from that used in dealing with school leavers. It was felt that in addition to gaining information regarding the proportion of children in this group with a positive skin test, one of the values of this scheme would lie in the opportunity of discussion with parents. A large proportion of parents attended on each of the two visits to the schools; on the first visit, the parents were met as a group, the purpose of the scheme was explained to them and any questions answered. On the second visit when the skin test was read, the parents came in with the children and any individual problems were discussed.

A negative skin test may be considered a reliable indication that the child has, at no time, been infected with the tubercle bacillus. A positive test does not usually mean that disease is present but it is a sign that the child has been in contact with an infectious case. It was hoped that the evidence of past infection might prove a means of tracing unsuspected tuberculosis among adults. B.C.G. vaccination was carried out through the Chest Clinic or the Children's Hospital if a history of tuberculosis was found among relatives or friends, or if any parent had a special reason for wishing the child to be vaccinated.

B.C.G. Vaccination of School Entrants

Eligible 5 year olds	3,172
Consents received	2,316
Consent rate	73%
Absent	433
Withdrawn	10
Already had B.C.G.	113
	556
No. skin tested (excluding those who had had B.C.G.)	1,760
Positive	32
% Positive	1·8
Negative	1,728
% Negative	98·2
Number vaccinated	19

Comments

1. The consent rate was not so high as in the school leavers' group (see page 129), but it must be remembered that this is the first year in which school entrants have been tested. The school leavers' scheme has now become an accepted part of the routine school life, but with a new venture, a certain amount of doubt is inevitable.

2. The large proportion of absentees is due mainly to the measles epidemic.

3. A considerable number of children had already had B.C.G. elsewhere, and it is likely that this number will increase. These children were also skin tested to ascertain whether the vaccination was still effective.

4. The low rate of positive reactors (1·8 per cent.) is notable.

The 32 Positive reactors were followed up in the same way as those of the school leavers' scheme. Of the 27 children that attended for examination, 12 showed radiological evidence of past infection with tuberculosis. In no case, however, did the chest X-ray reveal an active lesion requiring treatment.

Source of Infection

The probable source of infection was known in 12 cases—in eight of these the children had been infected by friends and relatives not living with the household. No source of infection could be traced in the remaining 20 cases, and nothing further came to light as a result of the investigation.

Contacts

Of the 112 names listed who appeared to have been in fairly close contact with the child, 71 belonged to the immediate household, while the remainder were relatives or friends of the family living elsewhere.

X-ray of Contacts.

Number previously X-rayed	13
Number X-rayed as result of investigation	66
Normal chest	58
Non-active lesions	8
Active lesions	0

This scheme would have seemed to be of value in:—

1. indicating the low positive reactor rate amongst children of the five year old age group,
2. affording opportunities for explaining the position to parents,
3. the offering of B.C.G. vaccination where protection was thought necessary.

While the small number of positive reactors is a welcome finding, it suggests that this method will not prove a particularly fruitful means of discovering unrecognised adult cases. It is therefore proposed, during the Summer term, 1958, to concentrate on the Infant Schools in the districts where the school leaver positive reactor rate has been found high. One reason for paying special attention to the infant group is that a young child is likely to have been in contact with a comparatively small circle of adults and it will consequently be easier to trace the source of infection.

AMBULANCE SERVICES

By E. H. MEDLEY, Ambulance Officer.

*" Although it is a long time on the road,
it is on the road and coming."*

—Charles Dickens (Tale of Two Cities).

The administrative centre and operational depot of the Service is at the Ambulance Station in Corporation Street ; 26 ambulances, 6 coaches and five sitting case cars are sited at this Station, and a twenty-four hour service is provided for the conveyance of non-infectious cases. Four ambulances operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area, which extends into both the West Riding of Yorkshire and Derbyshire.

Radio-Telephone equipment was installed in April, 1954. The main fixed station is sited in the Public Health Department premises at Town Hall Chambers and is remotely controlled from the Ambulance Control Room in Corporation Street.

All vehicles are now radio-controlled and this method of communication is contributing to a higher degree of efficiency.

Duties Undertaken.—There has been an increase of approximately 0·23 per cent. in the number of patients carried during the year but a decrease of 0·18 per cent. in the total mileage run.

The following statement illustrates the considerable increase in mileage run and patients carried since the inception of the National Health Service :—

<i>Year</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
1949	98,649	481,281·8
1950	107,567	476,222·4
1951	117,894	489,452·9
1952	125,074	496,397·4
1953	133,177	532,163·6
1954	136,847	548,312·6
1955	145,970	569,327·4
1956	145,619	570,013·3
1957	145,951	568,980·5

Emergency ambulances conveyed 5,451 patients as a result of either accident or sudden illness, and there were also 32 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the use of midwives in the night hours when ordinary transport was not available, or in other emergencies, and there were 986 requests for this service. In addition, a further 261 journeys were made in delivering nitrous oxide cylinders and apparatus to midwives, and a cot for premature babies was conveyed on six occasions.

Long Distance Cases.—During the year there was a large increase in the number of patients to go to distant destinations, but arrangements were made for many of these to be sent by train. This entailed more administrative work, but ambulance personnel and vehicles were released for other work.

The staff of British Railways were very helpful in arranging suitable trains and in reserving accommodation for both sitting and stretcher cases. A stretcher trolley and a wheel chair are available at both Sheffield stations for the transport of patients to and from the train.

Only 69 long distance journeys were made by road, compared with 97 journeys in 1956. These were mainly discharge cases and transfers to the Ministry of Pensions Hospital and Limb Fitting Centres at Leeds. The mileage run in performing this section of the work amounted to 7,379 miles, a decrease of 4,265 miles on 1956.

The number of patients conveyed long distances under these arrangements rose from 109 in 1956 to 267 in 1957, an increase of 145%. The resultant saving of ambulance mileage was 36,958 miles as compared with 22,329 miles in 1956.

Another interesting development was the growing number of other local authorities who used rail transport for admission cases and out-patients to Sheffield hospitals. The service was responsible for conveying these patients to hospital from the Sheffield stations and returning the out-patients after treatment, informing the sending authority of the train used.

A typical request is given below :—

“ The above patient and escort will depart Boston Passenger Station at 7.44 a.m. on Monday, the 10th instant, arriving at Sheffield Victoria Station at 11.7 a.m.

Will you please arrange for a sitting car to meet this train and convey Miss X and escort first to the Royal Infirmary and then to the Fulwood Annexe.

Will you also please arrange for Miss X and escort to be conveyed back to the Station in time to catch the 3.30 p.m. train to Boston."

The necessity of having to meet trains at specific times and the growing number of timed appointments for hospital clinics placed a heavier burden on the service and, in particular, on the control staff responsible for arranging the journeys.

Summary of Patients carried and Mileage run during the Years 1956 and 1957

<i>On whose behalf</i>	<i>Year 1956</i>		<i>Year 1957</i>	
	<i>Number of Patients carried</i>	<i>Mileage run</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
Sheffield City Council	132,318	475,544·7	133,600	478,869·7
West Riding County Council ..	2,500	18,622·1	2,522	20,037·3
Derbyshire County Council ..	10,351	71,865·3	9,720	67,015·1
Other Authorities	450	3,981·2	109	3,058·4
TOTALS	<u>145,619</u>	<u>570,013·3</u>	<u>145,951</u>	<u>568,980·5</u>

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals. Drivers were again entered for the National Safe Driving Competition.

Maintenance of Vehicles.—The maintenance and repair of vehicles are carried out on the premises, and a staff of six mechanics is engaged on this work.

During the year, two new ambulances and three coaches were received.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

*"'Tis not enough to help the feeble up,
But to support him after."*

—William Shakespeare (Timon of Athens).

Through usage and for the sake of brevity, the commonly accepted title for the Service under this heading has become "The Care and After-Care Service". The prevention of illness however, where it is possible, should be our first aim. Anything that is possible in the sphere of prevention reduces the need for care and after-care. From mere perusal of this section of the Report it might appear that the work of the Service consists almost wholly of providing facilities for those who are, or have been, ill—e.g., loaning of nursing appliances, provision of convalescence facilities, the follow-up of hospital patients, etc. It is necessary to "read between the lines" and see the Service as a whole, rather than as three separate entities—prevention, care, and after-care.

The preventive aspect of the tuberculosis services should not be forgotten. When a Health Visitor calls upon a case of tuberculosis, she is not solely concerned with the patient's welfare (e.g., his care and/or after-care) but with the health and well-being of the whole of the household. The larger part of her endeavour is aimed at reducing the risk of the spread of the disease, within the household and elsewhere, by giving advice regarding precautions to be taken—the best sleeping arrangements, the use and cleaning of utensils, towels, bedding, etc. She also encourages contacts of the patient to attend the Chest Clinic for examination and, in particular, gives special attention to children, arranging B.C.G. vaccination where necessary. The use of B.C.G. vaccination (page 128) is increasing constantly—who can tell but that in the not too distant future, the results may be as impressive as those attained by diphtheria immunisation?

Another facet of the Service is the rehousing of infectious cases of tuberculosis. It is widely believed that priority rehousing is granted in order to place the patient in a more healthy district as part of his treatment campaign. However, this is not the case—the patient is rehoused so as to alleviate overcrowding and thereby reduce the risk of infecting others, especially if there are young children in the family.

Since May, 1956, free milk has been issued to necessitous cases of tuberculosis. Before this scheme was introduced it is quite possible that, in order to ensure that the patient should have extra nourishment, the diet of other members of the family suffered, thus jeopardising their own health.

On the face of things, convalescence may appear to be wholly an after-care service, but it is not. Mentally defective children, certain blind persons, and a number of aged people, are referred not solely for their own benefit but rather to relieve relatives of the sometimes arduous task of caring for them at home—thereby going some way towards preventing a break-down in the health of the relatives concerned and to help them to continue with their often heavy task.

Prevention of illness is an important part of this Service, which can rightly take its place alongside the other preventive services of the Public Health Department. Of course, in comparison, preventive medicine lacks the popular appeal of the treatment services. It is rather like the work of the “ Boffins ”—carried out in a “ back room ”, in sometimes tedious and exasperating circumstances, and is only fully appreciated when spectacular results are produced. However, need it ever be so ? The work of the “ Boffins ” was essentially highly secret whereas the work of preventive medicine should be kept ever before the public eye. How satisfying it would be if we could truly name this Service “ The Prevention of Illness Service ”—the care and after-care facets assuming a relatively minor role.

Tuberculosis.—The Health Visitors carry out the primary visiting of newly notified cases of tuberculosis, and reports on home conditions are supplied to the specialist medical officers of the Regional Hospital Board. The role of the Health Visitor in contact tracing has been described on page 128.

The following table shows the number of contacts examined in relation to the number of cases notified during 1957 :—

No. of notified cases of tuberculosis	459
No. of contacts asked to attend for examination	1,780
No. of contacts who actually attended and were examined :—	
(i) at the Chest Clinic	1,365*
(ii) at the Children’s Hospital (infants under 4 years of age)	223
	1,588

* Included in this figure were 534 contacts under 15 years of age, of whom 294 were given B.C.G. vaccination.

Beds and bedding are loaned to necessitous infectious cases of tuberculosis of the lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1957 are as follows :—

29 Bedsteads ; 50 Mattresses ; 19 Mattress Covers ; 79 Sheets ; 47 Blankets ; 46 Pillows ; 50 Pillow Cases.

Where, as a result of consultation between the Health Visitor, Public Health Inspector, the Care and After-Care Service and the Chest Physician,

it is found to be desirable that a family in which there is an infectious case of Tuberculosis should be rehoused, efforts are made to provide suitable accommodation on the Corporation Estates, by arrangement between the Housing and Health Committees. During the year 1957, there were 35 cases reported where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 30 families were rehoused during the year. At 31st December, 1957, there were 479 families living on the Estates under these special arrangements, and there were 30 families who had been recommended for rehousing but who had not then been rehoused.

Where specially recommended, wax containers are issued to tuberculous patients so that they may use them as sputum containers and subsequently destroy them. During 1957, 37 patients were in receipt of supplies of these cartons.

Arrangements exist whereby necessitous tuberculous persons may be granted the full issue of one pint of milk per day, and at 31st December, 1957, there were 32 such patients in receipt of this issue.

Where tuberculous patients are able to take up employment, they are referred to the Disablement Rehabilitation Officer of the Ministry of Labour with a view to finding suitable work. During 1957, 136 patients were referred under this scheme. There is a Remploy factory for tuberculous men in Sheffield and at 31st December, 1957, there were 38 men employed at this factory.

During the year, two men were maintained at the Papworth Village Settlement for the purpose of rehabilitation. One of these men is making excellent progress but unfortunately, towards the end of the year, the other requested his discharge and he has now returned to Sheffield.

The National Assistance Board has continued to give valuable co-operation. Exceptional Needs Grants have been made to meet urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, which the family would otherwise be unable to afford.

Other Illness (or illness generally).—Arrangements exist whereby certain Health Visitors are attached to the Hospitals, the Chest Clinic and the Radium Centre with a view to providing an interchange of information. 508 cases were referred by the almoners as compared with 437 in 1956. As a result of the Health Visitors' reports, much assistance continues to be given in dealing with the many social problems associated with ill-health.

The results of the visits may be classified as follows :—

<i>Reason for Visit</i>	<i>Number of Visits</i>	<i>Result</i>	
Home conditions or after-care of Adults on or before discharge from hospital.	272	(a) Home conditions satisfactory	98
		(b) Domestic Help arranged ..	92
		(c) Home Nursing provided ..	28
		(d) Nursing Equipment loaned ..	26
		(e) Sanitary defects reported ..	18
		(f) Referred to Welfare of Handicapped Persons' Service ..	10
Home conditions or after-care of Children on or before discharge from hospital.	74	(a) Home conditions satisfactory	54
		(b) Sanitary defects reported ..	7
		(c) Special advice given <i>re</i> care of child	13
Home conditions of out-patients and "follow-up" of defaulters from Out-Patient Clinics.	162	(a) Home conditions satisfactory	51
		(b) Appointments made for re-attendance	42
		(c) Domestic Help arranged ..	27
		(d) Patient deceased	10
		(e) Sanitary defects reported ..	7
		(f) Overcrowding reported ..	3
		(g) Under care of own doctor ..	1
		(h) Admitted to hospital ..	4
		(i) Referred to Welfare of Handicapped Persons Service ..	6
		(j) Nursing Equipment loaned ..	2
		(k) Patient advised <i>re</i> diet ..	2
(l) Home Nursing provided ..	4		
(m) Referred to Social Care Department	1		
(n) Unable to trace	2		

The Almoners are given all the information regarding these visits.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Council. The Council's depots are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home and the Princess Mary Nurses' Home, at the Firth Park and Manor Maternity and Child Welfare Centres, and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield Hospital Services Council (38, Church Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (2, Queen's Road).

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. During the year 2,980 articles were loaned from the Council's depots to 1,859 patients as compared with 2,631 and 1,809 respectively in 1956.

The following are particulars of nursing requisites loaned directly by the Council and by the voluntary organisations participating in this scheme, during the year 1957 :—

Requisites Loaned Directly by the Council

<i>Articles</i>	<i>Number of articles loaned</i>
Air Cushions and Rings	347
Bed Boards	26
Bed Cages	44
Bed Pans	533
Bed Rests	271
Bed Tables	17
Commodes	145
Crutches	233
Crutches (Elbow)	6
Douche Cans	2
Dunlopillo Mattresses	97
Feeding Cups	12
Invalid Chairs	248
Rubber Sheets	619
Sorbo Cushions	14
Sputum Cups	4
Urinals (Male)	222
Urinals (Female)	24
Walking Aids	3
Walking Sticks	49
Walking Sticks (Tripod)	60
Water and Air Beds	3
Water Pillow	1
TOTAL ARTICLES (loaned to 1,859 patients)	2,980

Requisites Loaned by Voluntary and other Organisations as Agents of the Council

<i>Articles</i>	<i>Number of articles loaned</i>
Air Cushions and Rings	180
Bed Cages	28
Bed Pans	586
Bed Rests	153
Bed Tables	6
Crutches	254
Feeding Cups	17
Invalid Chairs	35
Rubber Sheets	579
Urinals (Male)	97
Walking Sticks	226
Water and Air Beds	9
TOTAL ARTICLES	2,170

Although the loan of bedsteads and bedding is primarily to assist in the segregation of tuberculous persons, such articles are loaned to other patients in order to effect their earlier discharge from hospital than would otherwise have been possible, or to overcome the necessity of admitting them to hospital. Thus hospital beds are released for other patients. In addition, beds and bedding are loaned where the home nurse has difficulty in caring for the patient in a double bed or where it is thought that a single bed is necessary for the well-being of the patient. During 1957, there were 45 cases assisted in order to free hospital beds and 62 cases where the home nurse requested the loan.

Where necessary, bedsteads with self-lifting attachments are loaned to patients being nursed at home in order to add to their independence, comfort and mobility. During 1957, 25 such beds were loaned. In addition, nine adult size cots were loaned during the year.

CONVALESCENCE FACILITIES

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year.

In all cases, a recommendation of a doctor is required before a patient is admitted to a Convalescent Home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income. Before patients are assessed, it is ascertained whether they contribute to the 1d. per week scheme of the Sheffield and District Convalescent and Hospital Services Council, or any similar scheme providing free convalescence. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the Medical Officer of the Convalescent Home. 11 such extensions were granted during 1957.

During the year 1957, there were 180 cases in which convalescence facilities were provided, as compared with 174 in 1956. These admissions may be summarised as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
George Woofindin Convalescent Home, Mablethorpe.. ..	19	78	97
Yorkshire Foresters' Convalescent Home, Bridlington	7	32	39
Bolton & District Hospital Saturday Council's Convalescent Homes			
(a) Southport	—	19	19
(b) St. Annes	6	7	13
(c) Blackpool	5	1	6
Spero Fund Convalescent Homes for the Tuberculous.. ..	3	1	4
Godfrey Erman Home for the Blind, Southport	1	—	1
Handicapped Children's Hotel, Grange-over-Sands	—	1	1
TOTALS	41	139	180

The age-groups of the persons admitted to the Convalescent Homes were as follows :—

	Under 1 year	1—15 years	16—25 years	26—35 years	36—45 years	46—55 years	56—60 years	61—65 years	66—70 years	71—75 years	76—80 years	Over 80 years	Totals
Males ..	—	—	—	3	5	9	5	—	5	8	4	2	41
Females ..	—	1	4	6	10	14	16	20	18	32	14	4	139
TOTALS	—	1	4	9	15	23	21	20	23	40	18	6	180

NOTE.—Children of school age are the responsibility of the School Health Service of the Education Committee.

The patients referred for convalescence were suffering from the following :—

Bronchitis	36
Arthritis and muscular rheumatism	27
Nervous and general debility	24
Diseases of the Heart and Circulatory System	18
Anaemia	17
Post-operative debility	10
Diseases of the digestive system	11
Pneumonia	11
Neurasthenia	10
Injuries	3
Influenza	1
Pulmonary Tuberculosis	4
Asthma	1
Cystitis	1
Vertigo	2
Diseases of the skin	2
Cholecystitis	1
Diabetes	1
TOTAL	180

DOMESTIC HELP

*" I cleaned the windows and I swept the floor,
And I polished up the handle of the big, front door."*

—W. S. Gilbert (H.M.S. Pinafore).

The object of the Domestic Help Service, as defined in the National Health Service Act, 1946, is to provide domestic help "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school-age." For convenience cases helped have been divided in the Department's records into (a) "maternity" and (b) "general," most of whom are infirm old people.

Application for the services of a Domestic Help is usually made to the Maternity and Child Welfare Centre, Orchard Place, a medical certificate being necessary in all cases. A visit is then made to the home in order that there may be a full appreciation of the difficulties of the household.

The duties of a Domestic Help relate to the purely domestic work of the household, such as : cooking and preparation of meals, keeping the house clean, care of children, and shopping : she does not, of course, do any nursing duties, and she provides her own food whilst at duty. Several Domestic Helps have been specially selected to help with the rehabilitation of problem families.

The Domestic Helps are engaged and paid by the Council ; a scale of daily charges for their services has been formulated and the amount payable is assessed according to the income of the family concerned. In cases of unusual circumstances, such as long illnesses involving heavy financial commitments, full investigation is made and a report submitted to the Assessment Section of the Maternal, Infant and Nursing Welfare Subcommittee for consideration, so that no family need be without assistance on account of financial difficulties.

Every effort is made to reduce travelling time by zoning the City and, as far as possible, the Domestic Helps are given work within easy reach of their homes. However, it is found that although women are quite ready to undertake this type of work, some of them unfortunately feel unable to continue when they find the work entails service in different households. This is a difficulty which is naturally associated with this work, and is unavoidable if we are to give the widest possible service.

During the past year, one of the problems of the Domestic Help Service has again been the number of very dirty homes in regard to which requests for help have been received from General Practitioners, neighbours, etc. When such houses are discovered, every effort is made to get

a relative of the occupant to undertake general cleaning before the Domestic Help takes over, but where this is impossible two Domestic Helps are asked to undertake the task. In no case is a Domestic Help directed to such houses but on each occasion, after discussion of the case, a Domestic Help has agreed to do the necessary work. A great tribute is due to the women who undertake this type of work.

On a number of occasions, where there has been no relative available to carry out the work, the cleaning of homes has been undertaken in preparation for the return of old persons from a long stay in hospital. In some instances it has been necessary to request the help of members of the disinfecting staff to assist with the objectionable cleaning.

*Help for
tuberculous
cases*

Domestic Help has been provided during the year to a small number of tuberculous cases. These duties are undertaken by Domestic Helps on a voluntary basis, after being medically examined at the Chest Clinic. They are instructed regarding general care and hygiene when employed in the homes of tuberculous cases and, as far as possible, are only on duty in such homes for a short time, but recently it has been difficult to obtain assistance in tuberculous cases and therefore the Domestic Helps willing to assist in these homes have undertaken to work over a longer period. They receive chest X-rays at periodic intervals.

During the year 1957, domestic help was supplied to : 209 maternity cases, at which a total of 1,705 full days was worked by the Domestic Helps, and 2,384 general cases, including 17 tuberculous cases, at which (making allowance for the fact that most of these were part-time engagements) the equivalent of a total of 43,947 full days was worked. 687 of the general cases were new applications and 1,697 were re-applications. A full working day consists of two periods of four hours each, and part-time engagements are arranged according to circumstances.

At the present time the Domestic Help Service has outgrown the existing scheme and arrangements are being made for reorganisation of the Service.

WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

By A. J. BAKER, Superintendent

The welfare services which are provided for blind and partially sighted persons are reviewed in the following pages and it seems appropriate to mention that the Inspector of Blind Welfare Services at the Ministry of Health and that Department's Regional Welfare Officer, visited Sheffield in January, 1957 to discuss the existing arrangements.

It is felt attention should be directed to the information collected in connection with the registration of new cases. The Ministry of Health asked for the source of reference of these cases and it was found that the 120 new cases reported to the department during 1957 were referred by the undermentioned:—

General practitioner	2
Medical source other than general practitioner ..	27
National Assistance Board	46
Lay source other than National Assistance Board ..	45

It will be seen that non-medical sources reported 75·8% of the new cases. In view of this position the issue in January, 1958 by the Ministry of Health of a memorandum on the Prevention and Alleviation of Blindness to family doctors, ophthalmic medical practitioners and opticians in the Health Service appears very significant. Further, the following paragraph in this report deserves particular emphasis:—

“In all cases of blindness and partial sight, whether they occur in childhood, middle life or old age, it is important that the disabled should be encouraged to become and remain active and independent in body and mind, and socially acceptable in dress, table manners and general behaviour. Relatives of blind children and old persons, through anxiety or mistaken kindness, tend to over-protect them, restricting their activities, waiting on them and leading them about, so that they gradually become socially isolated, physically handicapped, mentally sluggish and emotionally dependent. The family doctor and the various home visitors concerned can do much to prevent this deterioration by their timely advice and friendly supervision.”

As far as this department is concerned the special welfare needs of newly registered persons have been considered with particular care, and the specific needs of each case have been examined. Where local services did not seem to provide exactly the service required the facilities available elsewhere for Social Rehabilitation and Industrial Rehabilitation were utilized. Two cases attended each of two out-of-town centres. As

suggested by the Ministry of Labour and National Service in a circular dealing with the "Residential Rehabilitation of Blind Persons", the Committee authorized home teachers who had not already done so to visit these residential centres. This was done on the admission of the persons to which reference is made above, to courses at Bridgnorth and at Torquay. Once again it seems appropriate to mention that, as was done when first the problem of the increase in the number of young children arose, the responsible staff has been given an opportunity to get a complete and up-to-date picture of the services available for the many and varied needs of newly-registered persons. The Department has, for some years, been represented at every course or conference arranged by the North Regional Association for the Blind.

In this survey to the general report it is felt two other matters should be mentioned. It will be seen (Table D, page 153) that in 1948 there was only one blind child in Sheffield under five years. In successive years after this the figures were: 3, 4, 5, 7, 7, 11, 11 rising to the peak figure of 13 for the year 1955. The figures for 1956 and 1957 were 8 and 7 respectively. Secondly, it will be seen from the same table that a new peak has been reached in 1957 for persons over 70—508 (175 males and 333 females) compared with 502 in 1956 and 480 in 1955. It will be noted that the figure for persons over the age of 70 has for the first time been sub-divided into further age-groups. These figures are of special interest as regards the proportion of females to the total (65·6%) because of the total register of 1,007 only 573 (56·9%) are females.

One further matter of some importance is a trading one and arose during the year in connection with the selling of blind-made products. From reports received by the National Association of Workshops for the Blind Incorporated it has been obvious for some years that firms were coming into existence throughout the country and attempting—and succeeding to a remarkable extent—to mislead the general public in regard to their selling of blind-made and other products alongside one another and creating the impression that all the goods were made by blind persons. Other firms came into existence and flooded the country with sales staff and literature which suggested they were finding employment for many blind persons; the true position being that only one or two persons were employed on some simple job such as packing or wrapping. In November, 1957 the national daily and Sunday press and the B.B.C. Television programme 'Panorama' gave a good deal of publicity to this matter. It is, therefore, very pleasing to all *bona fide* organisations, such as blind workshops, to note that the Trading Representations (Disabled Persons) Act will become operative from 1st January, 1959. This measure provides

for the registration by the Ministry of Labour and National Service of persons who in the course of business sell or solicit orders for goods by means of representations that blind or other disabled persons are employed in the production, preparation or packing of the goods or that such disabled persons benefit from the sale of the goods or the carrying on of the business.

The Ministry of Labour and National Service during the year decided that the annual maximum grant as from 1st April, 1957 would be at a *per capita* rate of £150 per annum in place of the rate of £100 per annum previously operative.

The Ministry of Health wrote to local authorities suggesting that research by Professor Sorsby into the cause of defective vision might usefully be extended as from 1st July, 1957 to the examination of forms B.D.8. in respect of adults and children newly registered as partially sighted.

REGISTRATION STATISTICS at 31st DECEMBER, 1957

TABLE A.—Classification of Registered Blind Persons by Age Groups

Age Group	Total Register (Age at Dec. 31st 1957)			New Cases Registered Jan. 1st 1957 to Dec. 31st 1957 (Age at Registration)		
	M.	F.	Total	M.	F.	Total
0	—	—	—	—	—	—
1	1	—	1	—	—	—
2	—	2	2	—	—	—
3	2	1	3	—	—	—
4	1	—	1	—	—	—
5—10	8	13	21	1	2	3
11—15	6	5	11	—	—	—
16—20	6	3	9	—	—	—
21—29	12	6	18	—	—	—
30—39	28	17	45	2	1	3
40—49	37	46	83	—	1	1
50—59	68	47	115	5	8	13
60—64	41	42	83	5	3	8
65—69	47	57	104	4	6	10
70—79	103	155	258	12	23	35
80—84	48	110	158	10	18	28
85—89	20	51	71	6	11	17
90 and over ..	4	17	21	1	1	2
Unknown	2	1	3	—	—	—
TOTALS	434	573	1,007	46	74	120

TABLE B.—Ages at which blindness occurred

Age Group	Total Register			New Cases Registered Jan. 1st 1957 to Dec. 31st 1957		
	M.	F.	Total	M.	F.	Total
0	39	48	87	1	2	3
1	7	10	17	—	—	—
2	4	2	6	—	—	—
3	3	3	6	—	—	—
4	2	3	5	—	—	—
5—10	17	23	40	—	—	—
11—15	7	11	18	—	—	—
16—20	11	6	17	—	—	—
21—29	31	14	45	—	—	—
30—39	36	40	76	2	1	3
40—49	45	33	78	—	1	1
50—59	47	54	101	7	10	17
60—64	23	35	58	5	3	8
65—69	30	58	88	4	6	10
70—79	75	143	218	15	29	44
80—84	22	38	60	10	12	22
85—89	1	16	17	1	9	10
90 and over	1	1	2	—	—	—
Unknown	33	35	68	1	1	2
TOTALS	434	573	1,007	46	74	120

**TABLE C—Blind persons age 16 and upwards
not living at home**

	M.	F.	Total
Residential accommodation provided under Part III of the 1948 Act, Section 21			
(a) Homes for the Blind	11	11	22
(b) Other Homes	3	7	10
Other Residential Homes	2	5	7
Mental Hospitals	12	10	22
Mental Deficiency Institutions	2	3	5
Chronic Wards of Hospitals	13	24	37
TOTALS	43	60	103

In addition, two blind persons (1 male and 1 female) under 16 were patients in Mental Deficiency Institutions at 31st December, 1957.

TABLE D.—Blind Population Statistics

The following table summarises the position as to the age groups of registered blind persons in Sheffield during each of the years in which the Department has maintained statistics since the City Council took over the service in 1927. The position at March 31st is shown for the years 1929 to 1952, and at December 31st for the years 1952 to 1957.

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

Year (at March 31st)	0-5				5-16		16-21	21-30	30-40	40-50	50-60	60-70	Over 70	Total						
	0-1		1-5				21-40		50-65		65-70									
1929 ..	4				31		30	41	66	81	138	142	143	676						
1930 ..	3				29		32	43	67	85	136	149	153	697						
1931 ..	3				33		34	42	66	88	125	164	170	725						
1932 ..	4				29		33	48	67	85	138	178	176	758						
1933 ..	8				26		26	57	66	94	132	183	181	773						
1934 ..	7				23		28	51	72	92	134	196	183	786						
1935 ..	5				28		21	51	74	88	139	193	207	806						
1936 ..	—	3			28		18	123	87	230	104	211		804						
1937 ..	—	4			26		16	116	86	233	101	222		804						
1938 ..	—	2			28		11	113	89	241	111	226		821						
1939 ..	—	1			29		13	113	93	256	138	228		871						
1940 ..	—	1			29		13	105	96	259	129	223		855						
1941 ..	—	1			28		13	105	93	255	115	240		850						
1942 ..	—	1			26		18	103	89	245	119	257		858						
1943 ..	—	2			22		14	105	83	230	136	309		901						
1944 ..	—	?			20		19	108	86	218	138	332		921						
1945 ..	—	2			20		17	103	85	219	124	349		919						
1946 ..	—	2			18		13	109	84	207	129	360		922						
1947 ..	—	2			13		14	103	86	208	112	383		921						
1948 ..	—	1			14		9	106	78	213	96	385		902						
1949 ..	—	3			12		10	100	74	216	90	401		906						
	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un- known	Total			
1950 ..	1	—	1	—	2	7	8	10	36	68	66	131	82	96	430	—	938			
1951 ..	—	—	2	2	1	9	9	12	33	59	75	126	82	104	428	5	947			
1952 ..	—	3	—	2	3	8	10	12	37	57	82	127	89	97	417	5	949			
<i>At Dec. 31</i>																				
1952 ..	—	3	2	—	2	11	11	11	32	55	78	130	79	96	430	5	945			
1953 ..	1	1	6	2	1	12	12	11	31	55	82	117	77	113	432	5	958			
1954 ..	1	2	2	5	2	15	7	13	28	51	82	125	66	105	467	4	975			
1955 ..	—	3	2	2	6	14	6	11	30	46	88	114	72	113	480	3	990			
1956 ..	—	2	3	1	2	17	8	11	26	46	81	114	78	111	502	3	1,005			
	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80- 84	85- 89	90 & over	Un- known	Total
1957 ..	—	1	2	3	1	21	11	9	18	45	83	115	83	104	258	158	71	21	3	1007

TABLE F.—Registration of Blindness

During the year ended 31st December, 1957, 132 names were added to the local register of blind persons and 130 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st December, 1956	1,005
Number registered 1st January, 1957 to 31st December, 1957 ..	120
Transfers into area	10
Re-certified	2
	<u>132</u>
	1,137
Deaths	99
De-certified	18
Removals out of area	13
	<u>130</u>
Number on register 31st December, 1957	<u>1,007</u>

TABLE G.—Blind Persons with other Disabilities

Of the 1,007 persons registered as legally blind at 31st December, 1957, 345 were suffering from some other disability. The following table classifies these persons according to the additional disability :—

Mentally disordered	17
Mentally Defective	15
Physically Defective	209
Deaf with speech	18
Hard of hearing	51
Mentally disordered and Physically Defective	2
Mentally disordered and Deaf with speech	2
Mentally Defective and Physically Defective	2
Mentally Defective and Deaf without speech	2
Physically Defective and Deaf with speech	7
Physically Defective and Hard of hearing	19
Mentally Disordered, Physically Defective and Hard of hearing	1
TOTAL	<u>345</u>

The number of registered persons suffering from some other disability in the five previous years was as follows:—1956, 335; 1955, 324; 1954, 309; 1953, 300; 1952, 282.

TABLE H.—Register of Partially-Sighted Persons

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 and over		All ages		Total both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
31st March, 1951	—	—	—	—	—	—	—	—	—	2	3	3	14	18	17	23	40
31st December, 1952	—	1	—	—	17	12	3	1	2	7	8	5	22	52	52	78	130
31st December, 1953	—	—	—	1	19	13	4	2	3	6	10	7	35	70	71	99	170
31st December, 1954	—	—	—	1	19	16	4	3	7	5	8	12	46	86	84	123	207
31st December, 1955	—	—	1	1	19	14	2	2	5	4	9	11	48	91	84	123	207
31st December, 1956	—	—	2	1	19	15	3	2	5	5	8	10	53	103	90	136	226
31st December, 1957	—	—	1	1	17	18	3	3	12	6	5	14	49	106	87	148	235

EMPLOYMENT

The following table shows the distribution of all employed blind persons from 1936 :—

Year at	(a)	(b)	(c)	Total
March 31st	Blind Workshops	Home Workers	Employed elsewhere	
1936	92	2	22	116
1937	84	2	17	103
1938	78	4	22	104
1939	79	4	20	103
1940	76	5	17	98
1941	77	6	15	98
1942	79	5	17	101
1943	73	5	34	112
1944	77	5	33	115
1945	75	5	34	114
1946	80	6	35	121
1947	77	6	43	126
1948	80	6	40	126
1949	76	5	39	120
1950	66	3	46	115
1951	64	3	47	114
1952	62	3	49	114
Year at				
December 31st				
1952	60	3	51	114
1953	58	3	44	105
1954	59	3	47	109
1955	60	2	49	111
1956	60	2	50	112
1957	57	2	48	107

1. PERSONS UNDER TRAINING OR EMPLOYED.

The number of blind persons under training or employed in the workshops at the 31st December, 1957, is shown in the table below :—

Area			Administration and miscellaneous	Men's Department			Women's Department	Total	
			Basket	Boot	Brush	Mat			
Sheffield—									
Workers	2	8	9	13	11	14	57
Trainees	—	—	—	—	—	—	—
Dewsbury									
Workers	—	—	—	1	—	—	1
Trainees	—	—	—	—	—	—	—
Rotherham—									
Workers	—	2	—	4	2	2	10
Trainees	—	—	—	—	—	—	—
West Riding of Yorkshire—									
Workers	—	2	—	3	2	—	7
Trainees	—	—	—	—	—	—	—
Derbyshire—									
Workers	—	1	—	1	—	1	3
Trainees	—	—	—	—	—	—	—
All Areas—									
Workers	2	13	9	22	15	17	78
Trainees	—	—	—	—	—	—	—

The number of blind persons on the Workshop register (78) is one less than at the 31st December, 1956.

Two names were added as under:—

Area	Department	
Rotherham	Brush ..	1
West Riding of Yorkshire ..	Brush ..	1
	TOTAL ..	2

and three were removed:—

Area	Department	
Sheffield	Brush ..	2
Sheffield	Women's ..	1
	TOTAL ..	3

(One of the above resigned, one left Sheffield and the other died).

There were no trainees at 31st December, 1957, which was also the position at the previous year end.

2. THE TRADE POSITION.

The following table summarises the unemployment position in the period since the War to 30th March, 1958.

<i>Period</i> 6 months ended :—	<i>Workers' Days Lost by reason of Unemployment</i>						<i>Total</i>
	<i>Brush</i>	<i>Basket</i>	<i>Mat</i>	<i>Boot</i>	<i>Women's</i>		
31st March, 1950	50	—	60	—	—	110	
30th September, 1950	40	—	150	—	—	190	
31st March, 1951	—	—	5	—	—	5	
30th September, 1951	—	—	257	—	—	257	
31st March, 1952	—	—	—	—	245	245	
28th September, 1952	—	117	—	—	355	472	
29th March, 1953	—	462	—	100	75	637	
27th September, 1953	25	115	—	116	—	256	
28th March, 1954	50	—	—	20	—	70	
3rd October, 1954.. ..	—	—	—	—	185	185	
27th March, 1955	—	—	—	—	—	—	
2nd October, 1955	—	—	—	—	—	—	
1st April, 1956	—	—	—	20	—	20	
30th September, 1956	—	—	—	—	—	—	
31st March, 1957	—	—	—	20	—	20	
29th September, 1957	—	—	—	20	—	20	
30th March, 1958	—	—	—	—	—	—	
TOTALS	165	694	472	296	860	2,487	

(It should be noted that unemployment in the Women's Department affected married women only).

The employment position in 1957 was still quite satisfactory except in regard to clog making. The one man employed on this work had 2 periods of unemployment between February 4th and May 10th of 4 weeks and 9 weeks—a total of 13 weeks. Overtime working in some departments was again necessary but to a lesser extent than in 1956. The purchases by those authorities having employees in the workshops were reviewed every six months. Further, the contribution which these authorities make towards overhead expenses was revised during the year to meet increased costs.

Visitors during the year included, in addition to the Lord Mayor and the Lady Mayoress of Sheffield, Mr. C. Simonet a Probation Officer from Mauritius, the Mayoress of Rotherham and members of the Borough Council, and the Secretary and other officials from the Royal Leicester Institution for the Blind.

The Superintendent again served on the General Executive of the National Association of Workshops for the Blind.

3. THE SCHEME OF PAYMENTS TO BLIND WORKSHOP EMPLOYEES.

This has operated since 29th October, 1951 and has been amended as necessary.

At 31st March, 1958, the scheme was as follows:—

- (1) That the standard payment rate for blind male workshop employees be £8 5s. 10d. and that the rate for females be 75 per cent. of this rate, viz. :—£6 4s. 4½d. per week ; these rates to be used for sickness and holiday payments.
- (2) That the standard 5 day working week be—males 40 hours and females 35 hours.
- (3) That with regard to the qualifying earnings figures which are based on the appropriate piece-work basis time rates for each trade, it will be appreciated that these are subject to revision from time to time as required.
- (4) That there be a standard augmentation rate for each group of workers, provided the workers reach the qualifying earnings figure as set out in the following scale :—

	<i>Qualifying Earnings</i>	<i>Augmentation</i>	<i>Total Payments</i>
	£ s. d.	£ s. d.	£ s. d.
MALES			
Brush pan hands	2 18 4	5 7 6	8 5 10
Brush drawn hands	2 7 0	5 18 10	8 5 10
Basket Department	2 15 7	5 10 3	8 5 10
Mat Department	3 4 6	5 1 4	8 5 10
Boot Department	2 11 2	5 14 8	8 5 10
Rush Seating	2 6 11	5 18 11	8 5 10
FEMALES			
Caning and Seagrass Seating workers ..	1 7 10	4 16 6½	6 4 4½
Flat machine	1 12 9	4 11 7½	6 4 4½
Round machine (also weaving, netting and light basket work)	19 5	5 4 11½	6 4 4½

Those who receive the above payments will be regarded as qualified workers.

- (5) That workers' earnings be reviewed at six-monthly intervals ; special reports to be presented in respect of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee can deal with these cases on their merits.

4. SALES.

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years:—

<i>Year ended 31st March</i>	<i>Productive Wages</i>	<i>Gross Sales</i>	<i>Less Purchase Tax</i>	<i>Total Net Sales</i>	<i>Gross Profit</i>
	£	£	£	£	£
1948	7,342	39,412	3,443	35,969	13,241
1949	8,216	40,651	3,107	37,544	12,461
1950	7,926	34,815	2,782	32,033	9,696
1951	7,547	35,818	2,882	32,936	9,885
1952	8,577	38,486	3,014	35,472	7,374
1953	9,157	38,329	2,173	36,156	7,650
1954	9,186	40,187	1,716	38,471	9,290
1955	9,850	40,877	1,731	39,146	10,383
1956	10,199	41,982	1,969	40,013	10,473
1957	12,045	46,471	2,450	44,021	11,303

The sales of Thrift Tickets continued during the year. Cash received from 10th November, 1952—the date the scheme was restarted after the war—to 31st December, 1957, totalled £4,609 4s. 9d. The value of tickets exchanged for goods in the same period was £4,544 4s. 3d.

5. IN APPROVED HOME WORKERS SCHEMES

At 31st December, 1957, there were two approved home workers and these were employed as under :—

Music Teacher	1
Piano Tuner	1

During the year there was a good deal of correspondence with the Northern Branch of the National Library for the Blind at Manchester in an attempt to settle the employment problem of a difficult case by training the person concerned as a Braille Copyist. Unfortunately the time spent by the Librarian-in-Charge has, so far, not proved to be justified. Further developments cannot be followed as the man concerned has now left the area of responsibility of this department.

The Committee during the year also approved a new scale of augmentation which operated from the 6th January, 1958. The male scale was increased by 10/- per week and that for females by 6/3d. per week.

6. IN OPEN INDUSTRY AND ELSEWHERE.

At 31st December, 1957, 48 blind people were employed outside the local blind workshops. Their occupations are as follows:—Agents, collectors 2 ; Basket worker 1 ; Woodworker 1 ; Typists 2 ; Shopkeepers 4 ; Domestic workers 1 ; Factory operatives 4 ; Hawker 1 ; Home Teacher 1 ; Labourers 3 ; Masseurs 2 ; Musician 1 ; Packers 5 ; School Teachers 2 ; Telephone operators 6 ; Miscellaneous 4 ; Other open Employment 8.

OTHER WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

VISITATION AND LESSONS.

The following table gives details of the visits paid and lessons given by the eight members of the home teaching staff of the Department during the period. It should be noted that for the period 23rd June—2nd September, 1957, there was one vacancy on the home teaching staff.

	BLIND PERSONS		PARTIALLY SIGHTED PERSONS	
	<i>Jan. 1st to Dec. 31st. 1956</i>	<i>Jan. 1st to Dec. 31st. 1957</i>	<i>Jan. 1st to Dec. 31st. 1956</i>	<i>Jan. 1st to Dec. 31st. 1957</i>
	Visits paid for special reasons ..	1,136	1,079	214	163
Visits of routine character ..	4,170	3,774	584	482
Individual lessons given	611	621	7	54
Social services rendered	232	169	21	6
TOTALS	6,149	5,643	826	705

In addition to the above, 48 visits were paid to hospitals where 848 blind persons were seen in the year ended 31st December, 1957.

As indicated at the beginning of this report the Committee again approved the attendance, by rota, of the home teaching staff at all the various activities—the ordinary Refresher Course, the usual Weekend School and a special weekend course on “The Eye”, the usual Conferences and the Special refresher course on the welfare of the deaf-blind arranged by the North Regional Association for the Blind.

The Committee acted as hosts to a meeting of the National Association of Home Teachers held in Sheffield.

LIBRARY SERVICES.

The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues:—

	<i>April 1st, 1956 to March 31st, 1957</i>	<i>April 1st, 1957 to March 31st, 1958</i>
Volumes issued direct by the National Library	5,195	5,244
Volumes issued from Sharrow	600	880
TOTALS	5,795	6,124

As reported last year the Committee again made a contribution to the Nuffield Talking Book Library for the Blind so that local persons using the Library could receive pre-paid labels for the return of their talking book

records to the Library for exchange. The introduction the previous year of this service brought the position of persons with talking books and those using Braille or Moon books from the National Library for the Blind at Manchester into line.

At 31st March, 1958, 42 persons were using the service compared with 37 at 31st March, 1957.

HANDICRAFT CLASSES

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 90 classes in the period of review, the average attendances for men being 29 and women 31.

The special fortnightly classes for the deaf-blind were again very much appreciated, transport arrangements being made to convey the members to and from the workshops by car. There were 23 classes, and the average attendance was 20.

The Saturday morning Woodwork Handicraft Class, under Mr. A. L. Robinson, was also continued and the average attendance was six.

DISTRICT SOCIAL CENTRES

(a) *Broomhill*

The first centre, which was opened in April, 1949, continued to make very satisfactory progress during the period. 20 fortnightly meetings were held in the Broomhill Welfare Centre, Taptonville Road, and the average attendance was 15.

(b) *Firth Park*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. 22 fortnightly meetings were held during the year and there was an average attendance of 32.

(c) *Manor*

A third Centre was opened in January, 1954, and this is held at the Manor Welfare Centre, Ridgeway Road. 21 fortnightly meetings were held and there was an average attendance of 31.

(d) *Sharrow*

A fourth Centre was opened in May, 1954. This is held in the Concert Hall at Sharrow Lane. 21 meetings were held and there was an average attendance of 22.

(e) *Darnall*

A fifth Centre was opened in January, 1955, and is held at the Darnall Labour Hall. 21 fortnightly meetings were held and there was an average attendance of 26.

(f) *Hillsborough*

A sixth Centre was opened in August, 1956, and is held at the Co-operative Hall, Middlewood Road. 24 fortnightly meetings were held and there was an average attendance of 24.

CHILDREN'S WELFARE CENTRE.

This centre was opened at the Parson Cross Nursery in March, 1955. In February, 1956, it was transferred to the Nursery premises at Carbrook, and from January 2nd, 1957, the Centre has opened two days per week. The experiment has proved a great success and could not have been achieved without the untiring efforts of the staff who undertook this pioneer work.

At the end of 1957, seven children were on the register.

TRAVELLING FACILITIES FOR BLIND AND PARTIALLY SIGHTED PERSONS

When the Public Service Vehicles (Travel Concessions) Act, 1955, became operative, the City Council decided to exercise its powers under the Act so as to grant travel concessions to the maximum extent permissible to the Council. So far as legally blind persons who were registered with the Sheffield City Council under the National Assistance Act were concerned, this meant the restoration of the free travel concessions which operated up to 30th September, 1954. The restriction in regard to the purpose of travel was removed.

At December 31st, 1957, 514 blind persons and 22 partially sighted persons were pass-holders.

It seems also appropriate to mention that in June, 1956 the City Council decided to authorise that Blind Persons' Guide Dogs should be carried free on Corporation buses and trams. At 31st December, 1956 there were seven persons holding the necessary permits and eight at 31st December, 1957.

PROVISION OF HOLIDAYS

This scheme again operated in 1957, in accordance with the rules which have been in force since the scheme was first introduced in 1950. They are :—

- (a) Financial assistance to be given for holidays in Holiday and Rehabilitation Homes or elsewhere, as authorised in the approved scheme, where facilities are not available through the Care and After-Care Service or from any other source.
- (b) Assistance to be limited to the first hundred applications, those assisted in one year to foot the next year's list. Train or coach fare up to 30/- per person and a grant of 30/- per person towards maintenance expenses to be made, the balance to be paid by the blind person. No grant to exceed £3 per person.

- (c) All applicants must be in receipt of a National Assistance Allowance or payments which do not exceed the allowance to which the blind person would be entitled if that person were in receipt of National Assistance Allowance.

CHIROPODY TREATMENT AND THE DISTRIBUTION OF COMFORTS

Both these services—available to blind persons only—were continued in 1956. The chiropody treatment scheme has been available since 1943 to blind persons who satisfy the conditions approved by the Committee. The distribution of Comforts (Bovril, Horlicks, Ovaltine, Ribena, etc.) to house bound and invalid persons was made on the same scale as in previous years.

WIRELESS SETS

The Department has employed a full-time wireless mechanic since 1947, to service the sets received from the British Wireless for the Blind Fund. 432 of these sets were in service at the 31st December, 1957. Maintenance was also carried out on 147 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale ; those in full-time employment pay full cost. During the period under review, 103 sets were returned to the Department owing to deaths or receiver defects. 46 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below :—

	<i>January 1st, 1956 to December 31st, 1956</i>	<i>January 1st, 1957 to December 31st, 1957</i>
Service visits paid	602	629
Repairs carried out at the Workshops	78	84
Sets issued to blind persons for first time ..	68	70
Sets issued for replacement purposes	43	41

This service was extended during 1955 to certain persons on the Partially Sighted Register. Twelve gift sets have now been allocated and ten privately-owned sets have been repaired. All these 22 sets are being maintained by the mechanic.

BATH TICKETS

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Committee jointly continued to meet the cost to enable blind people to have free baths.

PROVISION OF ENTERTAINMENT

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Beauchief Singers (Miss E. Mann).

Beighton Women's Institute Choir.

Mr. C. J. Fowkes and Party.

Grenoside Male Voice Choir

Laughtermakers' Concert Party.

Local Blind persons.

Psalter Lane Ladies Social Centre.

St. Oswald's Church (Millhouses) Pantomime Company.

The Versatilians Variety Show. (twice).

The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1957-58 for all first and reserve team matches at Hillsborough. Sheffield United Football Club also kindly allocated six free stand tickets for use at Bramall Lane during the same period. Mr. I. Stewart kindly arranged a rota of voluntary commentators who attend the games and gave summaries of the matches to the blind men attending.

GUILD OF BLIND GARDENERS.

A number of local blind men for the first time in 1955 joined the above Guild, its object being to encourage gardening among the blind.

The increased interest in gardening was shown with an improvement in the number of entries for the second show of Garden Produce grown by blind persons in September, 1957. Arrangements for a 1958 Show are already in hand.

RECREATION CLUB

The two chess teams again played, as for several years, in the Chess Section of the Sheffield and District Works Sports Association. In season 1956/57 the first team did not have a good season in league games but were again in the final for the Davy Cup but were the losers. The second team did very well in Division 3 and earned promotion.

CRICKET TEAM

This was formed in 1955. There was little activity in 1957 ; only two matches were played.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee, which was formed in January, 1948, co-ordinating the welfare work now being done by the Royal Sheffield Institution for the Blind and this Department, continued its activities. The regular features which had proved popular in the past were continued and there was the usual joint seaside outing. The destination in June, 1957, was Cleethorpes.

WELFARE SERVICES FOR THE DEAF

by A. J. DEAN, Deaf Welfare Diploma, Superintendent

"Out of his silence I picked a welcome"

—William Shakespeare (A Midsummer Night's Dream)

It may be thought that the disability of deafness is not so great today as it has been in years gone by. This is not necessarily true—modern methods of communication, education and entertainment have made the deaf only too conscious of this handicap.

The first "cats whisker" wireless sets which brought a voice—spoken language—into the home, isolated the deaf person more from his fellow human beings than ever before. Many of the deaf will recall with what thrill they went to see the first old silent films but, with the advent of sound, the deaf person was again made even more aware of his deafness. The telephone, which brought with it quicker means of communication and which enables us to call the doctor in emergency or speak to friends in distant places, makes the deaf person feel more isolated. Even the television set, which one may think would be to the deaf what wireless is to the blind does at times, only tend to increase the isolation of the deaf. These inventions have become part of the accepted pattern of everyday life and the spoken word plays a more important part than ever in our lives. The hearing of some has, of course, been improved by the advancements made in otology and by the use of modern hearing aids. A large number are still left who cannot be helped by either of these means, while many of the others find they are not able to mix completely with the hearing world.

The welfare of this group of people has in the past been the concern of various voluntary societies throughout the country. In 1948 the National Assistance Act gave power to Local Authorities to submit to the Minister of Health, schemes for the provision of welfare services for the deaf and later in August, 1951 the Minister issued recommendations as to how this service could be set up. The Sheffield City Council proposals were approved by the Minister in April, 1952, and in March, 1955 the Authority ended an arrangement they had with the local Voluntary Association for the Deaf and set up their own direct service for the deaf resident in the City. The Sheffield City Council were one of the first to set up this service, and even today there are very few authorities in the country who are providing a direct service.

The Deaf.—The number on the deaf register on the 31st December, 1957 was 347. It will be recalled that in the last report full details were given on the age of onset of deafness. These figures showed that we are dealing with a group of people who have had their disability from very

early childhood. In cases where the onset of deafness is known, 277 people had become deaf under the age of five, and a further 42 people had become deaf between the ages of five and fifteen years, i.e. during school life.

The table below shows the number of registered deaf in the age groups but does not include pupils at special schools unless assistance has been necessary from a Welfare Officer for the deaf.

AGE GROUPS AT 31st DECEMBER, 1957

	0-5 yrs.	6-15 yrs.	16-20 yrs.	21-30 yrs.	31-40 yrs.	41-50 yrs.	51-60 yrs.	61-70 yrs.	71-80 yrs.	81+ yrs.	TOTAL
Males ..	2	5	16	31	28	38	32	26	6	—	184
Females ..	1	2	9	25	37	30	17	19	16	7	163
TOTALS ..	3	7	25	56	65	68	49	45	22	7	347

Routine and Social Visits.—During the year visits have been made to the deaf in their own homes as well as in answer to ad hoc calls for assistance in some particular difficulty ; 748 calls of this type have been made and it is found that this visitation is greatly appreciated by the majority of the deaf. There is a need for more regular visiting but, with limited staff, this is not possible, although a special effort is made to keep in contact with the sick and those who are old and live by themselves.

So often during general conversation the officer is made aware of some everyday difficulty which would be so easily overcome in the normal hearing household ; such as trouble with the neighbours, children falling out between each other. This the hearing person usually solves by talking it over with the neighbours or seeing the other parents. The deaf person, however, with his limited language, and quite often poor speech, finds these problems more difficult to solve. Parents often seek advice about their children, regarding attendance at school, medical examinations, vaccinations, immunisations, “eleven plus” examinations, and then later what would be a suitable job for the children when they leave school. These difficulties arise not only where the parents are deaf and the children hearing but also where there are deaf youths with hearing parents. The officer often finds that the deaf adolescent is causing great concern to his or her parents and in quite a large number of cases the parents feel inadequate to deal with the various difficulties as they arise. The Welfare Officer for the Deaf is not only dealing with the problem of deafness as it affects the deaf person, but also as it affects the members of each family group that has a deaf person in it.

Other Visits.—As a result of visits to the home, it is often necessary for the Welfare Officer to contact other people on behalf of the deaf and it will be seen from the table that 63 visits of this type have been made.

Deaf persons have been accompanied to shops, Travel Agencies, Parent-Teacher meetings, Auctioneers, Opticians and Dentists.

Hospital Visits.—The sick have been visited both in hospital and at their own homes. The 43 visits recorded below were social visits, and are in no way connected with the visits to hospital for interpretation purposes mentioned elsewhere in this report.

Often when the person is sick at home, arrangements can be made for assistance to be given through the Domestic Help Service. When a deaf person is admitted to hospital he feels completely cut off from the other patients and that which is going on around him. A visit from some one who can talk to him greatly helps to break down this isolation.

VISITS—ROUTINE AND SOCIAL—1ST JANUARY TO
31ST DECEMBER, 1957

Domiciliary	748
To Hospitals or Institutions (patients seen)	43
Others	63
TOTAL	854
Visits to office by deaf persons	661

Calls made at the Office.—There have been 661 calls of this sort during the year, which compares with 423 calls recorded in the previous year. This large increase is due to the service becoming more established in the minds of the deaf, and we like to think that this is also brought about because they feel that they will have a sympathetic hearing and receive understanding advice.

The problems dealt with are extremely varied. Questionnaires are brought along to the office and assistance is sought in completing such things as: Income Tax forms, National Insurance forms, Electoral Registration forms, etc. The deaf person seeks the advice of the Welfare Officer for the Deaf in his many difficulties, for example, the recent Rent Act caused many deaf to seek our assistance.

There are also a number of deaf who call at the office for a friendly chat with someone who can talk to them in whichever way they find easiest to follow. Sometimes the lady who is town shopping, calls in for this purpose and gives us the news from her own home.

Employment.—Reference was made in the last report to the fact that it is not always easy to find suitable employment for deaf people.

VISITS WITH A VIEW TO PLACEMENT, 1ST JANUARY TO
31ST DECEMBER, 1957

Visits to Works	197
Visits to Homes regarding employment	47
Visits to Ministry of Labour and Youth Employment Service	26
Follow up visits to Works or Homes	43
TOTAL	313
Number of placements made	36

As is shown in the above table, 313 visits were necessary and resulted in 36 jobs being found for the deaf during the year. In quite a number of cases we have been asked by an employer to call at the factory or workshop to help overcome some particular difficulty that has arisen because of an employee's deafness. This has often meant the difference between the deaf person losing or retaining his job.

As in any other group of people there are those who want to change their employment every so often. There are also those who want to change their employment because of some small happening which has made them more aware of their disability. In cases of this sort a considerable amount of time is often spent trying to encourage the man to stay at his present job if this would seem to be to his advantage. Towards the end of the year unskilled work became much more difficult to find in this area and some of the deaf were unemployed for up to four or five weeks. It should, however, be borne in mind that most of the deaf are in settled employment, both skilled and unskilled.

In all employment problems we have worked very closely with the officers of the Ministry of Labour and a very pleasant co-operation has been the outcome. In the case of juveniles, we have had similar co-operation from the Youth Employment Bureau of the Education Department.

A large amount of time is spent in acting as the link between the deaf person and his hearing associates. This link—communication—is always part of the Welfare Officer's duty and it is difficult to define where welfare work ends and interpretation begins. On quite a number of occasions we are asked to act as interpreter by the deaf themselves, or by some other body and details are given below.

INTERPRETATIONS CARRIED OUT—1ST JANUARY TO
31ST DECEMBER, 1957

At Hospitals or at Doctors' Surgeries	43
At National Assistance Board	6
At Court or for Police	12
At Ministry of Labour	3
Others	38
TOTAL	102

This part of our service is greatly appreciated both by the official bodies and by the deaf themselves. Perhaps the most important of all, is the interpretation for doctors. The Welfare Officer accompanies the deaf person to his own general practitioner or hospital and describes the symptoms, acting as the link between doctor and patient. He also sees that the patient fully understands and carries out any instructions that may be given regarding diet or treatment. This service saves a great deal of time and trouble, for otherwise the doctor and patient would have to resort to lip-reading or writing, both these methods having their limitations. Not all deaf people are able to lip-read and a very large number of those who can, would find great difficulty in lip-reading medical questions. Writing also has its drawbacks as in many cases the deaf person's language is very limited which is a natural result of his disability, and it is wrong to assume that because something is written down it will be understood.

Other interpretation has been carried out for a great variety of people for example, the landlord, the insurance man, public health inspector, the driving test examiner and many others make use of this assistance. We have also interpreted at wedding and funeral services.

General.

Deaf Blind.—There are quite a number of Deaf or Hard of Hearing who are also blind or partially sighted, and special classes for Deaf/Blind are held fortnightly at the Workshops for the Blind. In this field there has naturally been close co-operation with the Superintendent and staff of the Blind Welfare Section.

Deaf with other handicaps.—A number of Deaf and Hard of Hearing who have some other disability, and are unable to work in the open market, have been persuaded to attend the handicraft classes provided for other groups of Handicapped Persons. The Welfare Officers for the deaf have attended these classes regularly, assisting the instructors in communication, and have also discussed details appertaining to each individual case.

Deaf Children.—Any children with suspected deafness are referred to the School Health Service who arrange screening tests. Two deaf children have been admitted to the Carbrook Nursery for handicapped children. The early ascertainment of deafness is most important and these two cases were admitted to the nursery when one was aged 1 year 10 months and the other 2 years old. We are grateful for the assistance given by the School Health Service.

Talks to various Groups.—During the year the Superintendent has been very glad of having had the opportunity of talking to District Nurses, Church organisations, Youth Clubs and other organisations on the disability of deafness, and on the way in which the Department is trying to help people to overcome the handicap of deafness.

Christmas Gifts and New Year Party.—At Christmas all the elderly deaf people on the register and those thought to be in need were visited. Gifts of food or comforts, some of which were provided by courtesy of the “Sheffield Telegraph” were made, and were very much appreciated by the recipients. In January all the deaf people on the register, together with their families, were invited to attend a New Year Party given by the City Council. This, the first party given for the deaf by the Corporation, was held in the Canteen and Hall of the Blind Workshops. Over 350 people attended and after tea they were entertained by films, a fire-eater and a conjuror. All those who attended expressed their thanks for the arrangements made for their enjoyment.

The Hard of Hearing.—On the 31st December, 1957, there were 209 persons on the Hard of Hearing register including some who have become totally deaf.

Quite a number of people on this register are members of the “Sheffield Club for the Hard of Hearing,” a voluntary organisation which meets once a week and caters for their social needs; to assist this organisation the Corporation makes a grant. The Officers of the Club arrange a weekly programme and also carry out some welfare work, such as visiting the members who are sick. If there seems to be a need which could be better met by the Statutory Service, our Welfare Officer is informed. The Authority’s staff have always been welcomed at these Club meetings and a very happy relationship exists.

The problem of the Hard of Hearing is, of course, a totally different one from that of the deaf. Many of these people find that their loss of hearing cuts them off completely from their previous enjoyments and social contacts, and their attitude to their disability varies considerably. The majority of them now wear hearing aids but it must be remembered that very few indeed have full hearing even with the assistance of an aid. In addition to this there is quite a strain in using a hearing aid particularly in general conversation. Many of these people are good lip-readers, but continual lip-reading can also be a strain to some.

Visits are paid to the older Hard of Hearing, many of whom are very lonely and feel cut off from life. Advice is often given on how to obtain government hearing aids and, after they have been supplied, to encourage the recipients in learning how to use the aid. In some instances it is a case of learning how to hear again and this is a very big problem.

Hard of Hearing in Middlewood Hospital.—Since August, regular visits have been made to Hard of Hearing patients in Middlewood Hospital. This visiting has been in conjunction with the North Regional Association

for the Deaf. The visits have been made monthly with a view to trying to break down the feeling of isolation which a lot of these patients have. Some of them have been in the Hospital for 20 years or more and a large number have no visitors at all. The Hospital Authorities arrange for the male and female patients to be seen as separate groups in their own common room. Our first visits were merely social, when we talked with the patients ensuring that they were making and getting the best use from their hearing aids. These first visits, which lasted about an hour with each group, have now developed into social and recreational occasions. The whole day is spent at the Hospital seeing one group in the morning and the other in the afternoon. This service has been most worthwhile and the patients are now at the stage where they look forward to our visits, being most ready to take part in dominoes, cards, or any other games organised. There seems to have been a marked change for the better in quite a large number of the patients. The average size of the groups has been 10 males and 8 females.

Employment.—The problem of placing Hard of Hearing people in employment is totally different from the placement of the deaf. Quite a large number of those who ask us for assistance of this sort are older men who have, as a result of their deafness, found that the work they have done previously, sometimes for many years, is no longer suitable. Some of these cases are very difficult but nevertheless we have been successful in placing four Hard of Hearing persons in employment during the year.

General.—At Christmas time a large number of those on the register were visited and gifts were distributed to the sick and the aged who appeared to be in need of a little extra comfort over the festive season.

There would seem to be much that could be done for this class of person and it is hoped that in due course it will prove possible to increase our services for the Hard of Hearing resident in the City.

WELFARE SERVICES FOR OTHER HANDICAPPED PERSONS

NATIONAL ASSISTANCE ACT, 1948

(Sections 29 and 30)

By JEAN B. PARKER, M.B., Ch.B. (Senior Assistant Medical Officer)

"Adversity is not without comforts and hopes."

—Bacon (Of Adversity).

The Council's schemes for the welfare of handicapped persons other than the blind, outlined in the Ministry of Health Circular 32/51 have been established since June, 1953.

The numbers of handicapped persons who sought help from the department have increased and the total on the register was 960 at the end of 1957. Notifications and information regarding disabled persons likely to benefit continue to come from consultants, general practitioners, hospital almoners, officers of the Ministry of Labour and National Assistance Board, health visitors, home nurses and public health inspectors. The schemes are becoming more widely known and some handicapped persons make application on their own behalf.

On notification, the patient is seen by the Medical Officer with special responsibilities for the Care and After-Care Service. The majority are seen at home so that full assessment of their needs and those of the family can be made; some prefer to be interviewed at the Public Health Department. Liaison between the Medical Officer and General Practitioners is maintained so that consultations with regard to the changing needs of the patient can be made. The general practitioners have given help and advice in diverse ways.

The centres at Parson Cross and Manor Maternity and Child Welfare Centre at first open only on one day, are now open on two days a week. The majority of handicapped persons wishing to attend a centre require special transport. The problem of accommodating and transporting the large number of non-ambulant handicapped persons is not easy to solve adequately, or cheaply, and the difficulties relating to centres and transport require constant revision in a growing service. There is already the need for additional centres and vehicles.

The services provided at the Handicraft Centres aim primarily at renewing the disabled person's confidence in himself. He is, as a rule, upset by recent severe illness, not fully adjusted to the disablement left by that illness, and not sure of his acceptance by his family or society. The establishment of faith in himself and in others, and some hope for the future, takes time and may be the longest part of the process of rehabilitation.

There are many factors—medical and social—which affect rehabilitation and these must be tackled individually to achieve the greatest measure of independence for the disabled person. The assessment of these problems and the development of residual abilities is not easy, but the increasing knowledge of cause and effect of breakdown in health helps to surmount the difficulties.

The Centre at Swinton Street was opened in 1956. Sixteen handicapped men attend three days per week from 9 a.m. to 4 p.m. This is regarded as a productive workshop and is provided with some machinery. They make equipment for the home nursing services—bath seats, bed rests, chair commodes, special stools and trolleys—some of these to special order from hospitals. Chairs and other articles of furniture are also designed to meet the special needs of the nurseries for handicapped children. There has been an increased demand from Welfare of the Blind Departments in Sheffield and throughout the country for basket bases. Orders for book-cases, cupboards, kitchen cabinets, clothes horses are received from a number of sources. Profits made from the sales are paid to the men, who appreciate this recognition of their ability to earn. At all the centres a hot midday meal is provided but at Swinton Street a small charge is made.

In January, 1957, a small group of men handicapped by pulmonary tuberculosis began to attend at Swinton Street on Tuesdays and Thursdays from 10 a.m. to 3 p.m. Before admission, permission is obtained from the consultant physician in charge of the Chest Clinic whose co-operation has been invaluable. Precautions are taken to prevent the spread of infection to other users of the premises. Ten men have attended during the year of whom three returned to employment, one to hospital, one died, and one has ceased to attend. This group asked to make articles in light woodwork, the profits from the sales being divided amongst them. It is not easy to persuade sufferers from pulmonary tuberculosis to attend a centre, but there is a growing response now that this service has been established.

A group of women attend the Manor Handicrafts Centre on Thursdays from 9.30 a.m. to 4.0 p.m. When the women's group began in 1953 only a small number were willing to accept the facilities offered. During the year the numbers have grown beyond expectation—last year 19 women attended regularly, whilst the average attendance is now 60. The majority are housewives who have been seriously disabled by illness—the minority are younger women crippled by congenital and acquired diseases who are unable to find suitable employment. They are chiefly occupied with handicrafts—sewing, weaving, etc., which are sold to relations and friends but, when available, productive work is undertaken by them. All prefer

productive work. In this group, 40 require transport by the vehicle equipped for handicapped persons. The demand for occupation and rehabilitation of women is growing and it will take time to show what the real needs of this group will be.

The ages of men and women on the register range from 17-79 years but the emphasis is on those in the age group 35-55 years. It has not been possible to provide a service for all who have registered. The limitations imposed by their disability do not allow attendance at a centre for social or occupational activities. A very small number have benefited from handicraft instruction in the home. The needs of these handicapped persons require further investigation and it is hoped that in the future suitable services can be made available to them. The services already in operation are sought increasingly by statutory and voluntary bodies. This co-ordination is showing more fully the needs and problems of the handicapped and revealing how much remains to be done before any service can be considered wholly satisfactory .

Registration.—The register of handicapped persons has been established since July, 1952. This registration is completely voluntary and the records are kept on a card embodying the Hollerith “punched card” system.

Register of Handicapped Persons (General Classes)

Number of Persons on Register (General Classes) at 1st January, 1957	834
Number of new cases registered during 1957	136
Number of cases removed from the register during 1957 (died)	9
Number of cases removed from the register during 1957 (left city)	1
Number of persons on Register (General Classes) at 31st December, 1957	960

The disabilities of the 960 persons on the Register may be classified as follows :—

Amputation—one arm (including partial)	1
Amputation—one leg (including partial)	19
Amputation—both legs (including partial)	6
Arthritis and muscular rheumatism (including fibrositis)	80
Congenital malformation and deformities of the skeleton	36
Diseases of the digestive system—gastric, duodenal and anastomatic ulcers ; hernia, adhesions; diseases of intestines, rectum, liver, pancreas; colitis, rectal prolapse	17
Diseases of the genito-urinary system—nephritis, pyelitis, cystitis, incontinence	6
Diseases of the heart or circulatory system	97
Pneumoconiosis (including silicosis)	3
Asthma, chronic bronchitis, bronchiectasis, emphysema	68
Diseases of the skin	1
Eye defects other than blindness	—
Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk	5

Injuries and diseases (except tuberculosis) of lower limb, upper leg, knee, ankle, foot ; loss of joint function (ankylosis)	11
Injuries and diseases (except tuberculosis) of upper limb, shoulder, upper arm, elbow, wrist, hand ; loss of joint function (ankylosis)	3
Injuries and diseases (except tuberculosis) of spine—curvature, spondylitis ..	19
Gun-shot wound	1
Disease of ear	1
Psychoses, psychoneurosis	55
Epilepsy	75
Other organic nervous diseases—disseminated sclerosis, paraplegia, etc.	197
Mental deficiency	131
Tuberculosis (respiratory)	16
Tuberculosis of spine, bones, joints	24
Poliomyelitis	51
Encephalitis	11
Pernicious Anaemia	5
Meningitis	1
Muscular Dystrophy	10
Diabetes	9
Haemophilia	1
TOTAL	<u>960</u>

This classification of disabilities follows closely that adopted by the Ministry of Labour.

The above cases have been notified by the following :—

Hospital Almoners	145
National Assistance Board	244
Care and After-Care Service, Health Visitors, Home Nurses, etc.	297
Ministry of Labour	39
Voluntary organisations and social workers	50
Personal applications	45
Social Care Department	3
School Health Service	29
Youth Employment Bureau	4
General Practitioners	57
Ministry of Health	7
City Councillors	6
Hospital Consultants	11
Ministry of Pensions	1
Mental Health Service	19
Other patient	3
TOTAL	<u>960</u>

Age-Groups (General Classes)

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81— years	Total
Males ..	10	24	37	56	94	119	138	83	18	—	579
Females ..	9	28	35	57	35	92	53	42	20	10	381
TOTALS ..	19	52	72	113	129	211	191	125	38	10	960

It is gratifying to note that hospital consultants and general practitioners are interested to notify cases as soon as it is known that disability resulting from illness is likely to be long continued or chronic. This has led to more accurate medical knowledge of the cause of handicap, defined prognosis and consequently better appraisal of the patient's needs. The Ministry of Labour through its Disablement Resettlement Officers continues to inform the department of persons whom they think are likely to benefit from the Local Authority services before being considered for industrial rehabilitation. They are also most helpful when a patient from the Centres is seeking employment.

In the beginning the small number who attended the handicraft centre at Manor were taught by the Co-ordinating officer. The growing numbers of registrations necessitated the employment of more instructors. At present the staff consists of a co-ordinating officer, three assistant co-ordinating officers and one female occupational therapist. All were chosen for this work because they possessed the ability to instruct handicapped persons with understanding of their individual needs.

The Medical Officer in charge of Care and After-Care services, in co-operation with the Mental Health department, visited a number of patients recently discharged from the Mental Hospital to discover whether they would be willing to attend a handicrafts centre for the generally handicapped. The majority availed themselves of the opportunities afforded and have attended regularly. It can be said, from this experiment, that they settle down to the work provided and are readily integrated into the group. Three have returned to gainful employment.

Aged Persons.—The service for the generally handicapped makes provision for all age groups and, as is known, ageing is often associated with illness of a disabling nature. An effort has been made to assist the aged who are handicapped by long continued and chronic illness. This has met with a measure of success but not all in this group who might benefit are aware of the service. The health visitors and home nursing staff have notified the majority of registered cases. The most serious problems of ageing and illness are amongst those who have no relatives and are living alone. There is no effective method of bringing to their notice the services which are available.

A social club was established at Firth Park Maternity and Child Welfare Centre in 1952. This club is open on Wednesdays and is administered in conjunction with the Sheffield Council of Social Service. Members of the Shiregreen and District Community Association act as

voluntary workers in the club and the venture has been very successful. It caters for the more active aged, some of whom are handicapped. The members take a vigorous interest in the management and affairs of the club—an elected committee deals with internal and local affairs. This service has proved so popular that there is a waiting list for membership. Dr. Parker and the Superintendent Health Visitor attend the club frequently to discuss problems with the members, and this has been a source of useful information regarding their needs

There are facilities for games, concerts and handicrafts at the club. Outings to the sea and countryside, and other social activities are arranged. In May, 105 members spent a very enjoyable week's holiday at the seaside at reduced rates both with regard to travel and hotel accommodation. 68 went to Eastbourne and 37 to Weymouth.

A sick visiting scheme has been established whereby any member of the club who is absent by reason of illness for two or more weeks receives a visit from a fellow member, who takes flowers or other suitable gift. These are purchased out of voluntary collections. The friendly visits continue throughout the period of sickness and are greatly appreciated.

A chiropodist makes fortnightly attendances at the club at a charge of 1/- per patient per half-hour session. A rota has been formed and the members are able to have treatment once every six weeks.

The Superintendent Health Visitor who attends the above club discovered that help was required for some aged in the area who for various reasons could not attend on Wednesdays. In November, 1957, six aged handicapped persons were invited to join a handicraft group at this Centre. Paid outwork was available which they did well. It is hoped to extend the facilities at this centre so that aged and other handicapped persons can attend. This will be similar to the existing handicraft centres at Parson Cross and Manor, but is likely to be a mixed group of men and women.

During the week before Christmas, the members of these Handicraft Classes, accompanied by their husbands, wives, or other companion, were entertained at a party held at the Welfare of the Blind Department. Two hundred people attended this party which began with a meal, followed by a variety show.

During November the Darnall and District Medical Aid Society kindly invited the members of the Handicraft Classes and relatives to attend their pantomime production of "Mother Goose". Arrangements were made for the non-ambulant handicapped to be transported in the department's special 'buses on both these occasions.

Transport Facilities.—Free transport facilities on Corporation tram and 'bus services are made available to certain handicapped persons travelling to and from their homes; details were given in the Annual Report for 1956.

At 31st December, 1957, there were 57 handicapped people being assisted with regard to travel expenses when attending approved activities.

In addition to these travel facilities, arrangements have been made for the transport of non-ambulant men to the Handicraft Classes which are held at the Parson Cross and Manor General Welfare Centres and for the transport of the "spastic" children who attend the Nursery at Carbrook. Two 'buses with adaptations suited to the disabilities of the handicapped people are now in use.

Housing.—Special attention is given to the housing difficulties of the disabled. As is described on page 221, recommendations for priority re-housing are given in special cases.

Assistance is also given to registered handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of additional facilities, designed to secure greater comfort or convenience. During the year 1957, assistance of this kind was given to 27 patients as follows :—

(a) Construction of concrete driveways for motor-chairs	..	13
(b) Provision of handrails to stairs and steps	.. ..	10
(c) Construction of concrete ramps over steps	.. ..	3
(d) Provision of a wall bar in bedroom	.. ..	1

In addition to these adaptations, various "gadgets" and appliances have been provided for handicapped people to help them overcome their disability.

Holiday Facilities.—The Council has decided that financial assistance in respect of holidays for handicapped persons should be a maximum of 30/-d. per period towards maintenance expenses plus a maximum of 30/-d. towards the cost of travelling expenses. The assistance is limited to those not working and in receipt of National Assistance Benefit, Widows' Pension, Retirement Pension, or other similar benefit.

Handicapped persons are often unable or unwilling to take a holiday in the normal way and, in many cases, arrangements would have to be made for such persons to be accommodated at holiday homes which cater specially for the disabled.

Employment or Occupation.—The Handicraft Centres have shown that occupation in congenial surroundings help a handicapped person to surmount his difficulties. It is a means of rehabilitation and even enables a small number to resume outside employment and regain independence. The co-ordinating officer continues to explore new fields of possible employment for handicapped persons and is also responsible for placement of blind persons in employment.

Particulars regarding the employment or occupation of the persons placed on the Register are as follows :—

(i) Employed in open industry	62
(ii) At Remploy or sheltered workshop	12
(iii) Employed at home	4
(iv) At Vocational Training	13
(v) Not employed but capable of and available for :—	
(a) Open employment	51
(b) Sheltered employment	241
(c) Home employment	50
(d) Handicrafts	228
(vi) Housewives	36
(vii) Retired from gainful employment	11
(viii) Incapable of or not available for work	177
(ix) Children of school age :—	
(a) At ordinary schools	3
(b) At special schools	3
(c) Receiving home tuition	4
(x) Children under school age	37
(xi) Ineducable children	28
	960
TOTAL	960

Handicrafts, Crafts and other Skilled Activities.—Despite the diverse nature of the handicaps from which people suffer, it is possible to find something to interest all who attend the centres or who are helped at home. Many show skill beyond average even when, because of age or severe disability, they cannot at present be considered for employment. The desire to succeed is evident and many have improved their abilities. During this year a total of 25 disabled persons improved enough to return to open industry. Their success in overcoming handicaps helps others to try harder.

Marketing of Produce.—The aim is to encourage the handicapped persons to produce articles for sale. The Co-ordinating Officer endeavours to discover what the market requires and to supply these at prices approximating to a comparable article commercially made. The profits are pooled and distributed amongst the patients at suitable intervals. The amount received by each patient is in relation to his attendance record. Permission has been given to sell certain articles through the Welfare of the Blind Salesshop.

During 1957 a total of £312 10s. 9d. was distributed as compared with £150 12s. 5d. during 1956.

Training facilities.—Arrangements have been made for an interchange of information with the Director of Education and the Regional Controllers and Local Officers of the Ministry of Labour, in order to ensure that any handicapped person capable and desirous of undergoing suitable training may have the opportunity of doing so. These facilities will include further education for those of suitable age.

Carbrook Nursery for Spastic Children.—The Nursery for handicapped children is open on Monday, Tuesday and Thursday for children who suffer from cerebral palsy and other diseases of the central nervous system. The nursery is used on Wednesday and Friday for blind children (see page 163). All the children require transport by the department's special 'bus, attend from 9.30 a.m. to 3.0 p.m., and are given a hot midday meal. No charge is made for the service. The staff in charge of the children consists of a hospital and nursery trained Matron, and three trained nursery assistants.

The endeavour in this work is to take children who are seriously handicapped physically at an early age. This allows them to enjoy activity, however limited, in the company of others. They can be trained to improve their social habits and later to benefit from play and other activities. Experience in this work is enabling the staff to help these children towards greater independence. There is a close liaison between the nursery staff and the staff at the Children's Hospital responsible for physiotherapy and speech therapy.

The facilities afforded by the nursery relieve the parents, especially the mothers, of the strain of looking after the child constantly. They are encouraged to visit the nursery and learn how to help the child by applying the methods used there in their own homes. The equipment and toys have been specially made by the men who attend Handicraft Centres. These men have also made chairs and tables to special order from the Children's Hospital, to be loaned for use at home.

There is no doubt that this has been a successful venture. Nineteen children, suffering from cerebral palsy and other diseases of the central nervous system, attend daily at present. It is thought that there are children in the City, unknown to the Department, who could benefit from this service. The difficulty is to know how to find them and then persuade the parents to let the children take advantage of these facilities.

MENTAL HEALTH SERVICES

By G. E. B. WHILLOCK, Administrative Officer.

"To him who is in fear, everything rustles"

—Sophocles (Acrisius—Fragment 58)

Staff engaged in the Mental Health Service.—The general administrative arrangements have followed the pattern of previous years. There has been no alteration in the designation and qualifications of the medical staff and field workers.

The staffs of the occupation centres at 259, Pitsmoor Road and the "Towers" show no change from last year. In order to bring about uniformity of conditions of service, adjustments have been made to the designation of staffs at Langsett Road and Cradock Road kindergarten centres. The Matrons have been regraded as supervisors, a post of senior assistant supervisor has been created at each centre, and the three nursing assistants are now classed as assistant supervisors.

Lunacy and Mental Treatment Acts.—The most important single factor of the year affecting this Service was the publication of the report issued by the Royal Commission on Mental Health. The recommendations are expected to have a far reaching effect on the care of persons with mental disease, especially as regards prevention and after-care. Changes are proposed which aim principally at the simplification of legal procedure and the making of admissions to hospital as informal as possible. A very brief account of the main features of the report is appended. The Ministry of Health Circular 2/58 has issued guidance on certain of the recommendations of the Royal Commission, which it considers may be put into effect without awaiting amending legislation.

In at least one important respect, however, current practice anticipated the recommendations made by the Royal Commission. Of the 490 patients admitted by the Duly Authorised Officers to Middlewood Hospital in 1957, only 26 were certified. How great the change has been may be inferred from the fact that 72 patients were certified in 1956 and 204 in 1955. Voluntary admission is not possible in every case, but it has become regarded as the normal method of entry into a mental hospital.

Patients dealt with in 1957.

1. Cases referred to Duly Authorised Officers	911
2. Admitted to Middlewood Hospital	560
3. Admitted to general wards of Fir Vale Infirmary	16

The cases shown in item 2 above were dealt with as follows :—

Certified	26
Voluntary	466
Temporary	4
Discharged	63
Died under observation	1
	<hr/>
	560

In previous reports the figures have dealt only with cases removed to hospital by the Duly Authorised Officers. In order to show how much wider the field actually is, the total number of cases referred (911) is now given. As stated above, 560 of these were admitted to Middlewood Hospital. The balance of 351 included many confused old people, not really mental cases, many of whom were eventually admitted to Fir Vale Infirmary. After enquiries had been completed, help might be sought from other services within the department, or the case referred to various social agencies. Again a substantial proportion were passed on to psychiatric clinics, or in cases of immediate urgency the services of a Psychiatrist were obtained through the general practitioner. On meeting these borderline problems, Dr. Parker has also been of help in making an assessment, and in selected cases admission to a Centre for the Physically Handicapped has resulted in a return to normal behaviour.

It will be noticed that 16 old people in need of immediate care were admitted to the general wards of Fir Vale Infirmary. This action, though a little unorthodox, saved the patients some distress and ensured that the necessary care and attention were provided with a minimum of delay.

Except in a few instances, the admission to mental hospitals of such a high proportion of cases as voluntary patients has proved satisfactory. It seems that some patients took a premature discharge from hospital ; in 44 cases re-admission has been necessary and of these 12 have been re-admitted more than once. Premature discharge is to be regretted, as when the patient leaves hospital, he causes distress to relatives and friends and may undermine any confidence in treatment that has been established. It is, however, encouraging to see that these premature discharges are less in number than they were last year. It is possible that difficulties of this nature might be minimized if the liaison between Middlewood Hospital and the Local Authority were closer. In any case it must be recognised that some who are discharged on the completion of treatment will be unable to face their obligations, or may break down and require readmission.

In general difficulties arising from the shortage of immediate accommodation for urgent cases have eased considerably. From time to time congestion has arisen, but the successful efforts made by the hospital authorities to overcome this problem have been much appreciated.

Age Group Analysis of Patients admitted to Observation Wards at Middlewood Hospital.

<i>Sex</i>	<i>0-14 yrs.</i>	<i>15-24 yrs.</i>	<i>25-34 yrs.</i>	<i>35-44 yrs.</i>	<i>45-54 yrs.</i>	<i>55-64 yrs.</i>	<i>65+ yrs.</i>	<i>All ages</i>
Males ..	1	31	54	56	42	33	41	258
Females ..	—	15	42	55	62	46	82	302
TOTALS ..	1	46	96	111	104	79	123	560

These figures are very similar to those provided last year. There is an increase of 10 in the total number of admissions and it is noticeable that from 45 years of age the proportion of female to male patients rises fairly steeply. Of the total admissions during the year, 22% were aged 65 years or more. If appropriate residential hostel accommodation were made available by the Local Authority, it is possible that some of these patients would not have to be admitted to a mental hospital.

It is necessary that duties are arranged so that at least two Duly Authorised Officers are "on call" at all hours, day or night. Of the patients admitted to Middlewood Hospital during the year, 51% were dealt with out of normal office hours.

Mental Deficiency Acts, 1913-1938.—The number of cases awaiting admission to institutions has again decreased, having fallen during the year from 99 to 85. For patients over 16 years of age the position is much improved. This is in a large measure due to the recent recommendations by the Ministry that all patients who have been on licence for one year should, if possible, be discharged; a careful survey is also being made of all patients in Mental Deficiency Hospitals to determine the feasibility of discharge, especially where relatives have made application. This recommendation may carry the seeds of future trouble, as it is often the less responsible relatives who press most strongly for discharge. Decisions on this matter are, of course, entirely in the hands of the Hospital Management Committees, but social problems arising from such discharges will have to be dealt with by the Local Authorities and their officers.

The shortage of institutional accommodation for children under 16 years of age is no less keenly felt than it has been for several years, and there seems to be little likelihood of improvement in the near future. It is, however, pleasing to report that the establishment of Cradock Road Nursery as a Kindergarten Occupation Centre for the physically and

mentally handicapped has to some extent eased the burden of parents who find it very difficult to look after these children at home.

Towards the end of the year a few patients were admitted to institutions without undertaking the rather ponderous process of certification. This anticipated the most recent recommendations of the Ministry that informal admissions should now be recognised as the normal procedure, and that certification should only be employed when the safety of the public or the welfare of the patient makes compulsory measures necessary. Needless to say, the simplification of procedure has been welcomed by everyone concerned—not least the parents. The Minister stresses that the new procedure in no way alters the duty of Local Authorities to ascertain mental defectives. Local Authorities will continue to act as the normal channel for applications for admission to institutions, and all other duties are to remain unaltered.

Advantage has again been taken wherever possible of the provisions of Circular 5/52, which makes temporary accommodation available. The need for temporary help to cover a period of illness or hospitalisation of the mother, or to allow the parents to take a short holiday free from responsibility, is as great as ever. All such accommodation allotted by the hospital authorities to this Local Authority was fully occupied during the year. These arrangements however, have never been adequate, and many children, at present denied temporary care, could be accommodated if a small short-stay home were provided by the City Council.

During 1957 a total of 88 cases of possible mental defect was referred to the Department; 82 by the Education Committee and the remainder by family doctors, health visitors, hospital almoners and other social workers. Medical examinations of 64 cases had been completed by the end of the year; 62 were ascertained as mental defectives. Of this number 5 cases were admitted to hospital, 1 removed from the area, 1 died, 2 were placed under friendly supervision and the remainder under statutory supervision with appropriate recommendations as to attendance at an occupation centre or admission to an institution at a later date.

Number of Cases under Home Supervision

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1954	648	600	1,248
1955	676	604	1,280
1956	664	597	1,261
1957	700	623	1,323

During the year the mental health visitors made 4,510 home visits, accompanied 185 defectives to and from institutions, attended at 261 examinations to give information to the doctor and were present at Court in connection with 80 cases.

Pitsmoor Road Occupation Centre.—In order to put the finishing touch to the extensive renovations reported last year, the dining room has been refurnished. Tables and chairs, which have been in constant use for at least 18 years, have been replaced by new.

The laundry during the second full year in operation has laundered a total of 29,700 articles against 21,516 last year. Of these 2,668 were for aged people too infirm to do their own washing and the balance was for all four occupation centres, Swinton Street Centre for the handicapped, and Firth Park and Beet Street day nurseries. An additional washing machine was installed during the summer, thus completing the original plan. Twelve to fourteen girls are kept fully occupied in this department and the training provided has enabled two girls so far to obtain employment in hospital laundries. The work of the needlework class is improving. 48 maternity gowns were made for the Maternity and Child Welfare Service, and all necessary sewing and mending for the "Towers" and the Pitsmoor Road Centre has been carried out.

Day motor-coach trips, four in number, were arranged during the summer months. As last year, there were two long journeys to the sea-side for the older trainees, and two shorter trips for the younger and less physically fit.

During the year there were 28 admissions and 13 discharges. Four girls entered full-time employment, four boys were transferred to the "Towers" on attaining the age of 12 years, three girls were admitted to institutions and two died. There were 118 names on the register and the average daily attendance was 86.

One Assistant Supervisor attended the National Association for Mental Health Course for Assistant Supervisors and obtained the diploma issued by that body. In all, since the beginning of this training scheme, four Assistant Supervisors have gained the diploma and one is completing the course.

Periodic medical inspections are carried out at all centres ; dental treatment is provided by the Principal School Dental Officer, whose interest in this work is greatly appreciated.

It is hoped that when a further occupation and classifying centre is established, it will be possible to transfer some trainees from Pitsmoor Road and so relieve the pressure which has gradually increased to a rather uncomfortable degree.

“ The Towers ” Occupation Centre.—This centre is for male trainees over 12 years of age. The average number on the register during the year was 84 and the daily average attendance 76. Admissions totalled 12, including four boys from Pitsmoor Road. There were 11 discharges, of whom 4 went into full-time employment, 2 entered institutions and 5 left for health or other reasons.

For two years mental defectives from Hollow Meadows Hospital have attended the centre for training. The Matron of the hospital is able to report a progressive improvement in their social behaviour. They have gained in self-assurance and are better able to mix with the community. In two cases trainees who were attending the centre before permanent admission to Hollow Meadows Hospital have been able to continue attendance without interruption.

The staffing policy adapted at the outset is bearing fruit. The technical skills of the supervisory staff are filtering through to the trainees, resulting in a much higher standard of work in the finished products than was at first thought possible. Taking into account the wide age range of the trainees, and the low grade of many, great credit is due to the staff.

Work on the grounds continues. The extensive retaining wall parallel to the drive is now almost completed. The three spacious garages adjacent to the Lodge have always been too damp for full use to be made of them. This has been completely rectified by the removal of many tons of earth and debris that had accumulated around the walls over the years. The building of a heavy retaining wall has rendered the resultant embankment perfectly safe. The activity in the workshop has been maintained. Goods to the value of £922 were sold. The main production lines are still kitchen and bathroom stools, household steps, folding clothes props, occasional tables.

From the metal shop, chain link fencing, reading lamps, pokers and stands and ashtrays have all sold well. In the handicraft shops, where the lower grades work, baskets continue to be made in quantity, but there are always orders waiting to be executed.

Towards the end of the year some thought was given to the closer integration of the three main services for the handicapped, viz. Welfare of the Blind, Mental Health and Care and After-care. It is hoped

this may increase during the coming years. A small beginning was made in some co-ordination of sales from the retail shop already selling products of the Welfare of the Blind Service. Reasonable stocks made by all three of the component services are carried. Early results are promising and repeat orders are coming in. As there are different facilities in each service, the next step appears to be the co-ordination, as far as possible, of methods of production, and perhaps ultimately a joint purchasing system may develop. Inherent difficulties may be realised when the differing physical and mental capabilities of the three classes of handicapped persons are considered.

During the summer an open day for parents was held and a satisfactory number of orders given. 58 trainees went as usual to Marske-on-Sea for a week's holiday and this passed without any untoward incident in good weather. An interesting disclosure from the attendance records at Pitsmoor Road and "The Towers," shows that two trainees have attended for 19 years, one for 18 years, one for 14 years and sixteen for 10 years or over. It is true that these trainees have not been brought up to employable standards, but it is satisfactory to know that they and their parents are content for them to stay so long.

Kindergarten Occupation Centres.

Langsett Road.—There are 24 children on the register between the ages of 5 and 12 years, who are all under statutory supervision. Attendance generally has been good and absenteeism has been almost solely due to catarrhal infections, to which these children are prone.

As more experience is gained the scope and efficiency of the training has been increased. Emphasis now is on social behaviour, physical training and recreation, and activities to help manual co-ordination are developed. These include basketry, weaving, modelling, painting, crayon work, drawing, stencilling, pyramid building, constructional puzzles and the like.

The supervisor attended a refresher course dealing with occupation centres, organised by the National Association for Mental Health in London during August.

Cradock Road (for defectives with severe physical handicaps).—There have been 11 new admissions during the year and the centre is now almost filled to capacity. A few details of the new cases might be of interest. One is permanently bed-ridden and eight can walk with assistance. Three have been toilet trained since admission, while eight remain doubly incontinent. Three have been taught to feed themselves, two are totally blind, two are totally and one partially deaf, and only two are able to speak.

Some improvement has taken place among the older children. One has advanced sufficiently to be transferred to Pitsmoor Road Centre, two can now walk without assistance and run about and climb. The condition of the remainder has, in the main, remained satisfactory ; three have improved in their habits but three are deteriorating.

Four children attended the Children's Hospital for physiotherapy and three for speech therapy. Of the total of 25, 10 suffer from epileptic fits. All the children were non-ambulant on admission. Door to door transport for all cases is provided.

The Supervisor attended a refresher course dealing with occupation centres, organised by the National Association for Mental Health.

The parents of children repeatedly expressed their gratitude for what they regard as a most welcome relief from the continued strain of controlling such difficult children at home.

Mental Care and After-care.—Those patients discharged from Middlewood, who are thought to be in need of after-care, are still visited. This friendly supervision is generally well received by patients, their relatives and doctors.

During the year the Duly Authorised Officers made 1,187 domestic welfare visits, slightly more than last year. In many instances one visit suffices, but some cases need more attention, especially when rehabilitation problems exist. Sometimes visits have to be maintained over a long period. Advice is sought on many diverse matters, including rent problems, statutory allowances, intimate family matters and difficulties. The patients and relatives are beginning to value this post discharge help, as shown by the 3,053 visitors to the office seeking help from the Duly Authorised Officers during the year.

The accumulated knowledge and records of the Mental Health Service should prove of considerable value in the development of the service for problem families.

Psychiatric Social Work.—Each month an average of 89 cases has been dealt with. New and re-opened cases number 209. These were referred as follows :—

Almoner 1, Dr. Barnado's 1, Clergy 1, Child Guidance Clinic 3, Children's Officers 20, Council of Social Service 2, Doctors 110, Education Committee 1, Family Service Unit 2, Health Visitors 2, H.M. Prison 1, House of Help 1, House of Visitation 1, Industrial Rehabilitation Unit 2,

Marriage Guidance Clinic 3, Ministry of Labour 1, National Assistance Board 2, N.S.P.C.C. 1, Patients, friends and relatives 41, Police 1, Probation Officers 6, Regional Hospital Board 2, Ministry of Health 4.

Home visits numbered 1,184, interviews of patients and relatives at the office 325, and consultations with social workers, officials and others concerned with the welfare of patients 476.

After-care of Service men and women discharged directly from their army units on account of psychiatric disability has continued and the service was extended in December, 1957 (Ministry of Health Circular 17/57) to Royal Navy and Royal Air Force personnel.

The City Council continue to lend the services of the Psychiatric Social Worker to the Psychotherapeutic Clinic held at the Town Hall Chambers, at which Dr. Esher is the Psychiatrist. The City Council also provide the necessary clerical help. During the year 99 new patients were seen. This made 427 attendances at 108 sessions of the Clinic. These figures include 22 mental defectives, who made 111 attendances.

Report of the Royal Commission on Mental Health.—The Report is far too extensive to deal with adequately, but attention may be drawn to a few salient points. The main object is to put mental patients, as far as possible, on the same footing as patients with other forms of illness, to bring administration into line with modern thought and revise terminology. Adequate community care and hospital treatment should be available to all without compulsion. Admission without power to detain should be the normal procedure; compulsion should only be used when the patient objects or relatives are unwilling for the patient to receive necessary treatment.

It was recommended that Local Authorities should be responsible for all types of community care, including residential care for all patients who do not need hospital treatment. Existing services of this nature should be considerably extended to meet future need.

Patients should be regrouped as (i) Mentally ill (including mental infirmity of old age), (ii) Psychopathic (this class would include some higher grade mental defectives) and (iii) Severely sub-normal (many now classed as imbeciles or idiots). With certain safeguards, compulsory power could be employed and the same procedure used for all three classes of patients. Medical opinion, except in very complicated cases, should decide on the necessity for treatment and revision tribunals should be established to safeguard the patient compulsorily detained. The term "certification" should not be used. There should be much wider powers of discharge, which should apply equally to all patients.

The functions of Local Authorities and hospital should be brought into line with other health and welfare services. This would require considerable expansion of Local Authority Services, including residential homes—at present residential care is provided only in hospitals. A special Exchequer grant is recommended to help with the provision of residential homes and day centres.

GENERAL PUBLIC HEALTH INSPECTION

*"The knowledge of the world is only to be acquired in the world,
and not in a closet."*

—Philip Stanhope, Earl of Chesterfield (Letter to son, 1746).

This part of the Report contains a tabulated record of the work of Public Health Inspection. No effort has been made to discuss all aspects but a fuller account is given of Priority Re-housing (page 221), the Rent Act, 1957 (page 217), and the Diseases of Animals Act (page 241).

During the Autumn the operation of the Rent Act placed a heavy burden on the depleted inspectorial staff which resulted in deferring other routine work. Another new commitment, and one not commonly associated with this Department, was the tracing and sealing of drains in the Netherthorpe and Park Re-Development Areas.

The shortage of inspectorial staff experienced over the last few years continues but it is hoped that as the pupilage scheme progresses some alleviation of this problem will result.

Two pupils sat for the examination in 1957, both were successful and were appointed as Public Health Inspectors.

The term "Sanitary Administration" has done good service but was hardly an apt description, considering the varied problems that fall to be dealt with in this Section of the Department. Changes in general have been gradual, but with successive Statutes there has been a tendency for the work to increase both in scope and volume.

The following are the main Acts and Regulations that govern the work :—

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

Diseases of Animals Act, 1950.

Factories Acts, 1937 and 1948.

Food and Drugs Act, 1955.

Food Hygiene Regulations, 1955.

Housing Acts, 1925-1957.

Housing Repairs and Rents Act, 1954.

Milk and Dairies Regulations.

Pet Animals Act, 1951.

Prevention of Damage by Pests Act, 1949.

Public Health Act, 1936.

Rag Flock and Other Filling Materials Act, 1951.

Rent Act, 1957 (from 6th July, 1957).

Rent Restrictions Acts, 1920-1939.

Sheffield Corporation Acts, 1918, 1928 and 1937.

Shops Act, 1950.

Water Acts, 1945 and 1948.

Local Byelaws.

Summary of Complaints, Enquiries, Correspondence, etc.—In the statement below are given, in brief summarised form particulars of the daily correspondence, etc., passed to the Section for attention by the staff of Public Health Inspectors.

<i>Daily Portfolio—</i>	1956	1957
Complaints and enquiries in person	6,032	4,527
Complaints and enquiries by telephone	4,685	3,417
Correspondence, including Ministry, Inter-departmental and General	14,169	15,060
TOTALS	24,886	23,004

<i>Types of Complaint—</i>	1956	1957
Drainage defects	1,607	1,199
Paving defects	185	122
Housing defects	8,107	5,503
Watercloset defects	1,330	706
Overcrowding cases	303	310
Verminous houses	373	148
Defective dustbins	210	182
Requests for Inspector to call	207	558
Requests for Priority Re-Housing	549	676
Town Clerk's Department—Property Enquiries	5,234	6,164
Rent Act, 1957, and Housing Repairs and Rents Act, 1954—		
Applications for Certificates of Disrepair	95	1,323
Undertakings received from Landlords	—	724
Applications for cancellation of Certificates	93	52
*Miscellaneous	3,491	2,451

* Includes correspondence from Property Owners, Agents, Builders, etc., and applications for Licences for sale of Milk, Ice Cream, Pet Animals, etc.

In general the figures show a reduction in the number of complaints received. This appears to be partly due to the abnormal gale damage in 1956 and also because some of the worst property has been demolished as a result of the resumption of slum clearance.

Sanitary Accommodation.—During the year, seven privies were converted into pedestal waterclosets. There were ten additional waterclosets provided in connection with premises where it was necessary to bring the number of closets up to the standard for Sheffield which is one closet for each house.

Houses Let-in-Lodgings.—There appears to have been an increase in this type of accommodation and this is probably partly due to the prevailing housing shortage and the influx of coloured persons and aliens.

The problem of bringing these houses up to a desirable standard is made difficult under existing legislation. Action by the local authority under the Housing Act may result in an owner reducing the number of tenants or, with the sanction of the County Court, gaining possession of the house. Under these circumstances dispossessed tenants usually expect the Local Authority to provide alternative accommodation.

Common Lodging Houses.—These continue to provide housing accommodation for approximately 400 persons. There are seven common lodging houses in the City, one being occupied by women. Although the hygienic condition of several of the lodging houses leaves much to be desired, it should be recognized that many of the people who resort to these establishments are likely to present problems to the community wherever they are housed. The accommodation available in common lodging houses continues to decline year by year, and by the end of 1957 another lodging house was on the point of being closed.

Factories.—The following table gives particulars of the inspections made during the year under Part I of the Factories Act, 1937, and an analysis of the defects which were found, with particulars of the action taken.

TABLE XX.—Inspections under the Factories Acts, 1937 and 1948

1. Inspections for purposes of provisions as to health.

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories WITHOUT MECHANICAL POWER in which Sections 1, 2, 3, 4 and 6 are to be enforced	265	25	6	—
(ii) Factories not included in (i) to which Section 7 applies :—				
(a) WITHOUT MECHANICAL POWER, but enforcement of Sections 1, 2, 3, 4 and 6 by Local Authorities revoked by the Local Authorities (Transfer of Enforcement) Order, 1938	2	1	1	—
(b) Others— <i>i.e.</i> , factories WITH MECHANICAL POWER	3,035	444	76	—
(iii) Other Premises under the Act (excluding out-workers' premises)	32	17	1	—
TOTALS	3,334	487	84	—

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4) By H.M. Inspector (5)		
Want of cleanliness (S.1) ..	7	8	—	8	—
Overcrowding (S.2) ..	1	—	—	1	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	1	—	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ..	3	3	—	16	—
(b) Unsuitable or defective ..	88	57	—	52	—
(c) Not separate for sexes ..	1	—	—	4	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
TOTALS ..	101	68	1	81	—

During the year, no outworkers were notified under Part VIII of the Act, which relates to certain work carried out at home by outworkers.

Shops Act, 1950—Section 38.—As a result of action taken under this Section during the year, a total of 12 premises were dealt with in respect of facilities for sanitary accommodation, for taking meals, for washing and for heating. In each of the above cases the owners of the premises took the necessary remedial measures.

FOOD AND DRUGS ACT, 1955 and FOOD HYGIENE REGULATIONS, 1955

Food Preparation or Manufacture.—During the year there were two new applications received for the registration of premises under this heading, and registration was granted in each case. Three premises ceased to be used for the purpose for which they had been registered. At the end of 1957 there were 237 premises which had been registered under this heading.

Despite the shortage of staff, some visits were made to food premises and improvements in conditions and cleanliness were achieved so as to comply with the Food Hygiene Regulations, but much remains to be done in this direction.

Ice Cream—Sale, Manufacture, Etc.—During the year 60 premises were registered for the sale only of ice cream and there were no premises registered for the manufacture for sale of ice cream. Four premises ceased

to be used for the purpose for which they had been registered, viz :— for the sale only of ice cream. At the end of 1957 there was a total of 49 premises registered for the manufacture or sale of ice cream and 1,761 premises registered for the sale only or storage of ice cream.

The Food and Drugs Act, 1955

The Milk and Dairies Regulations, 1949 and 1950

At 31st December, 1957, the total numbers on the Register were as follows :—

Milk Distributors residing inside the City	924
Milk Distributors residing outside the City	46
Dairy Premises	77

During the year the following changes were recorded :—

Milk Distributors residing inside the City, new registrations	85
Milk Distributors residing inside the City who have ceased business and have been removed from the Register	84
Milk Distributors residing outside the City—new registrations	—
Milk Distributors residing outside the City who have ceased business and have been removed from the Register	—
Dairy Premises removed from the Register	1

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designation) (Raw Milk) Regulations, 1949

At 31st December, 1957, the following licences had been granted for the year :—

Dealers Pasteurisers' Licences	5
Dealers Sterilisers' Licence	1
Licences to use the Special Designation " Pasteurised "	448
Licences to use the Special Designation " Sterilised "	840
Licences to use the Special Designation " Tuberculin tested "	264
Supplementary Licences to use the Special Designation " Pasteurised " ..	46
Supplementary Licences to use the Special Designation " Sterilised " ..	1
Supplementary Licences to use the Special Designation " Tuberculin Tested "	44

Fish Friers' Premises.—At the end of the year there were 397 premises in the City. There were seven new applications for registration during the year, and after investigation, registration was granted in each case. Three premises ceased to be used for fish frying.

Offensive Trades.—There are 28 premises in the City used for the purpose of offensive trades.

The following is a list of the number of premises used for the various offensive trades :—

Tripe Boiling	9
Rag Collector and Sorter	9
Fat Melting	3
Rag Washing	2
Fat and Bone Collector	1
Blood Boiler	1
Gut Scraper	1
Bone Boiler	1
Rabbit Skin Dealer	1

Rag Flock and Other Filling Materials Act, 1951.—The purpose of this Act is to secure the use of clean filling materials in upholstery, bedding, toys, etc., by imposing controls at the following stages: (i) the manufacture of the filling material; (ii) its storage; (iii) its sale; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

At the end of the year, there were 18 premises registered under Section 2, for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Pet Animals Act, 1951.—This Act provides for a system of licensing and inspection by local authorities of pet shops.

During the year, 31 licences were granted and two premises ceased business as pet shops.

Canal Boats.—Canal transport continued as a means of bringing goods to the City and conveying return loads to other parts of the country and for export.

No canal boats were registered in the City during the year.

The Canal Boats Inspectors made 54 inspections of boats during the year to ensure that the requirements of the Public Health Act, 1936, and the Canal Boats Regulations were being complied with. There were altogether 103 persons living on board the boats at the time of the inspections, there being two children under the age of fifteen years and 101 persons over the age of fifteen years, of whom 94 were males and 7 females.

The average number of occupants per boat was 1·90.

37 infringements were found relating to 19 inspections of boats. All necessary measures were taken in regard to these infringements and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City and it was not necessary to detain any boats for cleansing or disinfection.

Nowadays very few children of school age are found to be living on canal boats arriving in the City and whilst it is the responsibility of the Director of Education to enforce school attendance of such children, there is close liaison between the Canal Boats Inspectors and the Education Department and when a child of school age is found aboard a boat a notification is sent to the Director of Education. During the year there were two children of school age found aboard boats, one was not attending school, but in the case of the other it was during a school holiday period.

Infectious Disease—Investigation and Disinfection.—Visits made by the Public Health Inspector are mainly concerned with dysentery and food poisoning cases which numbered 3,387 as compared with 3,703 in 1956.

Houses disinfected by the staff of the Disinfecting Station numbered 1,861 as compared with 1,980 in 1956.

Beds and bedding, patients' clothing and any articles in contact with the patient are taken away to the Station for disinfection by steam. These totals include cases of tuberculosis dealt with by the Care and After Care Section of the Department.

Other visits for infectious diseases are made by the Health Visitors.

Treatment of Scabies.—Treatment is provided in premises at the Disinfecting Station, and when a case is brought to the notice of the Department every effort is made to induce all the members of the family to undergo treatment.

	1956	1957
Adults who attended for treatment either as patients or contacts	16	45
School children	38	76

Whilst treatment is being given, all personal clothing is disinfected by steam, and beds and bedding are collected from the homes and steam disinfected. This was done in the case of 33 families during 1957.

After treatment, all cases are followed up by visits to the home by the Health Visitors.

Cleansing of Verminous Persons.—A special disinfecting bath and cleansing treatment is given in all cases for the eradication of vermin, the personal clothing and bedding being also disinfested.

The following statement gives the number of persons who attended at the Disinfecting Station during the past five years :—

1953	..	..	..	..	..	..	..	..	73
1954	..	..	..	..	..	..	..	..	70
1955	..	..	..	..	..	..	..	..	63
1956	..	..	..	..	..	..	..	..	62
1957	..	..	..	..	..	..	..	..	33

Disinfestation.—This service provides for the eradication of insect pests, viz :—bugs, fleas, cockroaches, beetles, crickets, silver fish, steam flies and other insects. The number of premises treated during the past two years is as follows :—

<i>Premises</i>	1956	1957
Corporation houses	101	65
Other Corporation premises, including Schools, etc.	20	21
Private houses	223	166
Miscellaneous premises (shops, warehouses, works canteens, hospitals, etc.)	10	21
TOTALS ..	<u>354</u>	<u>273</u>

Tenancy transfers and rehousing :—

	1956	1957
Houses and effects sprayed with D.D.T. on behalf of the Housing Department	270	193
Corporation houses sprayed with D.D.T. to which effects are to be transferred	197	211

Home Bathing Cases.—A number of elderly men and women are regularly bathed at home in response to requests by Health Visitors, Home Nursing and Care and After-Care Sections.

	1956	1957
Total number of cases bathed	109	157

Testing of Drainage Systems.—Smoke and Colour tests are applied to drainage systems suspected of being defective, and where drains are found to be defective the Public Health Inspector supervises the work of repair or reconstruction.

Water tests are applied to ascertain that drains which have been relaid are satisfactory; details of the various tests are given in the summary of work done for the year at the end of this Report.

The cleansing of certain public sewers is undertaken by the Public Health Department. In addition, the cleansing of private drains is undertaken in default of the owner and in this case a charge is made.

During the year 225 drains were cleansed in default affecting 703 houses, also 450 drains were cleansed by the owners, these affected 1,354 houses.

Erection of Dwelling-Houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

During the year, 1,855 new dwelling-houses were erected, and 420 additional housing units were provided by the conversion of existing buildings into flats, or by new flats. No dwelling-houses or flats were erected on Corporation Estates outside the City boundary.

The approximate total number of houses on the Rate Books at 31st December, 1957 was 159,818.

Improvement Grants.—Applications for Improvement Grants continue to be received and are again mainly from owner-occupiers. They are usually for the provision of internal sanitation, a bathroom and hot water supplies.

Since the coming into force of the Housing Repairs and Rents Act, 1954, 1,134 enquiries with regard to grants have been received; 220 applications have been approved; 741 have not yet been proceeded with, and in 171 cases the work of improvement has been carried out.

Deposited Plans.—3,235 Plans were inspected during the year for the purpose of ensuring compliance of the proposed premises with the relevant legislation, such premises being factories, shops, food manufacturing premises, etc.

This means that all such new or converted premises comply with the legal requirements applicable to that type of premises from the outset.

Wadsley Manor.—During the year an Individual Demolition Order was made on a property known as Wadsley Manor. It seems that this property was substantially of 16th century character with a classical front added during the 18th century and was thought to be of some historical interest. The question of the future of this building was referred to the City Engineer and Town Planning Officer who consulted the Ministry of Housing and Local Government on the matter. The Ministry listed the building as one of special historic or architectural interest, the interest being of local rather than national importance.

The cost of thoroughly repairing the building with a view to preservation appears to be prohibitive and arrangements have been made with the Director of the Sheffield City Museum for the making of suitable records of the property should demolition be carried out.

Caravans.—The control of caravans is the joint responsibility of the Public Health Department and that of the City Engineer's Department under the provisions of the Sheffield Corporation Act, 1928, and the Town Planning Acts, respectively.

A number of applications and enquiries for the siting of residential caravans within the City were received during the year but the Local Authority does not normally consider such applications favourably. There are no licensed caravan sites within the City.

Summary of Visits, Etc., of Public Health Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Public Health Inspectors during the years 1956 and 1957 :—

Table XXI.—Summary of Work done by the Public Health Inspectors during the years 1956 and 1957

1. NUISANCES	1956	1957
(a) Dwelling-houses (not Condemned)		
No. found affected	14,284	8,109
No. of Initial Visits	11,823	6,269
No. of Re-inspections	20,071	15,403
No. where Abated	9,839	6,960
(b) Dwellinghouses (Condemned)		
No. found affected	1,520	702
No. of Initial Visits	989	507
No. of Re-inspections	1,594	806
No. where Abated	1,082	580
(c) Other Premises		
No. found affected	114	198
No. of Initial Visits	125	197
No. of Re-inspections	151	198
No. where Abated	81	121
(d) Notices Served		
Statutory	3,594	2,106
Informal	8,212	4,487
2. NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES ..	1,531	1,416
3. DRAINAGE AND BUILDING WORK		
(a) No. of Inspections	3,605	4,530
(b) No. of Smoke Tests applied	340	332
(c) No. of Water Tests applied	331	388
(d) No. of Colour Tests applied	1,175	1,079
4. HOUSING		
(a) No. of Initial Inspections	113	81
(b) No. of Additional Inspections	2,107	860
(c) Visits <i>re</i> Improvement Grants	585	798
(d) Visits <i>re</i> Overcrowding	418	437
(e) New cases of Overcrowding found	69	46
(f) Visits <i>re</i> Certificates of Disrepair	319	2,091

	1956	1957
5. FOOD PREMISES		
(a) Visits to Dairies	46	50
(b) Visits to Milk Distributors	347	322
(c) Visits to Ice Cream Manufacturers	74	84
(d) Visits to Ice Cream Retailers	136	95
(e) Visits to Fried Fish Shops	65	63
(f) Visits to Bakehouses	154	146
(g) Visits to Other Food Preparation Premises	562	431
(h) Visits to Food Saleshops	693	763
(i) Visits to Licensed Premises	14	18
6. SHOPS		
Visits <i>re</i> Shops Act	183	157
7. VISITS RE ZYMOTIC DISEASES	3,703	3,387
8. FOOD POISONING		
(a) No. of visits	758	345
(b) No. of food specimens taken	26	15
9. VISITS FOR OFFENSIVE TRADES	41	41
10. VISITS RE RAG FLOCK AND OTHER FILLING MATERIALS ACT	—	19
11. VISITS TO WORKPLACES	22	22
12. VISITS RE RATS AND MICE INFESTATION	105	56
13. VISITS RE VERMIN		
(a) Private Houses	2,852	2,937
(b) Corporation Houses	2,299	2,016
(c) Other Premises	25	54
14. VISITS TO COMMON LODGING HOUSES	55	49
15. VISITS TO HOUSES LET-IN-LODGINGS	22	9
16. NO. OF DEPOSITED PLANS EXAMINED	3,091	3,235
17. DISEASES OF ANIMALS ACTS		
(a) No. of Visits	959	903
(b) No. of licences issued	290	281
18. VISITS TO PET SHOPS	27	24
19. NO. OF PROSECUTIONS TAKEN	19	20
20. NO. OF ATTENDANCES AT COURT	19	66
21. NO. OF MISCELLANEOUS LETTERS	4,561	4,441
22. NO. OF MISCELLANEOUS VISITS	9,752	7,262
23. RE PROPERTIES ETC.—No. of Town Clerk's Property Enquiries dealt with	5,234	6,309
24. PUBLIC HEALTH ACT, 1936—Section 23		
(a) No. of Public Sewers cleansed	136	155
(b) No. of Houses affected	530	566
25. VISITS RE POULTRY PENS, FITTINGS AND RECEPTACLES (DISINFECTATION) ORDER, 1952	82	65
26. VISITS RE WATER SUPPLIES (other than Corporation Mains Supplies)	57	38
27. DISEASES OF ANIMALS ACTS—TRANSIT OF ANIMALS (AMENDMENT) ORDER, 1931		
No. of vehicles, the cleansing of which was supervised at Wadsley Bridge Collecting Centre under the provisions of the above Order	498	433

WATER SUPPLY

*"I fear the man who drinks water
And so remembers this morning
What the rest of us said last night."*

—Anon. From *The Greek Anthology* (translated by Dudley Fitts).

"The water supply provided by the Corporation to the City and District and bulk supplies to outside Authorities, have been satisfactory both in quality and quantity. There was no curtailment at any time during the year.

All Sheffield's water comes from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbosolvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8.5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st March, 1958, was 2,413. Of this number 2,356 (97.7 per cent.) were free from coliform organisms in 100 mls. and 2,381 (98.7 per cent.) were free from *Bact. Coli* type 1 (an organism whose natural habitat is the human or animal intestine and which is an indicator of excretal pollution of water) in 100 mls.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 1,208. Of these, 1,176 (97.4%) were free from coliform organisms, and 1,195 (98.9 per cent.) contained no *Bact. Coli* type 1 in 100 mls.

156 samples taken from consumers' taps were examined for lead. Of these, 152 (98.1 per cent.) contained no lead. Four samples only contained lead amounting to 0.1 p.p.m. as Pb.

As a first line of defence, the Undertaking exercises sanitary control over the entire water-shed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds."

The above report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated.

Premises without Mains Water.—In accordance with the Health Committee's policy to provide a mains water supply to every house in the City wherever practicable, further progress has been made during the second year of the four year scheme arranged in co-operation with the Water Committee.

These properties where the occupants obtain water for all purposes from shallow wells and springs have long been a matter for concern and the approved scheme provides :—

- (a) The Water Department will provide a mains supply of water to these premises,
- (b) The Health Committee will make contributions towards the cost of mains and service pipes required for that purpose,
- (c) Appropriate sums will be recovered from the owners of such premises supplied in accordance with the provisions of Section 138 of the Public Health Act, 1936, as amended by the Water Act, 1945.

During 1956 new mains were laid at Fern Road, Hangram Lane, Mayfields Lane, Fox Hall Lane, Prospect Road, Totley, Strawberry Lee and Moss Road, and during the year under review at Ringinglow Road, Sheephills Road, Hathersage Road and Rails, Rivelin.

The following is a summary of the works carried out in this connection during 1957 :—

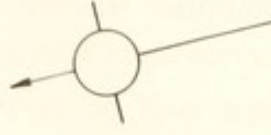
No. of mains extensions completed	4
Total length of mains laid	4,527 yards
Total length of service pipes laid	3,423 yards
No. of notices served	24
No. of appeals against requirements of notice	Nil
No. of house connections done in default	29
No. of house connections done privately	2
No. of other buildings connected privately	3
No. of houses without water supply which are otherwise unfit and have been or will be dealt with under the Housing Act	6
No. of dwellings in the City without a mains water supply at the 31st December, 1957	76

The following are the numbers of houses without a mains water supply at different periods during the last 25 years :—

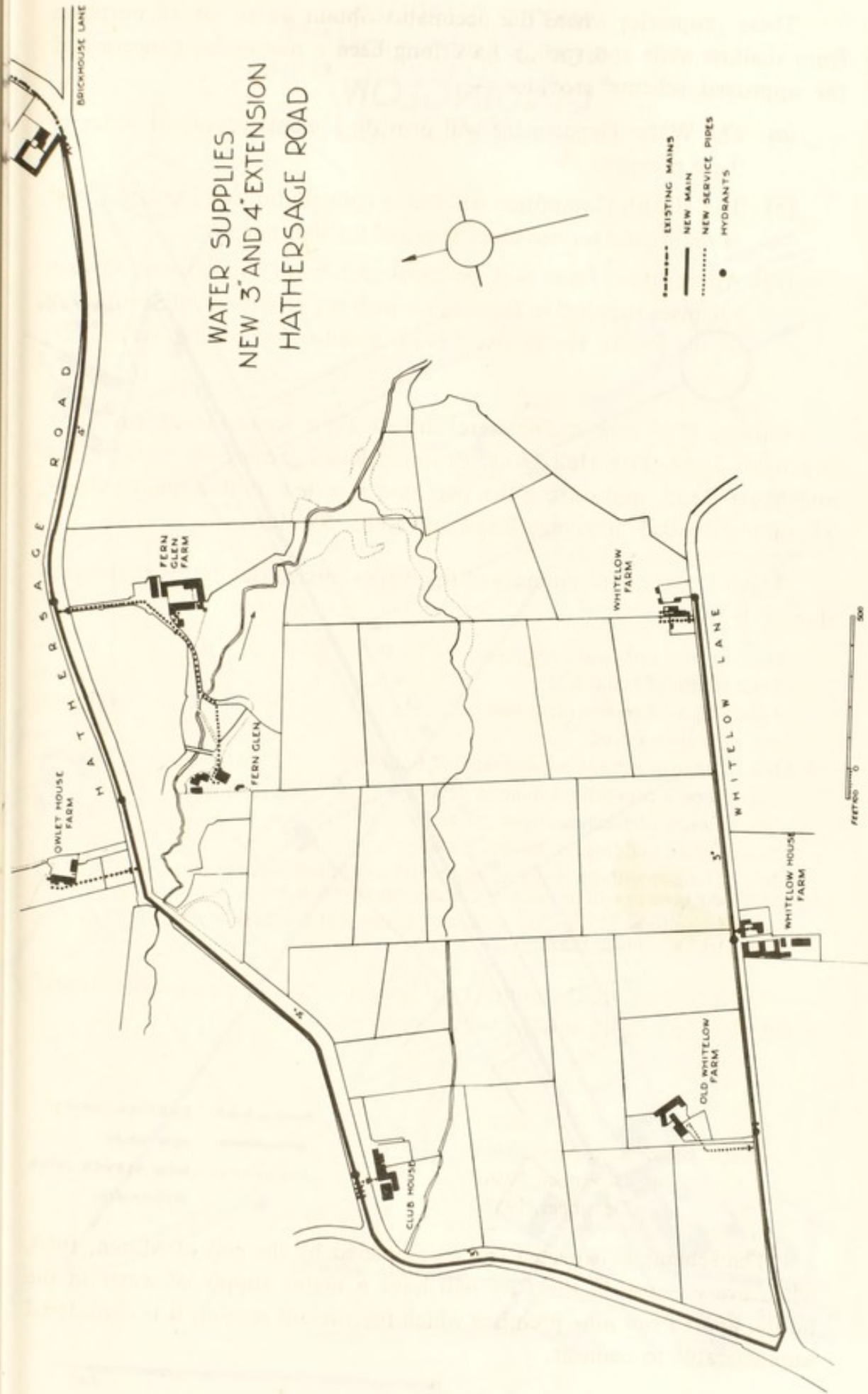
1933	316
1940	228
1950	145
Scheme commenced April, 1956	125
December, 1956	113
December, 1957	76

The scheme is expected to be completed by the end of March, 1960, when every house in the City will have a mains supply of water in the house, apart from nine premises which for various reasons it is considered impracticable to connect.

WATER SUPPLIES
 NEW 3" AND 4" EXTENSION
 HATHERSAGE ROAD



- EXISTING MAINS
- NEW MAIN
- NEW SERVICE PIPES
- HYDRANTS



RODENT CONTROL

NEW C. EXTENSION

RAILROADS - THE GREAT WESTERN - THE PACIFIC

The rodent control service was begun in 1944 and has since that time been extended to cover the entire length of the line.

The service is provided for the benefit of the public and the protection of the property of the railroad.

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RODENT CONTROL

"It would have made a cat laugh."

—James Planché (Extravaganzas—The Queen of Frogs).

The Rodent Control service, which began in 1944, now operates under the Prevention of Damage by Pests Act, 1949.

During 1957, seven Rodent Operatives were employed in overground servicing, and the section was in the charge of a Public Health Inspector seconded to the position of Rodent Officer.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation.

In the statement below are given the numbers of applications dealt with by the Rodent Control service in the years 1955 to 1957, together with the numbers of baiting points positioned and the estimated numbers of rats and mice exterminated :—

	<i>Year</i> 1955	<i>Year</i> 1956	<i>Year</i> 1957
Number of applications dealt with (Rat Infestation)	693	728	713
Number of applications dealt with (Mice Infestation)	2,081	2,218	1,642
Approximate number of baiting points laid	48,500	52,500	47,000
Estimated number of rats exterminated	8,400	6,800	5,300
Estimated number of mice exterminated	57,400	57,000	41,500

Sewer Disinfestation.—This scheme for the treatment of the sewers, rivers and river culverts of the City, which began in 1945, has continued during the year. The work is undertaken by a staff of six operatives forming part of the Rodent Control service of the Public Health Department.

The Ministry of Agriculture, Fisheries and Food procedure is adhered to throughout this work. In each period of twelve months, the whole of the sewers in the built-up area of the City, including rivers and culverts, are treated twice, and the outlying areas receive one "Pilot" or test treatment. In this "Pilot" test, one in every ten of the sewer manholes is pre-baited, and any showing evidence of infestation are expanded into full-scale treatment areas.

The number of manholes baited and points laid in river culverts and on river banks during the year totalled more than 14,500 and the estimated number of rats killed totalled 20,500.

Details of work carried out during the year are given in the statements below.

Completion of Twentieth Maintenance Treatment—Year 1957

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	2,978	449	4,000
Areas from "Pilot" test	Nil	Nil	Nil
TOTALS	2,978	449	4,000

Twenty-first Maintenance Treatment—Year 1957

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	4,504	898	6,500
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook ..	2,477	428	3,100
TOTALS	6,981	1,326	9,600

Part of Twenty-second Maintenance Treatment—Year 1957

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	2,375	554	4,000
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook ..	2,487	425	3,100
TOTALS	4,862	979	7,100

CLEANER AIR

By J. W. BATEY, D.P.A., M.I.Mar.E., M.R.S.H.,
Superintendent Smoke Inspector

"How great a matter a little fire kindleth."

Epistle of James, iii, 5.

The Sheffield City Council has delegated to the Sheffield and District Clean Air Committee their powers under the Clean Air Act, 1956 and relevant sections of the Public Health Act, 1936, with the exception, briefly, of any power to make byelaws and any activities and expenditure in relation to Smoke Control Areas. The constituent authorities are Sheffield County Borough, Rotherham Rural District, Rawmarsh Urban District and Stocksbridge Urban District. The first meeting of the re-formed Committee was held in November, 1956, and the first full calendar year's working can be viewed with some satisfaction. Much, however, remains to be done.

Changes in the inspectorial staff caused some difficulty, and it is worth noting that men trained in Sheffield are always in demand.

The activities of the staff, so far as they relate to Sheffield, can be briefly outlined in statistical form and are as follows:—

Number of chimneys observed (half hour observations)	..	..	8,671
Number of minutes smoke emitted	..	..	3,861
Average minutes of smoke emission per half hour	..	..	0.44
Number of Abatement Notices served	..	..	144
Number of Intimation Notices served	..	..	196
Number of Advisory Visits	..	..	839
Number of complaints dealt with	..	..	183
Number of Prosecutions	..	..	6

The average smoke emission per half hour observation was lower than it has been for over ten years and, although too much cannot be read into this figure, the general trend is again most encouraging.

Complaints again show an increase, reaching a new high record. This awareness of the public to nuisance from smoke, grit and noise is a pointer to the ever-increasing demand for higher standards of amenity.

Atmospheric Pollution.—The recording of atmospheric pollution, which has continued throughout the year, gives an overall picture, on a comparative basis, of the pollution both by solids and sulphurous gases of various areas of the City. In the table which follows are given the averages of the monthly deposits of solid matter at three collecting stations in the five years 1953-1957, together with the highest monthly deposit at each station in those years.

TABLE XXII.—Solid Matter deposited at three Sheffield Collecting Stations during five years 1953-57

Year	<i>Amount of Solid Matter (in tons) deposited per square mile</i>					
	<i>Attercliffe</i>		<i>Surrey Street</i>		<i>Fulwood</i>	
	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>
1953 ..	36.0	61.3	21.5	36.3	9.6	16.1
1954 ..	40.3	69.5	24.9	45.5	12.7	18.7
1955 ..	37.8	62.4	27.5	49.8	9.9	15.2
1956 ..	38.5	49.9	24.4	37.3	10.6	15.2
1957 ..	30.4	49.8	20.6	27.0	9.0	14.1

The highest monthly deposit figure for these three stations occurred in July for Attercliffe, December for Surrey Street and February for Fulwood. An abnormal fall of ash from a nearby chimney might account for the high Attercliffe figure in July; high readings are usually found in the winter months.

The following table summarises the monthly records of solid matter deposited per square mile in the year 1957 at the seven stations at which there were gauges for the measurement of atmospheric pollution:—

TABLE XXIII.—Solid Matter Deposited at the Sheffield Collecting Stations during the year 1957.

Month	Tons per square mile																				
	Surrey Street		Attercliffe		Sewage Works		Firth Park		Fulwood		Bernard Street		Weston Park								
	Insol.	Sol.	Insol.	Sol.	Insol.	Sol.	Insol.	Sol.	Insol.	Sol.	Insol.	Sol.	Insol.	Sol.	Total						
January	13.1	8.0	21.1	17.4	11.1	28.5	18.8	9.8	28.6	5.3	4.6	9.9	2.6	5.4	8.0	14.8	8.1	22.9	6.3	6.1	12.4
February	13.6	9.1	22.7	21.1	12.9	34.0	11.1	7.1	18.2	8.6	6.2	14.8	3.2	10.9	14.1	16.8	8.5	25.3	5.0	6.8	11.8
March	13.9	7.7	21.6	18.0	10.7	28.7	11.0	7.1	18.1	8.4	6.0	14.4	2.9	4.6	7.5	20.3	8.1	28.4	6.4	6.4	12.8
April	15.6	6.5	22.1	15.1	6.6	21.7	9.2	3.8	13.0	5.7	2.9	8.6	2.6	1.8	4.4	12.5	4.8	17.3	5.2	2.6	7.8
May	15.6	6.3	21.9	20.5	8.0	28.5	10.3	5.9	16.2	8.4	4.5	12.9	4.3	3.3	7.6	30.9	10.7	41.6	7.7	4.0	11.7
June	12.0	6.7	18.7	18.9	9.2	28.1	9.5	6.0	15.5	10.3	5.6	15.9	4.6	4.4	9.0	13.9	6.8	20.7	6.2	4.8	11.0
July	11.7	8.4	20.1	36.8	13.0	49.8	9.4	8.6	18.0	7.3	7.1	14.4	2.8	7.3	10.1	50.1	8.0	58.1	6.4	5.9	12.3
August	11.1	8.5	19.6	20.9	14.3	35.2	6.6	7.8	14.4	5.5	7.8	13.3	3.1	5.2	8.3	14.2	7.5	21.7	5.7	6.8	12.5
September	9.2	9.2	18.4	19.6	13.7	33.3	6.8	8.2	15.0	6.3	8.1	14.4	2.6	9.3	11.9	15.3	9.4	24.7	4.6	8.7	13.3
October	10.4	7.6	18.0	13.4	9.6	23.0	17.1	10.2	27.3	5.8	4.1	9.9	1.8	4.5	6.3	12.2	7.1	19.3	4.0	5.4	9.4
November	9.5	7.3	16.8	14.3	10.6	24.9	6.9	5.4	12.3	7.0	5.1	12.1	2.1	6.3	8.4	11.5	8.5	20.0	4.9	6.5	11.4
December	17.1	9.9	27.0	17.1	11.9	29.0	9.7	6.2	15.9	8.7	7.5	16.2	5.8	5.9	11.7	17.0	8.8	25.8	6.5	6.9	13.4
TOTALS	152.8	95.2	248.0	233.1	131.6	364.7	126.4	86.1	212.5	87.3	69.5	156.8	38.4	68.9	107.3	229.5	96.3	325.8	68.9	70.9	139.8
Averages	12.7	7.9	20.7	19.4	11.0	30.4	10.5	7.2	17.7	7.3	5.8	13.1	3.2	5.7	8.9	19.1	8.0	27.2	5.7	5.9	11.7

The general rhythm of the pollution figures illustrates the seasonal variation of pollution, and the differences of soluble and insoluble matter for two such differing gauges as Fulwood and Attercliffe are most marked. These gauge readings might be amongst the best which have been recorded for some years; there are few apparent freak results.

Attention might be drawn to the rather low figures of solid matter deposited during November, which was a calm month, with a below normal rainfall and an above normal temperature.

Sulphur Determination.—Daily averages, which determine the quantity of sulphur in the atmosphere, were taken by the lead peroxide method at 13 stations during the year.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1953-1957 at seven stations, were as follows:—

TABLE XXIV.—Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years 1953-57

Year	<i>Daily Average Milligrammes of SO₃ per 100 Square Centimetres</i>						
	<i>Attercliffe</i>	<i>Bessemer Road</i>	<i>Fulwood</i>	<i>Firth Park</i>	<i>Surrey Street</i>	<i>Wincobank</i>	<i>Weston Park</i>
1953 ..	4·6	11·3	0·7	3·1	2·9	4·3	3·0
1954 ..	5·1	14·5	0·7	2·9	3·1	2·5	3·5
1955 ..	4·7	11·3	0·7	2·8	3·4	2·2	3·0
1956 ..	5·1	11·6	0·7	3·0	3·3	2·1	2·0
1957 ..	4·7	11·0	0·6	3·0	3·0	2·9	1·8

The Bessemer Road gauge is sited in such a way as to register the effect of a sulphuric acid works adjacent.

One small gauge cannot possibly give a complete picture but it is at least indicative, and illustrates the importance of siting such works in places where they will do a minimum damage.

The daily averages of the milligrammes of sulphur per 100 square centimetres of area (this area refers to the surface area of the instrument) recorded in 1957 were as follows:—

TABLE XXV.—Sulphur Determination by the Lead Peroxide Method at thirteen Stations during the year 1957

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY

Month	Atter-cliffe	Ber-nard Street, Park	Besse-mer Road	Wes-ton Park	Firth Park	Ful-wood	Jordan Locks	Limps-field Road	St. John's Vicar-age	Sew-age Works	Surrey Street	Tinsley	Winco-bank
January ..	5.1	2.7	9.2	2.2	3.5	0.7	4.7	4.2	1.8	7.9	3.5	5.3	4.8
February ..	5.6	2.7	10.8	2.4	4.6	0.9	4.3	4.8	1.7	5.1	3.8	4.4	3.4
March ..	4.7	2.1	9.8	1.9	4.1	0.7	3.5	3.9	1.3	4.1	3.0	5.0	3.7
April ..	5.0	2.9	11.4	2.1	2.5	0.9	2.2	2.4	2.1	2.7	3.6	2.9	2.1
May ..	4.1	2.4	9.9	1.5	2.6	0.6	2.9	3.1	1.6	3.5	2.8	2.8	2.4
June ..	3.7	1.9	11.4	1.3	1.8	0.5	1.9	1.6	1.2	2.3	2.0	2.5	1.8
July ..	3.7	1.6	9.3	1.0	1.8	0.4	2.3	2.1	1.0	3.1	1.6	2.6	2.1
August ..	4.1	1.6	10.8	1.0	1.8	0.3	1.8	1.5	1.0	1.7	1.5	3.4	1.5
September ..	4.6	2.1	16.0	1.3	2.0	0.3	2.3	2.1	1.4	2.9	2.3	3.4	2.2
October ..	4.9	2.3	10.9	1.7	3.2	0.4	4.3	3.2	1.3	5.8	2.7	5.7	4.0
November ..	5.5	2.9	11.2	2.5	3.9	0.8	3.6	3.8	2.5	4.4	4.6	4.3	3.3
December ..	5.7	3.0	10.7	2.4	4.4	0.7	4.5	4.0	2.0	5.1	4.1	3.7	3.7
TOTALS ..	56.7	28.2	131.4	21.3	36.2	7.2	38.3	36.7	18.9	48.6	35.5	46.0	35.0
Averages ..	4.7	2.4	11.0	1.8	3.0	0.6	3.2	3.1	1.6	4.1	3.0	3.8	2.9

The following statement gives the monthly average for all the gauges taken together, and shows a seasonal variation which is to be expected:—

Total Sulphur Determination per month of 12 gauges (Bessemer Road omitted)

January	46.4	July	23.3
February	43.7	August	21.2
March	38.0	September	26.9
April	31.4	October	39.3
May	30.3	November	42.1
June	22.5	December	43.3

This table clearly shows the seasonal fluctuation in fuel burning insofar as solid fuels and oil fuel is concerned. The amount of sulphur emitted when Town's Gas is burned is so small that the Lead Peroxide Gauge could not be used for its detection, whilst Electricity, of course, is completely sulphur free.

The direct measurement of Smoke and Sulphur Dioxide, achieved by drawing a measured quantity of air through the Volumetric Apparatus, has been carried out at eight stations with the results shown in the following tables:—

TABLE XXVI.—Monthly Averages of SO₂ (Volumetric) at eight Stations during the year 1957

PARTS PER 100 MILLION PARTS OF AIR

<i>Month</i>	<i>Surrey Street</i>	<i>Park Co.</i>	<i>Newhall Road</i>	<i>Ellesmere Road</i>	<i>Stanley Works</i>	<i>St. Stephen's</i>	<i>Milton</i>	<i>Sharrow</i>
January ..	14·6	7·5	12·3	6·7	8·7	9·4	11·4	6·7
February ..	18·4	12·9	15·8	14·1	13·6	14·7	14·4	11·2
March ..	11·0	9·5	13·4	11·4	12·3	12·4	12·5	8·6
April ..	12·0	10·3	12·6	10·4	9·4	10·3	11·3	9·1
May ..	9·6	8·3	12·0	8·7	8·4	7·3	8·2	7·2
June ..	6·8	6·5	9·2	6·4	5·4	4·7	5·3	4·9
July ..	5·9	5·4	7·4	5·4	3·2	3·6	4·1	4·0
August ..	4·7	5·0	7·0	5·3	3·2	3·5	3·8	3·0
September ..	6·4	5·8	10·0	6·2	6·7	4·6	6·3	4·3
October ..	9·7	8·6	14·5	10·0	9·8	8·8	9·9	6·1
November ..	13·7	12·1	16·3	11·9	11·7	12·3	15·1	11·7
December ..	14·6	10·1	17·2	10·9	12·0	11·0	15·8	10·9
TOTALS	127·4	102·0	147·7	107·4	104·4	102·6	118·1	87·7
Monthly Averages ..	10·6	8·5	12·3	9·0	8·7	8·6	9·8	7·3

TABLE XXVII.—Monthly Averages of Smoke (Volumetric) at eight Stations during the year 1957

MILLIGRAMMES PER 100 CUBIC METRES

<i>Month</i>	<i>Surrey Street</i>	<i>Park Co.</i>	<i>Newhall Road</i>	<i>Ellesmere Road</i>	<i>Stanley Works</i>	<i>St. Stephen's</i>	<i>Milton Street</i>	<i>Sharrow Lane</i>
January ..	16·0	21·0	24·0	25·0	37·0	43·0	34·0	29·0
February ..	20·0	43·0	50·0	49·0	50·0	52·0	55·0	53·0
March ..	26·0	26·0	32·0	31·0	42·0	42·0	39·0	36·0
April ..	17·0	19·0	24·0	21·0	20·0	30·0	25·0	23·0
May ..	11·0	13·0	13·0	15·0	12·0	19·0	16·0	12·0
June ..	6·0	8·0	8·0	8·0	9·0	8·0	6·0	3·0
July ..	3·0	7·0	8·0	9·0	8·0	9·0	8·0	3·0
August ..	3·0	10·0	10·0	11·0	9·0	10·0	10·0	6·0
September ..	10·0	15·0	21·0	20·0	21·0	19·0	22·0	15·0
October ..	17·0	22·0	36·0	34·0	38·0	31·0	34·0	25·0
November ..	27·0	34·0	41·0	43·0	40·0	42·0	46·0	47·0
December ..	32·0	35·0	49·0	48·0	38·0	39·0	50·0	45·0
TOTALS ..	188·0	253·0	316·0	314·0	324·0	344·0	345·0	297·0
Monthly Averages ..	15·7	21·1	26·3	26·2	27·0	28·7	28·8	24·8

These volumetric gauges have now been in use for a sufficient length of time to show yearly trends as follows:—

TABLE XXVIII.—Smoke and Sulphur Determination by the Volumetric Method at eight Sheffield Stations during three years 1955-1957

	Year	Surrey Street	Park County	Newhall Road	Ellesmere Road	Stanley Works	St. Stephen's	Milton Street	Sharrow Lane
SMOKE	1955	33·8	41·3	36·5*	31·8*	32·4*	34·8*	33·5*	34·5*
	1956	24·0	29·0	37·0	31·0	36·0	37·0	35·0	32·0
	1957	15·8	21·1	26·3	26·2	27·0	30·0	28·8	24·8
SULPHUR	1955	13·4	11·0	12·3*	8·2*	8·8*	7·8*	6·8*	6·6*
	1956	15·0	9·0	12·0	8·0	10·0	8·0	8·0	8·0
	1957	10·6	8·5	12·3	9·0	8·7	8·6	9·8	7·3

* for 8 months only, May to December, 1955

Even taking into account the fact that 1957 was the warmest year for the last eight years the steady drop in the amount of smoke in the atmosphere which these gauges appear to show is encouraging and heartening.

This table is one of the clearest indications of progress which has come to light and illustrates the value of measuring atmospheric pollution by the volumetric gauge.

General Remarks.—The sections of the Clean Air Act which have been in force during the year have proved to be most useful, particularly those relating to the installation of new furnaces.

Many installations have been altered or amended in order to give satisfactory combustion conditions and there has been a noticeable trend to install smokeless types of apparatus without any pressure from the Local Authority.

From the health point of view nothing but good can come from insistence on smokeless combustion—it is rare that such words can be used.

Work on the first Smoke Control Area is proceeding and it is hoped that the scheme will be in operation in the early part of 1959.

HOUSING AND SLUM CLEARANCE

By W. CURTIS, M.A.P.H.I.,
Superintendent Slum Clearance Section

"A maggot must be born i' the rotten cheese to like it."
—George Eliot (Adam Bede).

The Housing Act, 1957, contains 193 Sections and 11 schedules; with the exception of financial provisions, it consolidates seven previous Acts in operation from 1936 onwards, and also incorporates provisions from a number of Acts of a much earlier date. Whilst consolidating legislation is generally to be welcomed these almost continuous changes of legislation necessitate repeated changes in established practices and procedure. Such changes have not only been required this year, but occurred in 1954 with the Housing Repairs and Rents Act, followed in 1956 with the Housing Subsidies Act and the Slum Clearance (Compensation) Act. These latter statutes were also amended by the new Housing Act.

The progress of slum clearance is governed by the ability of the Local Authority to re-house the tenants. The rate of re-housing is of course dependent upon the number of new houses available. Numerous claims are made for the limited houses available—for example applications are received from old people, the disabled, and families without a home of their own. Nevertheless the City Council have allocated 50% of the houses available for letting to slum clearance projects.

Even with this quite generous allowance it will take some twelve or more years to re-house the families in the 12,087 unfit houses enumerated in the report which was submitted to the Minister of Housing and Local Government in 1955. Many of these houses were condemned over 20 years ago, but owing to the delays arising from the war, they seem "an unconscionable time dying." Any reduction in the supply of new houses will prolong their existence and almost certainly result in discomfort and disappointment to those families who have to live under such unsatisfactory conditions.

With the object of making living conditions more tolerable in those unfit houses which cannot, on account of the limited supply of new houses, be demolished within the first five year phase of the slum clearance and re-development programme, the law provides means whereby a Local Authority can acquire such properties as are considered capable of providing accommodation which is adequate for the time being, either by agreement or by compulsory purchase, and carry out such works of repair as may be necessary for this purpose. Such houses when in Corporation ownership must also be maintained up to the time when they can be demolished.

During 1957, 13 Compulsory Purchase Orders relating to Clearance Areas which were operative pre-war, have been confirmed by the Minister as suitable for "patching and mending", and 273 houses have been acquired for this purpose. Subject to the approval of the Minister, the number of houses shortly to be dealt with under the scheme must run to several thousands. Every effort is being made to speed up this phase of the work without causing undue interference or delay with the Council's approved programme of slum clearance and re-development.

1,003 houses included in the approved programme have been demolished during the year, thereby making a total number of 2,000 houses demolished since 1955.

These demolitions have mainly taken place in the Parkhill and Netherthorpe Re-Development Areas, where the construction of modern flats is now in progress.

Re-housing statistics have again shown a predominance of small families, particulars of which are shown below, and it is also pleasing to find a reduction in the proportion of premises found to be infested with bugs. During 1957, 16% of houses in slum clearance areas were verminous.

Structure of 880 family units

RE-HOUSED DURING 1957

<i>Number of Persons</i>					<i>Percentage of total</i>
1	..	..	..	..	17.38
2	..	..	..	..	27.20
3	..	..	..	..	25.22
4	..	..	..	..	16.70
5	..	..	..	..	7.84
6	..	..	..	..	2.61
7	..	..	..	..	1.81
8	..	..	..	..	0.34
9	..	..	..	..	0.90
					<hr style="width: 100%; border: 0.5px solid black;"/> 100.00

These percentages indicate the bedroom accommodation required to re-house these families so as to provide proper segregation for the sexes and obviate overcrowding.

During the year 1957, an Inspector appointed by the Minister of Housing and Local Government visited this City on five occasions for the purpose of holding a Public Inquiry and the inspection of properties included in either Compulsory Purchase Orders or Clearance Orders made by the Council.

In November, a Public Inquiry was held concerning properties in the Woodside Lane Re-Development Area which is included in the first five year phase of the approved programme.

A Representation made by the Medical Officer of Health in October, 1956, included 789 unfit houses and for the purpose of securing a cleared area of convenient shape and dimensions for re-development, 78 fit houses were added to the area for which a Compulsory Purchase Order was required.

The unfit houses were situated in 154 blocks of property in various ownership and were occupied by 829 family units consisting of 2,438 persons.

The owners or lessees of 16 blocks of property notified the Minister of their objections to the Orders and these objections were considered at the Public Inquiry. No confirmation of the Orders has been received at the end of the year under review.

During the year 1957, the inspectorial staff of the slum clearance Section have inspected 1,165 houses situated in 29 Clearance Areas in various parts of the City.

The work involved in inspection of houses and the preparation of plans and evidence for Public Inquiries has made full demands upon the resources of the staff employed.

The law relating to condemnation of unfit houses gives the Minister power to hold a public inquiry after the expiration of 14 days from the time when the local authority have satisfied him that they have served on the objectors a notice stating their principal grounds of unfitness.

In order to comply with this requirement within the limited period allowed, it has been found necessary to prepare evidence of unfitness for each block of property in separate ownership. This evidence consists of a plan of the property indicating street and reference numbers and detailed information on the :—

- (a) State of disrepair,
- (b) Stability,
- (c) Dampness,
- (d) Natural lighting,
- (e) Ventilation,
- (f) Water supply,
- (g) Drainage and sanitary conveniences,
- (h) Facilities for storage, preparation and cooking of food and for the disposal of waste water,

also the bad arrangement of the property and narrowness of the streets within the Clearance Area.

It should be borne in mind that much of the general work of the public health inspectors is concerned with property which is unfit or in disrepair, details of which are given on page 201.

RENT ACT, 1957

By F. M. COCKCROFT, D.P.A., M.A.P.H.I.,
Superintendent Public Health Inspector

*"And differing judgements serve but to declare
That truth lies somewhere, if we knew but where."*

—William Cooper (Of Himself).

The Act is not primarily a public health measure ; Ministry Circular 32/57 listed the following as the general objectives of the Act :—

- (i) to enable rented houses and flats to be put and kept in repair
- (ii) to increase the total stock of rented accommodation
- (iii) to secure a better use of existing housing accommodation
- (iv) to make a beginning on the restoration of a free market in rented housing.

It had become increasingly apparent that owing to wartime controls, followed by inflated cost of repairs—quoted as 300% higher than 1939—rented houses in general were deteriorating rapidly for want of repair and maintenance, and Public Health Authorities were finding it more and more difficult, without resort to legal proceedings, to persuade owners to carry out even first-aid repairs to keep houses wind and weather proof. Under these circumstances, one felt, local magistrates could not but be sympathetic to the landlord in the many cases which were brought before them for non-compliance with Local Authority notices. One recalls the aged property owner who explained to the magistrates how he retired in 1939 having invested his savings in house property and, although living in very modest circumstances, was receiving no income from his property; rents being collected at the time by the Local Authority to meet arrears of rates, and Inland Revenue were later to collect for Schedule A tax. On the other hand, one could quote hundreds of cases brought to our notice where long suffering tenants occupied houses with leaking roofs, defective and smoky cooking ranges, dilapidated sanitary conveniences for long periods, pending legal proceedings. Many defects not being detrimental to health, or rendering the house unfit within the meaning of the Housing Acts, could not be dealt with under existing legislation and yet were matters of disrepair and seriously interfered with the comfort and well-being of the tenants.

The Housing Repairs and Rents Act, 1954, had not proved a solution to these problems. From 30th August, 1954, to 5th July, 1957, only 605 applications for Certificates of Disrepair were received from tenants in Sheffield, of which 556 were granted; of these, 272 Certificates were revoked. Experience in other parts of the country has been similar and landlords

generally, it would seem, were not prepared to serve notices of increase and find themselves confronted with a list of repairs, the cost of which would be out of all proportion to the statutory increase, the first allowed for upwards of forty years. This was stalemate.

The Rent Act, 1957, is clearly "landlord and tenant" legislation, the powers and duties of the Local Authority being modified when compared with those under the 1954 Act. The Local Authority is the arbitrator but is only involved on the application of the tenant after the landlord has been given six weeks in which to do the repairs, or given an undertaking to the tenant, on the prescribed form, that he will do them within six months. Form " G ", on which is listed the alleged disrepair is prepared by the tenant himself, and the Act specifically requires that the Local Authority, when deciding whether or not a Certificate of Disrepair shall be issued, shall have regard only to those items mentioned by the tenant on the Form. In addition, only matters which are clearly repairs may be included in Form " G " so that, unlike the 1954 Act, no regard shall be had to those points in the Housing Acts which must be taken into account in determining unfitness, e.g., food storage facilities; rising dampness due to absence of a damp-proof course, etc.

The circumstances under which inspection can be carried out are strictly limited, and may be briefly summarised :—

1. Following an application by the tenant for a Certificate of Disrepair (Form " I ", enclosing a copy of Form " G " served on the landlord).
2. On an application by a landlord (Form " M ") for cancellation of a certificate of disrepair if—and only if—a tenant objects within three weeks of being informed of such application.
3. On application of either landlord or tenant (Form " O ") for a Certificate as to whether the defects which the landlord undertook to remedy still exist.

The Rent Act became operative on 6th July and by 31st December, 1957, 1,323 applications for Certificates of Disrepair were received by the Local Authority. This shows a substantial increase over the number of applications under previous legislation, although it is significant that almost half of them were received during October. In addition there must be many houses where landlord and tenant came to some agreement as to the repairs to be carried out. By the end of the year 367 Certificates of Disrepair had been issued by the Local Authority, and 724 undertakings were received from landlords to carry out repairs within six months.

The following statement gives particulars of the work done in connection with the Rent Act, 1957, during the period from 6th July, 1957, to 31st December, 1957 :—

PART I. APPLICATION FOR CERTIFICATE OF DISREPAIR.

Total applications, Form ' I ' received from tenants	.. .. .	1,323
.. Notices Form ' J ' served on landlords	.. .. .	1,278
.. Undertakings Form ' K ' received from landlords	.. .. .	724
.. Certificates Form ' L ' issued to tenants	.. .. .	367
.. Applications Form ' I ' withdrawn by tenants	.. .. .	22
.. .. Form ' I ' refused by local authority	.. .. .	3
.. .. submitted to Health Committee on 23-12-57 and awaiting confirmation by City Council on 8-1-58	.. .. .	183
.. .. Form ' I ' received after meeting of Health Committee	.. .. .	20
.. .. invalid and to be re-served	.. .. .	4

PART II. APPLICATIONS FOR CANCELLATION OF CERTIFICATES.

Total applications Form ' M ' received from landlords	.. .. .	52
.. Notices Form ' N ' served on tenants	.. .. .	52
.. Objections received from tenants	.. .. .	14
.. .. not justified	.. .. .	5
.. .. upheld	.. .. .	9
.. number of Certificates cancelled	.. .. .	19
.. awaiting expiry of time limit for objections to be received	.. .. .	24

Much has been said on the complex procedure under the Act and the multiplicity of forms, notices, etc.—“ a tortuous process that would dismay even a lawyer of many years' standing ”, said one legal luminary. Information, however, is readily available and all persons affected would be well advised to take the trouble to find out their rights under the Act and comply with the procedures laid down. Nevertheless there cannot but be some disputed points of law and the decisions of the County Court Judges, to whom go all appeals under the Act, will be awaited with interest, and certainly an interpretation of “ ought reasonably to be remedied having regard to age, character and locality of the dwelling ” would be most enlightening.

It should be noted that rent increases are not permitted where houses have been represented as unfit, and were within a clearance area at the time the Act came into force.

What of the alleged objectives of the Act, and will they be achieved? There is evidence to show that landlords are taking full advantage of the provisions of the Act which allow a considerable increase of rent in most controlled houses. Those tenants taking advantage of the repairs clauses are deriving benefit by getting repairs done which before the Act would not have been executed. External painting of houses is again being undertaken in many cases for the first time since before the war, and this, and other general repairs, it is hoped, will stop the steady deterioration of rented property which had previously been so noticeable.

It is emphasized that the Local Authority can only enter into the machinery of the Act following an application from a tenant; and again, where the landlord has given an undertaking to carry out repairs, no further inspection can be carried out at the expiration of the six month period unless the tenant makes application (Form "O"). Future maintenance of controlled houses in a good state of repair will largely depend on the initiative and vigilance of the tenant and, so far as decontrolled houses are concerned, on the goodwill and economic sense of the landlord and the future supply and demand of that type of accommodation.

Unfortunately experience shows only too plainly the tenants' disadvantage when preparing his Form "G" and, in consequence, many insignificant or immaterial defects are included whilst important items are omitted in ignorance. However, many defects which constitute a public health nuisance are reported to the inspector at the time of his visit and are being dealt with under the Public Health Act and, as the provisions of the Act become better known, further applications can ultimately remedy these omissions, although, of course, this entails the usual notices and adds to the already protracted administrative procedure. Certainly the property repairers in the City are fully occupied and should be for some considerable time.

The intention behind the Act, to increase the stocks of rented accommodation and secure better use of existing housing accommodation can only be judged over a long period but it is a well-known fact that large numbers of houses are under-occupied. It may well be that increased rents, especially in those houses over £30 Rateable Value, which the Act frees from control, will lead to the tenant seeking less costly accommodation to rent, or becoming an owner-occupier; owners of the larger, older-type houses may be encouraged by the incentive of higher rents and the difficulty of letting as single dwellings to convert them, with the aid of Improvement Grants, into flats or maisonettes. At the moment there is no indication that the rent increases are likely to spur landlords into investing capital on works of improvement. In fact such can only be carried out by agreement with the tenant and it is doubtful whether tenants would be prepared to accept the 8% cost of the works as an increase so soon after the permitted increase under the Rent Act.

It is interesting to note that a number of tenants have purchased, as sitting tenants, as a direct result of negotiations arising from the Rent Act provisions and some of these may eventually carry out improvements with, or without, grant.

REHOUSING OF PRIORITY CASES

By FREDERICK T. TWELVES, M.A.P.H.I.,
Superintendent Public Health Inspector

"To him that is afflicted pity should be shewed from his friends."

—Job 6. xiv.

Recommendations are made to the Housing Committee for priority rehousing in special cases associated with illness, old age and infirmity, gross overcrowding, domestic hardship, and bad housing conditions.

Applications for consideration are received from doctors, hospitals, almoners, church organizations, social workers, and private individuals—some come from other Corporation Departments, including the Housing Department, from Members of the Council, and M.P.s; others are brought to our notice by Health Visitors and Public Health Inspectors.

During the year 666 applications were received. This is 136 in excess of the number received during 1956, 163 more than during 1955, and 266 more than during 1954. These figures do not include cases of pulmonary tuberculosis that are dealt with as a separate scheme. (Page 141).

The considerable increase in the number of applications is probably due to the fact that it has become widely known that in such cases the Public Health Department has been asked to assist the Housing Committee in their problem of trying to allocate as fairly as possible the available accommodation. Moreover, because of the slum clearance schemes people registered on the Corporation Housing List are now having to wait longer before their turn is reached in the normal way. Undoubtedly this has led applicants to try to obtain priority for their housing needs on the grounds of special social or physical disabilities.

Every application is, in the first instance, investigated by a Public Health Inspector in order to obtain all the relevant information and, in almost every instance, this entails a visit to the home of the applicant; in respect of overcrowding and alleged overcrowding, domestic hardship and bad housing conditions, the preliminary information obtained at the time of the visit is usually sufficient to determine whether the case is one in which a recommendation is likely to be made. Where the application is on medical grounds, it is often necessary to obtain further information from the doctor before the merits of the particular case can be assessed.

Medical disabilities brought to our notice in this way are very varied and have included paralytic afflictions, mental and nervous disorders, cancer, tuberculosis of the bones, blindness, heart disease, respiratory infections, poliomyelitis, epilepsy, limb amputations, and post-operative

complications. In considering these cases it was sometimes necessary to have in mind the special type of accommodation required—for example, those with paralysis, amputations, or post-operative complications, might need ground floor accommodation with a minimum of steps and, in some instances, corridors and doorways wide enough to allow of access of an invalid wheelchair; patients suffering from heart disease or respiratory infections require the new accommodation in a locality which is not too hilly.

It is sometimes very difficult to provide the most suitable type of accommodation, but careful consideration is always given to any request of the applicant regarding locality, type of house, etc., and we do, on occasions, hear very appreciative remarks of the help that has been given.

Many applicants were very deserving and it is often very difficult to come to an equitable decision. Of the 666 cases brought to our notice only 145 could be recommended to the Housing Committee for special consideration—all of these were visited by the Medical Officer of Health personally and by a Superintendent Public Health Inspector. Many are disappointed and possibly feel somewhat aggrieved, as they do not know of the numerous families in worse circumstances than their own. The applicant is always told of the decision, as is the doctor or other person supporting the application. Cases that cannot at the time be given priority are often reviewed in the light of changing circumstances.

Given below are details of the type of case where priority has been recommended :—

A lady living in a back-to-back house was involved in an accident when a child, necessitating amputation of the left leg above the knee ; she has rheumatism of the right leg and suffers from severe respiratory trouble. Her husband also has severe rheumatism in both legs but he manages to keep working and is on shift work ; he has to carry his wife up the stairs to gain access to the bedroom. Those who have not lived in a back-to-back house may find it difficult to visualise the very steep, winding and unlighted stairs, or the problems that arise when there is only one room to carry out all domestic duties. Both occupants are seriously afflicted and yet try to make the best of a difficult situation. When the husband is on the night shift the wife has to remain downstairs until he comes home so that he can carry her upstairs.

Amongst the cases of overcrowding dealt with was one at a two-bedroomed house occupied by the tenant, his wife and a growing family of nine children between the ages of three months and 16 years ; there was also an adult brother of the tenant who had lived with the family for

several years and he was, of course, accepted as a member of the family. This gross overcrowding made sleeping conditions for the twelve occupants extremely difficult. One might say that at this house every inch of available room was taken up; one bedroom contained a double bed occupied by the tenant and his wife and a two year old daughter, a single bed occupied by three boys aged 3, 7 and 9 years, respectively, and a perambulator was used as sleeping accommodation by a three months' old baby. The second bedroom contained a double bed occupied by four girls, whose ages ranged from 6 to 16 years, and the adult brother of the tenant used a settee, in the only livingroom, for sleeping purposes. The mother of this family was really fighting a hard battle against conditions which became more difficult as the children became older, but she had been successful in keeping the house clean and tidy, and she deserved every assistance towards obtaining better accommodation.

Another case which specially attracted our attention, concerned a man who was suffering from a progressive disease of the nervous system, apparently due to injuries received in the First World War—he was in receipt of a 100% disability pension. This man, along with his wife and two other members of his family lived at a back-to-back house which fronted on to the public footpath. The sanitary convenience was approached by traversing the public footpath, passage way, and the yard at the rear—a distance of some twenty-three yards. His disablement was such that not only did he require help to get him upstairs, but he had to be assisted every time he made "the trek" to the sanitary convenience.

It is a happy thought that in this section of our duties we are able to ease some of the problems associated with gross overcrowding, bad housing conditions, and the accompanying domestic hardship, and make less irksome the burdens of some of those who are feeling the strain of their afflictions and advancing years.

FOOD AND DRUGS

By G. A. KNOWLES, F.A.P.H.I., M.R.S.H., Superintendent Food and
Drugs Inspector

*"A man is in general better pleased when he has a good
dinner upon his table, than when his wife talks Greek."*

—Johnsonian Miscellanies, Vol. 2.

The staff position improved slightly during the year and it was possible to give better coverage to several aspects of the duties of the section. The statistical information shows that there was an increase in the number of samples taken and the number of visits made by the Food Inspectors shows a small increase. One staff vacancy was filled in September but the remaining vacancy is still unfilled. There is continuing evidence of the public interest in food matters and it was possible to deal effectively and speedily with all the complaints received. The results of the control exercised over the food supply by sampling shows that it is desirable to widen this type of work considerably so as to obtain a more accurate picture of the types and quality of the food purchased by the public. Sausage samples taken during the year indicated quite clearly the need for a compositional standard. There was a considerable variation in the price and meat content of the sausage samples examined and a minimum meat content should be fixed by regulation so that the purchasing public can be assured of a fair standard of quality.

GENERAL FOOD INSPECTION

During the year the Food Inspectors made 9,025 visits to inspect food supplies at the wholesale fish and fruit and vegetable markets, wholesale and retail provision and food stores, cold stores and retail markets. Possession was taken of all unfit food at the time of inspection. Full use is made of the Markets Department Meat Digester Plant at the Corporation Abattoir and any meat, condemned and surrendered as unfit for human consumption, which was suitable for conversion into fertiliser or animal feeding stuff, was taken to this plant. The remaining condemned food was taken to the Corporation Destructor at Penistone Road and destroyed by burning. 262 visits were made to the three horseflesh shops and the two knackermeat shops which were open during the year. The horseflesh came from registered horse slaughterhouses and was fit for human consumption. The knackermeat shops were supplied from knackeries outside the City. It is most unsatisfactory that this type of meat, which is derived from diseased, injured or dead animals, is allowed to be sold in its raw state. The meat is intended for animal feeding purposes

but the dangers to humans arising from handling the meat demand that legislation should be passed requiring that all such meat should be adequately sterilised before sale.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	8,043
Visits to retail food shops	982
Visits to horseflesh and knackers' meat shops	262

TABLE XXIX.—General Food Inspection—Food condemned as unfit for human consumption during the year 1957

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.	Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Canned Goods ..	47,458	—	—	—	—	Marzipan ..	—	—	—	—	3
Apple Juice ..	104 bottles	—	—	—	—	Meat and Fish Paste ..	—	—	—	2	19
Bacon and Ham ..	—	1	14	1	20½	Meat and Fish Paste ..	96 jars	—	—	—	—
Bread, Cakes and Pastry ..	—	—	3	2	19½	Meat and Meat Products ..	—	5	9	2	15
Butter ..	—	—	4	3	6	Pickles & Sauces	363 jars	—	—	—	—
Cereals ..	—	—	3	2	23½	Poultry & Game Preserves ..	—	—	10	2	18½
Cheese ..	—	1	—	1	11	Puddings ..	—	—	—	—	8½
Chicken ..	288 jars	—	—	—	—	Rabbits ..	9 jars	—	—	—	—
Coconut Desiccated ..	—	—	—	—	1½	Rabbits ..	—	—	2	3	18½
Coffee ..	28 bottles	—	—	—	—	Salad Cream ..	115 jars	—	—	—	—
Coffee (Ground)	—	—	—	3	2	Sandwich Spread	17 jars	—	—	—	—
Coffee Spread ..	—	—	—	2	26½	Shellfish ..	—	2	1	3	2½
Cooking Fat ..	—	—	1	1	—	Shellfish ..	69 jars	—	—	—	—
Egg (Frozen Liquid Bulk) ..	—	—	4	—	12	Soft Drinks ..	17 bottles	—	—	—	—
Eggs (Shell) ..	1,019	—	—	—	—	Sugar ..	—	—	2	2	22
Fish ..	—	7	15	—	2	Sweets and Confectionery ..	—	—	—	1	9
Fishcakes ..	5	—	—	—	—	Synthetic Cream	—	—	—	1	1
Flour ..	—	—	7	2	3	Tea ..	—	—	—	2	2½
Fruit ..	—	1	—	2	3½	Vegetables ..	—	4	17	—	12½
Fruit (Dried) ..	—	—	3	—	20½	Yeast ..	—	—	—	—	2½
Jellies ..	—	—	—	—	3½	Sundry Articles ..	9	—	—	—	—
Lard ..	—	—	5	2	8						
Macaroon Paste	—	—	2	—	7						
Margarine ..	—	—	2	1	20½						

The total weight of food condemned and destroyed was 60 tons, 17 cwts., 2 qrs., ½ lb.

Details of Canned Goods Condemned

Commodity	Number of Cans
Fish	1,817
Fruit	28,298
Meat	9,768
Milk	1,842
Soup	1,518
Vegetables ..	3,727
Miscellaneous ..	488
TOTAL	47,458

Meat Inspection.—Inspections were carried out at a private slaughterhouse as follows :—

Number of pigs inspected	Weight of meat and offal condemned and surrendered			
	Tons	cwts.	qrs.	lbs.
890	—	4	1	21½

(For statistical purposes the above figures are included in the table giving the total number of animals slaughtered for sale for human food, which appears on page 236 of this report.)

Self Suppliers' Pigs.—8 pigs, which were slaughtered at private premises for consumption by their owners, were inspected and the details are as follows :—

Number of pigs inspected	Passed Fit	Weight of meat and offal condemned and surrendered			
		Tons	cwts.	qrs.	lbs.
8	8	—	—	—	2

Total weight of all meat and offal condemned and surrendered as unfit for human consumption was 4 cwt., 1 qr., 23½ lbs.

THE MILK SUPPLY

The daily average consumption of milk in Sheffield during the year 1957 was 41,621 gallons. This represents 0·67 pints per head of population. In 1931, the daily average consumption of milk per head of population was only 0·34 pints; in 1938 it had increased to 0·43 pints and it continued to show an upward trend until 1951, when the figure was 0·68 pints. Since then the figure has fluctuated between 0·66 and 0·70 pints.

The minimum standard for genuine milk, as laid down by the Sale of Milk Regulations, 1939, is 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat. Channel Island milk must have 4 per cent. of milk fat. During the year, the average quality of the 541 samples of milk procured in the City under the Food and Drugs Act, 1955, was 3·56 per cent. milk fat and 8·76 per cent. milk solids other than milk fat.

The supervision of the quality and purity of the City's milk supply is one of the most important duties of the section, affecting as it does the whole of the public. Every day check samples of milk are taken from milk distributors as they are delivering in the City. Failure to comply with the quality standards for milk can result in legal proceedings being taken against the offender. Sheffield, in common with most other urban areas in this country, has been scheduled as a Specified Area in which only milk of special designation (i.e. Pasteurised, Sterilised or Tuberculin Tested) may be sold. There are special bacteriological standards for these milks, which ensure in respect of the heat treated milks, that they have been efficiently pasteurised or sterilised, and in regard to all three designations that the milk is of satisfactory keeping quality. 463 milk samples were taken during the year for bacteriological examination. It is satisfactory to be able to report that the tests on the pasteurised and sterilised milks showed in every case that the milk had been efficiently treated.

FOOD AND DRUGS ACT, 1955

It will be seen from the table which follows that, of the 982 formal and informal samples of milk and other food commodities which were taken during the year, there were 37 or 3·77 per cent., which proved to be unsatisfactory.

TABLE XXX.—Results of analyses of samples taken under the Food and Drugs Act, 1955, during the year 1957

Article Sampled	Total	Formal		Informal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Milk	541	485	6	45	5
Almond Marzipan	3	—	—	3	—
Aspirin Tablets	6	—	—	6	—
Butter	50	43	1	6	—
Butter Cake	3	—	—	3	—
Buttercream Sponge	1	—	—	1	—
Buttered Sweets	6	—	—	5	1
Cheese Spread	11	—	—	11	—
Crab Meat	1	—	—	1	—
Cream	5	4	—	1	—
Cream Cheese	2	—	—	2	—
Dried Fruit	14	—	—	14	—
Dripping	1	—	—	1	—
Fish Cakes	7	5	—	2	—
Fish Paste	8	4	—	4	—
Flour	17	—	—	16	1
Glucose and Blackcurrant Pastilles	1	—	—	1	—
Ground Almonds	10	—	—	10	—
Headache Powder	1	—	—	1	—
Ice Cream	62	46	1	14	1
Ice Cream with Added Cream ..	1	—	—	1	—
Ice Lollies	19	—	—	19	—
Jam and Preserves	30	—	—	29	1
Lard	6	5	—	1	—
Loaf of Bread	1	—	—	1	—
Malt Vinegar	3	2	—	1	—
Margarine	5	5	—	—	—
Marzipan	4	—	—	4	—
Meat Paste	32	26	2	4	—
Meat Pies	5	—	—	4	1
Milk (Dried)	1	—	—	1	—
Milk (Tinned)	8	—	—	8	—
Minced Turkey	2	—	—	2	—
Mustard Sauce	1	—	—	1	—
Non-Brewed Condiment	4	4	—	—	—
Oranges (Tinned)	1	—	—	1	—
Ostermilk	1	—	—	1	—
Potted Meat	18	12	5	1	—
Processed Peas	2	—	—	2	—
Puff Pastry	1	—	—	1	—
Richtex (Shortening)	1	—	—	1	—
Rose Hip Syrup	6	—	—	5	1
Saccharin Tablets	1	—	—	1	—
Salad Cream	5	—	—	5	—
Salad Dressing	1	—	—	1	—
Sausages (Beef)	2	2	—	—	—
Sausages (Pork)	38	30	8	—	—
Seidlitz Powder	1	—	—	1	—
Shredded Suet	5	—	—	4	1
Special Toffee (Plain)	1	1	—	—	—
Sponge Drops	1	1	—	—	—
Table Jellies and Jelly Crystals ..	18	1	—	16	1
Tinned Whiting	1	—	—	—	1
Tomato Ketchup	2	—	—	2	—
White Pepper	4	—	—	4	—
TOTALS	982	676	23	269	14

The following statement gives particulars of the analysis of samples taken under the Food and Drugs Act, in the years 1939 to 1957 and shows, in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

<i>Year</i>	<i>Total samples submitted</i>	<i>Unsatisfactory</i>	<i>Percentage unsatisfactory</i>
1939	1,264	56	4.43
1940	1,082	97	8.96
1941	1,064	117	10.98
1942	1,337	117	8.75
1943	1,228	117	9.53
1944	1,370	129	9.42
1945	1,341	97	7.23
1946	1,314	72	5.48
1947	827	71	8.59
1948	741	50	6.75
1949	1,183	144	12.17
1950	1,140	96	8.42
1951	1,125	74	6.57
1952	1,516	104	6.86
1953	1,304	65	4.98
1954	1,001	26	2.60
1955	1,339	75	5.60
1956	696	23	3.30
1957	982	37	3.77

The decrease in the number of samples taken in the years 1947, 1948, 1953, 1954 and 1956 was due to the fact that the staff of Food and Drugs Inspectors was depleted, owing to the difficulty in replacing qualified staff who left the service. In 1952 it was possible for the first time to take the number of samples, namely, 3 per 1,000 of population, laid down as the desired minimum; unfortunately staff shortages in 1953 and 1954 again reduced the number of samples taken. During most of 1955 there was a full staff complement but unfortunately, due to resignations, the staff in 1956 was undermanned to a new low level, and the number of samples taken during 1956 was the lowest for many years.

During the year, in addition to the 982 samples of food submitted to the Public Analyst for analysis, the staff of Food and Drugs Inspectors similarly examined 89 samples of milk informally. The source of these latter samples was farmers' supplies to large pasteurising dairies and routine samples of milk retailed in the City. Where adulteration was detected the necessary formal follow-up samples were taken.

Sausage.—38 samples of Pork Sausages and 2 of Beef Sausages were taken. There is no meat content standard for sausage and, because of a High Court ruling by the Lord Chief Justice, Local Authorities generally have refrained from taking legal action in respect of this product. In August, 1956, the Minister of Agriculture, Fisheries and Food said that he would make a standard of meat content for sausages but as yet the promised regulations have not been made. The samples of sausages taken in the City during the year show a compositional range in meat content from 54.3%

of meat to 80·6% of meat. The cheapest price per pound for pork sausages was 1/10d. and the dearest 3/4d. During the war period and whilst meat was rationed pork sausages were required to have a minimum meat content of 65%. Of the 38 samples taken recently 18 or 48% had a meat content less than 65%. The cost to the consumer of the actual meat in the sausages varied from 2/5d. per lb. to 5/6d. per lb.

Legal Proceedings.—Legal proceedings taken during the year for Offences against the Food and Drugs Act resulted in penalties totalling £80 being imposed. Details are given in the following statement :—

<i>Offence</i>	<i>Penalties Imposed</i>		
	£	s.	d.
Selling a bottle of mineral water contaminated with paint	20	0	0
Selling a loaf of bread containing part of a metal watch chain	10	0	0
Selling a loaf of bread containing a cockroach	10	0	0
Selling a bottle of orange drink containing a snail	10	0	0
Selling a bottle of milk containing a stone	10	0	0
Selling sausages containing a piece of mutton cloth	10	0	0
Selling a teacake containing a wire nail	5	0	0
Selling a bun containing a wire nail	5	0	0
TOTAL	£80	0	0

In addition to the cases taken to prosecutions 24 warnings were given in the cases detailed below :—

- Milk deficient in fat (7 cases).
- Milk containing a slight amount of added water (1 case).
- Butter containing a slight excess of water (1 case).
- Buttered chocolates deficient in butter fat (1 case).
- Flour deficient in chalk (1 case).
- Ice Cream deficient in fat (2 cases).
- Meat Pie deficient in meat content (1 case)
- Potted Meat containing excess water (5 cases).
- Potted Meat Paste deficient in meat content (2 cases).
- Pork Sausages containing excess preservative (2 cases).
- Rose Hip Syrup deficient in vitamin C (1 case).

MILK AND DAIRIES REGULATIONS

The Presence of Tubercle Bacilli in Milk.—During 1956 and 1957 owing to shortage of staff, no samples were taken. In 1954 and 1955, 47 samples and 24 samples respectively were taken of raw Tuberculin Tested Milk and found to be non-tuberculous. During the period between the years 1931 to 1953 a total of 15,389 milk samples were examined for the presence of tubercle bacilli and 1,313 or 8·53 per cent. of the samples were found to be tuberculous. The effect of making Sheffield a “ specified area ” on May 1st, 1953, has been to restrict the sales of milk in the City to the following designated milks :—Pasteurised, Sterilised and Tuberculin Tested.

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The Inspectors made 49 visits to dairy premises to secure compliance with the above Regulations.

Milk of Special Designation.—The following table indicates the amount of milk of special designation sold daily in the City in 1957. The estimated daily average consumption of milk in the City during the year was 41,621 gallons, the whole of which was designated milk.

TABLE XXXI.—Daily Sales of Designated Milk in the City during the year 1957

<i>Type of Designated Milk</i>	<i>Number of gallons sold</i>	<i>Percentage of City's total milk supply</i>
HEAT TREATED MILKS		
Pasteurised	29,255	70·29
Channel Island Pasteurised ..	792	1·90
Tuberculin Tested Milk Pasteurised	9,278	22·29
Sterilised Milk	1,768	4·25
TOTAL	<u>41,093</u>	<u>98·73</u>
RAW MILKS		
Tuberculin Tested	489	1·18
,, Channel Island	39	0·09
TOTAL	<u>528</u>	<u>1·27</u>
TOTAL (all types) ..	41,621	100·00

The sales of Pasteurised Milk in the City continue to show an increase as in previous years, but as Pasteurised and Sterilised Milk sales now represent nearly 99 per cent. of the total milk sold the increase was relatively small, namely about 400 gallons.

The only type of raw milk sold in the City was Tuberculin Tested and amounted to 528 gallons daily or just over 1 per cent. of the total daily milk sold. The milk was wholly farm bottled and included 39 gallons of Channel Island milk. The Tuberculin Tested Milk was derived from five farms in the City and twelve farms in the adjoining areas of the West Riding of Yorkshire.

792 gallons of Channel Island Milk Pasteurised were sold daily by two of the large dairies in the City. Channel Island milk must have a minimum of four per cent. of milk fat.

There were four licensed pasteurising dairies and one licensed sterilising dairy operating in the City during the year. Three of the pasteurising dairies were large concerns operating modern "High Temperature Short Time" pasteurising machines. There was also a small plant of this type in use at another dairy, which was also licensed to pasteurise milk by the "Holder" method. This latter plant was not used during the year.

410 samples of Pasteurised Milk and Tuberculin Tested Milk Pasteurised were taken during the year. One of the Tuberculin Tested Milk Pasteurised samples was not subjected to the Methylene Blue Test because the mean shade temperature at the time was in excess of 65°F. One sample of Pasteurised Milk failed the Methylene Blue Test. The Phosphatase Test on the same sample was satisfactory. Investigations at the Sheffield processing dairy revealed that the milk had not been efficiently cooled due to a fault in the chilled water cooling plant. This was rectified and all subsequent samples have given satisfactory Methylene Blue results. 408 samples satisfied the Methylene Blue Test and the whole of the 410 samples had satisfactory Phosphatase Tests indicating that the milk had been efficiently pasteurised.

The 53 samples of Sterilised Milk taken satisfied the Turbidity Test.

The Sterilised Milk sold in the City was processed at four dairies, three of which are outside Sheffield. The majority of this milk was sold in grocers' shops.

Frequent checks were made at the pasteurising dairies to ensure that the Tuberculin Tested Milk received was from licensed Tuberculin Tested farms. Examinations were also made of the dairies' records of incoming supplies and outward sales of this milk.

The whole of the milk supplied to school children was pasteurised milk.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

<i>Description of Milk</i>	<i>Nature of test</i>	<i>No. of samples submitted</i>	<i>No. of samples which were satisfactory</i>
Pasteurised Milk	Methylene Blue	204	203
Pasteurised Milk	Phosphatase	204	204
Pasteurised Milk	Bacillus Coli	204	*187
Tuberculin Tested Milk (Pasteurised) ..	Methylene Blue	206	†205
Tuberculin Tested Milk (Pasteurised) ..	Phosphatase	206	206
Tuberculin Tested Milk (Pasteurised) ..	Bacillus Coli	206	*185
Sterilised Milk	Turbidity	53	53

* No Bacillus Coli in a millilitre of the milk.

† Test void for one sample—temperature above 65°F.

ICE CREAM

Bacteriological Examination.—95 samples of Ice Cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for Ice Cream and the Bacillus Coli Test.

GENERAL SUMMARY

Total number of samples taken	*Methylene Blue Test			
	Grade 1	Grade 2	Grade 3	Grade 4
95	67	11	9	8

**Explanatory Note.*—In the provisional methylene blue test the grade classifications are as follows :—GRADES ONE and TWO—satisfactory. GRADE THREE— fair, capable of improvement. GRADE FOUR—unsatisfactory.

Total number of samples	Bacillus Coli Test	
	Satisfactory	Unsatisfactory
95	*38	57

* No B.Coli in one millilitre.

CLASSIFIED SUMMARY

HEAT-TREATED ICE CREAM

Grade 1	Methylene Blue Test				Bacillus Coli Test	
	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory	
65	11	9	8	38	55	

COLD MIX ICE CREAM

Grade 1	Methylene Blue Test				Bacillus Coli Test	
	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory	
2	—	—	—	—	2	

Chemical Analysis.—The standard of composition for ice cream is prescribed by the Food Standards (Ice Cream) Order, 1953. The fat content has to be 5 per cent., sugar content 10 per cent. and the milk solids content $7\frac{1}{2}$ per cent.

During the year, 62 formal samples of ice cream were taken from vendors and submitted to the Public Analyst for analysis. The average fat content of these 62 samples was 8.94 per cent. and the fat contents of the samples varied from 3.25 per cent. to 15.83 per cent. 60 samples complied with the Food Standards Order and two samples which contained only 3.25 and 4.67 per cent. respectively, of fat, failed to satisfy the standard. The manufacturers of these samples were warned.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

The following samples of food were submitted for bacteriological examination :—

<i>Description of Food</i>	<i>Number of samples submitted</i>
Cheese	1
Cream	13
Egg Albumen	1
Frozen Egg	3
Food Container	1
Ice Lollipops, etc.	23
Milk	4
Minced Beef Loaf	1
Mussels	1
Wrapping Paper (Ice Cream)	2
TOTAL	<hr/> 50 <hr/>

MERCHANDISE MARKS ACT, 1926

The various orders made under the above Act require the marking on exposure for sale with an indication of origin, of certain imported foodstuffs, including apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products and poultry. Local Authorities are required to enforce the provisions of the Act and its orders. In connection with this work the Food Inspectors made 46 visits.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1957).	690
Premises added to the list of persons during the year	60
Number of routine visits and inspections in the year 1957	99

AGRICULTURAL PRODUCE (GRADING AND MARKING) ACT, 1928

One visit was made to an egg packing station and cold storage depot in regard to the preservation of eggs.

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951

Fumigation of Food Premises with Hydrogen Cyanide.—One flour mill was fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before releasing for use, the foodstuffs which were in the premises during the fumigation, three samples were taken of these foodstuffs and they were analysed to ensure their freedom from Hydrogen Cyanide. All the samples were satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926

5 samples of Fertilisers and 3 samples of Feeding Stuffs were taken during the year.

<i>Article Sampled</i>	<i>Formal Samples</i>		<i>Informal Samples</i>	
	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Pig Meal No. 1 ..	1	—	—	—
Pig Meal No. 2 ..	1	—	—	—
Layers Mash No. 1 ..	1	—	—	—
General Fertilisers ..	—	—	5	—

The sample of Pig Meal No. 2 contained protein slightly in excess of the amount stated on the statutory statement.

One sample of fertiliser had a slight excess of potash.

FOOD HYGIENE

The Superintendent Food and Drugs Inspector gave a number of lectures and talks during the year on hygiene in food to the food trade associations, the licensed houses staff classes, nurses, community and religious associations and to the staffs of food firms. The Food Hygiene Regulations, 1955, has created an increased demand for information on food hygiene matters generally. Good co-operation with the food trades on the new Regulations has been achieved and satisfactory progress is being made.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1957

Visits

Number of visits made by the Food Inspectors :—

To Markets and Food Premises	9,025
To Horseflesh and Knackers' Meat Shops	262
Re Milk and Dairies Regulations	49
Re Merchandise Marks Act	46
Re Pharmacy and Poisons Act	99
Re Agricultural Produce (Grading and Marking) Act	1
	9,482

Sampling

Number of samples taken :—

Food and Drugs Act, 1955—for analysis by Public Analyst ..	982
Milk Samples informally examined by Food and Drugs Inspectors	89
Food for bacteriological examination	50
Ice Cream—for bacteriological examination	95
Fertilisers and Feeding Stuffs Act—for analysis by Analyst ..	8
Hydrogen Cyanide Regulations—foodstuffs after fumigation ..	3
Designated Milk samples—for bacteriological examination :—	
Pasteurised	204
Tuberculin Tested Milk (Pasteurised)	206
Sterilised	53
	463
	1,690

Meat Inspection

Number of pigs inspected	898								
Weight of unfit meat condemned	<table style="display: inline-table; vertical-align: middle; border-collapse: collapse;"> <tr> <td style="text-align: center;"><i>Tons</i></td> <td style="text-align: center;"><i>cwts.</i></td> <td style="text-align: center;"><i>qrs.</i></td> <td style="text-align: center;"><i>lbs.</i></td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">23½</td> </tr> </table>	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	—	4	1	23½
<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>						
—	4	1	23½						

Other Foods Inspection

Weight of unfit food condemned	60	17	2	¾
TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED ..	61	1	3	24

MEAT INSPECTION

BY G. WHITELEY, M.A.P.H.I., M.R.S.H. (Superintendent Meat Inspector)

“Bring hither the fatted calf, and kill it.”—St. Luke, xv, 23.

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the Detention Room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an Isolation Slaughterhall, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. The Ministry of Agriculture, Fisheries and Food are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

252,839 animals of all kinds were slaughtered and inspected at the Abattoir during the year, as against 246,653 in 1956. 248,489 of them were slaughtered by electrical or mechanical stunning as against 241,144 in 1956. Oxen and calves are stunned by captive bolt pistol, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1957.

TABLE XXXII.—Animals slaughtered and inspected in the City in the year 1957

<i>Where Slaughtered</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Abattoir Main Slaughterhalls ..	55,602	5,960	92,658	94,078	—	248,298
Do. (Jewish Method)	610	61	1,793	—	—	2,464
Do. (Mohammedan method)	4	—	783	—	—	787
Isolation Slaughterhall	92	12	171	16	—	191
Totals (Abattoir)	56,308	6,033	95,305	94,094	—	251,740
Totals (Private Slaughterhouses)	—	—	—	890	209	1,099
Grand Totals	56,308	6,033	95,305	94,984	209	252,839

Of the 251,892 animals slaughtered and inspected in the City in the year 1957, there were 832 whole carcasses found to be in a diseased condition and condemned, and a further 48,342 carcasses, some part or organ or part organ of which was condemned. In the following table are given further particulars relating to carcasses which were condemned, and separate information is shown in regard to carcasses which were affected with Tuberculosis or Cysticercosis.

TABLE XXXIII.—Carcases and Offal inspected and condemned, in whole or in part, in the City during the year 1957.

<i>Class of Animal</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Number killed and inspected ..	56,308	6,033	95,305	94,984	209	252,839
<i>All diseases except Tuberculosis and Cysticerci—</i>						
Whole carcasses condemned ..	70	44	208	207	—	529
Carcasses of which some part or organ or part organ was condemned ..	22,196	18	9,528	7,244	29	39,015
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	37.77	1.03	10.20	7.84	13.87	15.64
<i>Tuberculosis only—</i>						
Whole carcasses condemned ..	243	4	2	52	—	301
Carcasses of which some part or organ was condemned ..	8,009	2	—	1,249	—	9,260
Percentage of the number inspected affected with tuberculosis	14.66	0.10	0.00	1.37	—	3.78
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned ..	67	—	—	—	—	67
Carcasses submitted to treatment by refrigeration	67	—	—	—	—	67
Generalised and totally condemned	2	—	—	—	—	2

TABLE XXXIV.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1957.

	MEAT								OFFALS								TOTALS			
	<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>				<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>				T.	C.	Q.	L.
	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.				
Cattle ..	66	6	3	14	19	12	—	26	112	12	3	6	152	—	—	17	350	12	—	7
Calves ..	—	1	1	9	—	17	—	16	—	1	—	2	—	9	2	24	1	9	—	23
Sheep ..	—	1	1	16	5	3	3	4	—	—	1	18	12	4	2	6	17	10	—	16
Pigs ..	10	3	1	3	14	5	1	19	3	4	1	26	20	—	1	19	47	13	2	11
Horses ..	—	—	—	—	—	1	1	8	—	—	—	—	—	5	—	8	—	6	1	16
TOTALS ..	76	12	3	14	39	19	3	17	115	18	2	24	184	19	3	18	417	11	1	17

T—Tons. C—Cwts. Q—Qrs. L—Lbs.

The proportion of meat affected with tuberculosis, though fluctuating from year to year, shows a favourable trend which is paralleled by the fall in the number of cattle slaughtered under the Tuberculosis Order. This reflects the steps taken to eliminate tuberculosis from the nation's livestock.

TABLE. XXV.—Percentage of Carcasses of Oxen, Calves and Pigs inspected and found to be affected with Tuberculosis, 1950-1957.

Year	OXEN		CALVES		PIGS		TOTAL		Cattle slaughtered under T.B. Order
	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	
1950 ..	36,246	23·67	3,686	0·65	10,554	3·24	50,486	17·72	79
1951 ..	38,649	18·88	4,271	0·52	18,791	3·67	61,711	12·98	70
1952 ..	32,274	15·57	5,333	0·56	31,631	3·67	69,238	8·98	33
1953 ..	36,464	16·76	3,741	0·51	41,819	4·09	82,024	9·56	30
1954 ..	46,433	19·30	8,500	0·22	69,750	2·68	124,683	8·70	29
1955 ..	44,226	20·32	6,927	0·16	88,736	1·90	139,889	7·85	24
1956 ..	47,565	18·06	9,136	0·15	90,888	1·69	147,589	6·87	18
1957 ..	56,308	14·66	6,033	0·10	94,984	1·37	157,325	6·08	6

Private Slaughterhouses.—There are two private slaughterhouses in the City. One of these is used exclusively for the slaughter of pigs, and 890 pigs were slaughtered there in the year 1957. 29 part carcasses and offal, representing a weight of 497 lbs. from these pigs, were found to be unfit for human consumption and were condemned. At the other private slaughterhouse, which is the special Horse Slaughterhouse at the Corporation Abattoir, there were 209 horses slaughtered during the year. All meat is inspected. Inspection of pigs at the private slaughterhouse referred to is undertaken by the staff of the Food and Drugs Section who also inspected 8 pigs slaughtered at private premises for consumption by their owners.

Cysticercus Bovis.—67 carcasses were found to be affected with localised infestation and 2 carcasses with generalised infestation. Where the infestation is localised the carcass is put into cold storage for three weeks and then checked out and passed as fit for human consumption. If, however, the condition is found to be generalised, the whole carcass and all the offal are rejected and destroyed.

By a local bye-law, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the Abattoir in 1957 are as follows :—

PIGS—	Number	Weight			
		Tons	Cwts.	Qtrs.	Lbs.
Carcasses	10,639	—	—	—	22
Sides	394	—	—	—	—
Heads	2	—	—	—	—
Plucks	5,451	18	5	—	4
Meat and Offals ..	—	31	11	2	24

	Number	Weight			
		Tons	Cwts.	Qtrs.	Lbs.
CATTLE—					
Carcases	33				
Sides	1				
Meat and Offals ..	—	24	12	3	1
CALVES—					
Carcases	230				
Offals	—	—	—	—	23
SHEEP—					
Carcases	2,716				
Offals	—	7	19	3	4

Of the above meat, inspected as required by the bye-laws, a total of 1 ton, 2 cwts., 3 qrs. and 6 lbs. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 20 tons, 1 cwt. and 17 lbs.

Export Meat Trade.—Carcases of bone-in-cow beef from the Corporation Abattoir were exported to the Continent during the year. In order to comply with the importing country's requirements all carcases were stamped with the approved stamp and labels were attached to each quarter of beef certifying the meat to be fit for human consumption and not treated in any way detrimental to health. In addition, official certificates were issued.

Disposal of Condemned Food.—All meat found on examination to be unfit for human consumption is disposed of in the Bye-Products Plant at the Corporation Abattoir by processing into animal feeding meals, fats, etc.

Diseases of Animals Acts (Non-Veterinary Functions).—An account of the work of the Public Health Department in the detection and control of diseases of animals may be found on page 241. Details relating particularly to the Abattoir are given below.

Regulation of Movement of Swine Orders.—The major provisions of these Orders are that all swine which are exposed for sale at Markets are to be subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences to move the swine are issued at the Sheffield Corporation Abattoir and at Wadsley Bridge Live Stock Market, and there is systematic visiting to ensure that the provisions of the Orders are observed.

Transit of Animals Orders.—Cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir and to and from Wadsley Bridge Live Stock Market is undertaken by the Corporation, at a small charge to cover expenses. 2,115 vehicles were so cleansed and disinfected during 1957.

Tuberculosis Order, 1938.—The Local Authority is required to supervise the disinfection of the stalls or standings in which there have been cattle affected with Tuberculosis, and 6 cattle were slaughtered in the Isolation Slaughterhall at the Corporation Abattoir under the provisions of this Order.

DISEASES OF ANIMALS

By G. ROBINSON, D.P.A., M.A.P.H.I.,
Superintendent Public Health Inspector.

*"The scab of one sheep, or the mange of one pig,
destroys an entire herd"*—Juvenal (Satires)

There is a little known side of the work of the Public Health Department which is concerned with the detection and control of outbreaks of disease among animals and poultry raised for human food. The diseases include Anthrax, Foot-and-Mouth Disease, Swine Fever, Sheep Scab, Tuberculosis, and Fowl Pest.

In general, the arrangements made include the reporting of outbreaks of disease, or suspected disease, amongst animals and poultry to the Ministry of Agriculture, Fisheries and Food. This enables a speedy diagnosis to be made by the Ministry's Veterinary Officers, with the early imposition of such restrictions, movement control, slaughter, cleansing and disinfection and disposal of carcasses as may be necessary in the particular case.

Movement control is also imposed on some animals and poultry as a matter of policy. For example, movement of swine from markets is permissible only on licence and subject to the conditions specified in the licence.

Other ways in which the Local Authority is involved are :—

Warble Fly.—This fly lays eggs on the backs of cattle and the larvae, after hatching, penetrate the skin of the animal, causing loss of condition and damage to the hides.

During 1957, 102 farms within the City boundaries were visited by Public Health Inspectors and the cattle inspected for the maggot of the Warble Fly. Evidence of infestation was found in 17 cattle involving four farms and in each case instructions were given to the farmers concerned on the treatment necessary, and follow-up visits were made to ensure that the farmers had carried out the necessary treatment.

One animal brought to Wadsley Bridge Cattle Market from the West Riding area was found to be infested and, as a result, legal proceedings were instituted by the West Riding Constabulary—resulting in a fine of £1 being imposed on the owner.

Sheep Scab.—In addition to the procedure for notification to the Ministry of cases or suspected cases of Sheep Scab, some control in respect to sheep dipping is maintained.

The purpose of sheep dipping is mainly a preventive measure carried out in accordance with Ministry guidance and under local byelaws.

Wadsley Bridge Cattle Market.—This market and Certification Centre is open on Monday of each week for the sale and Certification of animals, mostly destined for slaughter.

A Public Health Inspector is on duty the whole time the market is open, for the purpose of :—

- (1) issuing movement licences where necessary,
- (2) ensuring that the market premises are maintained in a reasonably hygienic condition,
- (3) enforcing the cleansing and disinfection of vehicles used for the transport of animals to and from the market, and
- (4) generally carrying out the duties imposed on the Corporation.

Anthrax.—This is a dangerous disease which fortunately occurs infrequently.

When a case, or suspected case, is reported, isolation of the animal or carcase is of great importance and, after diagnosis, a special procedure of burial or destruction by fire must be carried out. Where possible this is done by collection of the carcase, transporting to the destructor for incineration in a specially constructed part of the furnace flue. Apart from diagnosis all these procedures are carried out under the close supervision of the Public Health Inspectors.

There were four cases of suspected Anthrax during the year, three being at the abattoir. None of these cases were confirmed but the necessary precautions had been taken to safeguard against transmitting the disease.

Swine Fever.—When Swine Fever is suspected immediate notification must be made to the Ministry, and the premises isolated to prevent the disease being passed on to other pigs. If the case is confirmed then carcasses have to be disposed of, and this again is usually done at the Penistone Road Destructor. The premises are disinfected when instructions are received from the Ministry ; this is usually when the remaining animals are considered clear.

There were 27 cases of Swine Fever or suspected Swine Fever during the year including 19 in the abattoir. Of these, two were confirmed.

Foot-and-Mouth Disease.—If this disease breaks out in or near the City, and the City is included by the Ministry in an " Infected " or " Controlled " Area Special Order, then the movement of animals in the area is subject to the issue of a Licence by the Local Authority. The purpose of this movement control is to prevent, as far as possible, the spread of the disease. No Orders operative within the City were made in 1957.

Fowl Pest.—This is a disease of poultry which causes considerable loss of stock. Preventive measures include thorough disinfection of pens, fittings, crates, receptacles and premises ; this involves visits to shows, exhibitions and shops to see that any necessary precautions are taken. No outbreaks involving the City occurred in 1957.

The Diseases of Animals (Waste Foods) Order, 1957.—The provisions of this Order made under the Diseases of Animals Act, 1950, became operative on the 1st June, 1957, and all substantial collectors of waste foods (other than Local Authorities) must obtain a licence requiring them to use an approved boiling plant.

At the time of the take-over from the Ministry of Agriculture, Fisheries and Food in 1957, there were 43 existing licence-holders in the City. Since then a further 27 licences have been issued up to 31st December, 1957.

HEALTH EDUCATION

"Those having torches will pass them on to others."

Plato (The Republic).

Health Education in general was carried out throughout the year by all the members of the staff who are in contact with the general public. To the health visitor, education in the care of health is a routine duty, both in the clinic and when visiting the home regarding the care of the child. The public health inspector is continually in touch with the homes of the people, and health education is also carried out during the course of their work by home nurses, midwives, etc.

Mothercraft classes have been held regularly at the Infant Welfare Centres. The classes are supervised by Health Visitors and open discussion on health matters by the mothers is encouraged.

Members of the staff gave a considerable amount of instruction in connection with courses in Building Construction, Sanitary Engineering, Plumbing Science, Public Health Inspection and Food and Drugs Inspection. Lectures were also given by officers from most sections of the Department to members of various welfare and other organisations in the city, and informal talks on the work of the Public Health Department have been given to community associations. Talks in connection with food hygiene have been given to various trade organisations by the staff of the Food and Drugs section.

Much of this work is in connection with courses of training, but it is felt that the lectures and demonstrations of a more popular nature are worthwhile in educating members of the public in improved methods of hygiene and child care, etc., and in disseminating information concerning the Public Health services.

Smoking and Lung Cancer.—A number of avenues have been explored in drawing attention to the association between cigarette smoking and lung cancer including press publicity, posters and bookmarks. The difficulty is that, while most smokers are vaguely aware of the risks involved, they have come to accept nicotine addiction as a respectable form of escape from the sharp edges of reality.

Accidents in the Home.—By an arrangement between the Medical Officer of Health and various hospitals in the city, information is received with regard to persons who have received treatment on account of accidents, burns and scalds in the home and, in the case of children and old people, visits were paid to these homes by the health visitors in the hope that

suitable preventive measures could be arranged in order to avoid further accidents. An account of this work will be found on page 104 of this Report.

Visual Aids (Films, etc.)—Visual aids are being used on an ever increasing scale. A “library” of flannelgraphs has been established and new additions have been made during the past year. Films and filmstrips dealing with the promotion of better health are also being used as part of the educational programme of the Department, and the following is a summary of the work carried out with the Department’s film equipment during the year under report :—

<i>Type of Audience</i>	<i>Motion Projector</i>	<i>Filmstrip Projector</i>
Mothercraft Classes	52	34
General Audiences (Church organisations, Social Studies Classes, Clubs, etc.)	13	3
Staff—Health Visitors	1	3
Public Health Inspectors	2	5
Home Nurses	1	7
Total number of programmes :—	<u>69</u>	<u>52</u>
Total running time (hours)	<u>70</u>	<u>42½</u>

The programmes have dealt with a wide variety of subjects, e.g. accident prevention, smoke abatement, food handling, home nursing techniques, midwifery, public health inspection, ante-natal and post-natal care, breast feeding, child development and the care of children’s teeth, eyes, ears, etc., and the audiences have invariably expressed their interest and appreciation.

METEOROLOGY

"A continual dropping in a very rainy day and a contentious woman are alike."

—Proverbs xxvii, 15.

**TABLE XLI.—Meteorology during 1957. Records taken at Weston Park
(430 feet above sea level)**

<i>Week ended</i>	<i>Mean Barometer Corrected</i>	<i>Air Maximum Mean Daily Temperature</i>	<i>Air Minimum Mean Daily Temperature</i>	<i>Grass Mean Daily Temperature</i>	<i>Soil 1 foot Mean Daily Temperature</i>	<i>Soil 4 feet Mean Daily Temperature</i>	<i>Total Rainfall for the week (inches)</i>	<i>Mean Daily Sunshine (hours)</i>
Jan. 5th	29·68	49	37	31	37·9	43·5	0·59	0·2
12th	30·30	49	40	34	41·2	43·4	0·12	2·1
19th	30·55	39	34	29	37·6	43·2	0·05	0·0
26th	29·72	47	35	30	38·7	42·5	0·60	1·6
Feb. 2nd	29·92	49	39	35	38·9	42·4	0·86	0·7
9th	29·68	50	40	32	41·2	42·7	1·18	2·0
16th	29·30	46	36	29	40·1	42·9	0·59	2·6
23rd	29·71	42	31	23	36·3	42·4	1·10	3·7
Mar. 2nd	30·20	47	36	27	37·0	41·3	0·12	2·8
9th	29·78	50	40	33	39·5	41·0	0·69	0·6
16th	29·97	60	47	40	46·3	42·2	0·49	2·7
23rd	29·62	55	44	37	46·6	44·2	0·78	3·5
30th	29·94	52	41	31	45·4	45·0	0·33	2·0
April 6th	30·23	54	43	32	46·4	45·1	—	1·4
13th	30·21	48	37	31	44·7	45·7	0·04	2·6
20th	30·17	57	41	34	46·3	45·6	—	5·1
27th	30·39	56	42	35	48·1	46·1	0·04	3·0
May 4th	30·19	59	44	37	49·3	46·9	—	6·3
11th	29·90	52	39	31	47·8	47·6	0·29	2·5
18th	29·75	59	46	38	51·3	47·8	0·66	5·7
25th	30·21	58	43	35	51·7	48·9	0·12	5·3
June 1st	30·35	64	43	37	53·3	49·8	—	8·5
8th	29·90	63	50	45	56·4	50·6	0·42	6·4
15th	30·20	68	48	41	56·6	51·9	0·26	11·6
22nd	30·14	72	51	47	61·4	53·2	0·04	12·4
29th	30·06	70	51	44	59·0	54·4	0·11	6·9
July 6th	30·01	73	57	53	62·4	55·3	1·69	5·9
13th	29·83	65	55	51	61·7	56·5	0·86	2·1
20th	29·81	65	53	47	60·1	57·0	0·95	2·8
27th	29·89	65	57	51	60·4	57·0	0·19	1·2
Aug. 3rd	30·18	72	54	47	61·5	57·2	—	8·4
10th	29·80	67	57	53	62·1	57·9	2·77	2·0
17th	29·67	62	54	52	60·2	58·3	0·55	1·0
24th	29·94	64	53	48	59·3	58·0	0·89	4·4
31st	29·96	61	50	44	57·5	57·8	0·40	3·4
Sept. 7th	29·98	63	51	42	57·5	57·0	0·18	4·4
14th	29·71	60	49	41	56·9	57·0	1·27	5·6
21st	30·01	60	49	43	55·5	56·4	0·85	1·9
28th	29·99	58	50	46	54·8	56·0	1·59	2·3
Oct. 5th	30·24	55	44	38	52·0	55·2	—	4·7
12th	30·19	59	47	38	52·8	54·3	0·03	2·6
19th	29·98	58	45	38	51·2	54·0	0·71	2·8
26th	29·84	56	45	38	49·7	53·2	0·33	2·3
Nov. 2nd	29·69	55	46	41	50·8	52·3	0·72	2·1
9th	29·52	49	38	27	45·8	51·9	1·81	3·2
16th	30·29	46	42	40	44·8	50·3	0·44	0·2
23rd	30·37	46	40	35	44·7	49·1	—	0·9
30th	30·38	51	44	34	44·1	48·5	—	0·3
Dec. 7th	30·26	46	34	26	40·3	47·7	0·77	1·5
14th	29·38	42	35	32	41·4	46·4	1·21	0·9
21st	30·10	46	34	26	38·6	45·5	0·30	0·7
28th	29·95	47	38	28	40·7	44·8	0·70	0·3

UNCHARTED PASSAGE (1857-73) *

By C. H. SHAW, M.D., D.P.H., D.P.A.,

Deputy Medical Officer of Health

"A sensible man judges of present by past events."

—Sophocles (Oedipus Tyrannus).

The setting of a hundred years ago has already been described (Annual Report for 1956, p. 252) and we are now in a position to look further into the early history of the Health Committee. It is convenient to bring this account to a close in 1873 with the appointment of the first Medical Officer of Health, but midway through the period important changes took place in the machinery of local government and some brief explanation may be helpful. The Public Health Act, 1848 had aroused fierce opposition and had not been adopted in Sheffield. The Corporation had, however, increasingly felt the difficulty of trying to carry on without adequate powers and eventually, in 1864, adopted the Local Government Act, 1858, which extended the powers available under the original Public Health Act. The Town Council, as Local Board of Health, took over the functions of the Improvement (Police) Commissioners and the Highway Boards, the additional responsibilities being shared between Health, Highway and Improvement Committees.

Health Committee. Until 1865 Committees usually met monthly, and thereafter fortnightly, commencing 4 to 5.30 p.m. There was, however, a good deal of variation from year to year and for a period of over twelve months (1866-67) the Health Committee was held weekly, no doubt because of additional business arising from the adoption of the Local Government Act. Sub-committees were appointed in November at the beginning of the Municipal Year; in 1871, for example, there were four—Auditing, Watering and Cleansing of Streets, Management of Horses, Carts and Railway Waggons, Public Baths. Special Sub-Committees were set up quite frequently, making enquiries and conducting transactions which at a later period would probably have been dealt with at officer level.

Some reference must be made to George Lemon Saunders who dominated the scene for almost the whole period from 1859 until his death in 1870. Saunders came to Sheffield in 1845, making his debut on the stage. Later he opened a music shop and taught dancing, but public affairs soon became a major preoccupation. His critics pictured him as a man who not only blew his own trumpet but tried to play every other instrument and conduct the orchestra too. However that may be, he could usually manage

* Compiled from Corporation minutes and the Sheffield Independent.

to out-manoeuvre the opposition by dexterous manipulation of facts and figures, and his caustic wit also served as a useful bludgeon. By 1860 he had established himself not only as Chairman of the Health and Smoke Byelaws Committees but also had become Chairman of the Sheffield Highway Board and Sheffield Board of Guardians.

Nuisances. Until the adoption of the Local Government Act in 1864, the larger part of the work of the Health Committee was concerned with the abatement of nuisances. Foul ashpits, gutters, privies, cesspools, choked drains, and accumulations of privy soil and ashes were common causes of complaint. Objection was also taken to privies sited under a house or workshop ; foul refuse draining on to footpaths or adjoining premises ; manure and privy soil scattered on roads ; drains contaminating a water-course. There was even a case of a donkey kept in a dwelling.

It is quite possible that most nuisances came to be regarded as a matter for routine report, provoking little discussion, but it is inconceivable that the Committee did not exert a considerable influence in determining the type of nuisance brought to its notice. The task of cleaning up was a tremendous one and someone had to decide where the broom should sweep first. In the spring and summer of 1857, for instance, 109 out of 204 summonses applied for were because of lack, or insufficiency, of privies. While nothing further is on record about the majority of these cases, it is noteworthy that subsequent proceedings were taken against one owner who had failed to comply with a magistrate's order to remove four privies and replace them with waterclosets. Unfortunately details are rarely to be found in the minutes after October, 1858—that is until March, 1872, when the information was again recorded. By and large the sort of nuisances dealt with had varied very little during the intervening years although choked drains now came out well at the top of the list, and offensive swill tubs are mentioned for the first time. It is evident that the term " nuisance " was becoming interpreted rather widely, and included polluted wells and houses that were " unfit for human habitation " or overcrowded. A husband was fined because he and his family slept six in a room, the one bed being occupied by two children while the older members slept on the floor.

Nuisance proceedings were also taken against the proprietors of two artificial manure works—one situated at Walk Mill on Attercliffe Road (1857) and the other near New Hall (1858)—a fine being imposed in each case after certificates had been given by two medical practitioners; similar action was also taken in respect of premises in Harvest Lane (1864) used for horse slaughtering and flesh boiling.

Following an inspection by a sub-committee of the Health Committee (1860) the Corporation decided to oppose the granting of a licence relating to premises in the Dyer's Hill District intended for the slaughter of horses. A petition was received from people living in Granville Street, Park (1861) alleging an intolerable nuisance from the horse-killer's yard on the Sheaf Island. Nuisance proceedings were on the point of being taken when the business closed down.

A number of complainants appeared before the Committee in person. One such, who blamed the trouble on his neighbour's pigstye, must have been somewhat surprised when the two members appointed to investigate decided the nuisance arose from the spouting of his own house.

Unsound Food. Visits to the meat, fish and vegetable markets were a regular part of the sanitary inspectors' work and butchers with doubtful meat would often seek out the inspector for advice. The condemnation of quantities of food as unfit for human consumption was reported at each meeting of the Health Committee. The Magistrates frequently imposed fines for selling, or exposing for sale, unfit meat; occasionally a butcher was fined for obstructing an inspector in the execution of his duty. Fines of £1 to £2 were common, and one persistent offender was relieved of £10 after being caught a third time. A vendor of "measled pig" was fined £5 and the sale of a diseased cow resulted in a 21 days' prison sentence: the possession of diseased horseflesh for the purpose of making sausages resulted in Committal for three months. At first it was uncommon for fines to be imposed except for unsound meat (including bacon and ham) but later the net was spread more widely. Fines were imposed in respect of a great variety of food—bilberries, cherries, plums, strawberries, apples, brazil nuts, coconuts, potatoes, peas, rabbits, sausages, polonies, butter, cheese, eggs, herrings, lobsters, cockles, mussels, shrimps; a fishmonger was convicted of offering "unclean" salmon. Though many of these fines were nominal, a fruit merchant was actually fined £42 and nine guineas costs for selling unsound figs while two people were fined £10 apiece for attempting to dispose of unfit oysters. A fish hawker was fined £2 for selling unfit crab meat and, as he was unable to pay, he was committed to the House of Correction for a month.

Adulteration of Food. Some discussion arose at a Council Meeting (1863) out of an article in the "Lancet" referring to butter sold at Sheffield containing 40% turnips and flour. Since 1861 it had been possible for any bona-fide customer to require food to be examined by the public analyst, and the Chairman said the Health Committee was now prepared to meet the analyst's fee. Although he doubted whether it lay within their powers,

the sums were small and he thought it might be risked—it was in any case recoverable in the case of a successful prosecution. There is, however, no evidence that any action along these lines was ever taken, although the sanitary inspectors occasionally sampled flour. A miller was convicted in 1869, though the evidence suggested that alum was being used as an “improver” rather than a means of defrauding the public; in 1872 two bakers were fined for similar offences. Following the enactment of the Adulteration of Food Act, 1872, sanitary inspectors were authorised to take samples of food, drink and drugs; of eight samples of milk, five were found to have been watered.

Highways and Drainage. For several years the Health Committee and the Sheffield Highway Board had the same Chairman (G. L. Saunders) and the same chief officer (R. Chapman), but they rarely seemed to act in concert. Many undedicated roads had a surface of mud, ashes and filth, and were in a very foul state. Mr. Chapman, in one or other of his capacities, might persuade, cajole and, perhaps, threaten, but it only required one or two unwilling owners to jeopardise any scheme of improvement. The Corporation had no powers to prosecute unless a frank public health nuisance existed. Another difficulty was that while the Sheffield and Ecclesall Highway Boards had constructed an extensive—if imperfect—system of sewers, other Boards had done little or nothing. Some of the worst roads were brought to the notice of the Health Committee—Bramall Lane, King Street, Greaves Street, Burlington Street—but the question of improvement was the subject of interminable wrangling and inevitable postponement. Sometimes the Boards would resurface and drain a road if the owners agreed to pay half.

All watercourses became heavily polluted with sewage as they passed through the Town. In 1859 Ald. Saunders had attempted to persuade the various Highway Boards to join together to construct a main sewer with an outfall below Attercliffe, but such an ambitious project had at that stage little chance of finding support. The various dams and goits were a source of recurring complaint, but even the main streams became very foul. In 1866 several months were taken in cleaning the beds of rivers and goits and removing trees washed down by the “great flood” of 1864. In 1868-69 a system of intercepting sewers was constructed, designed to reduce pollution, but it was still necessary to spread lime each summer on the exposed river mud.

The battle of the barracks, which waged for some years, illustrates the sort of difficulty that arose. Water closets were provided for the men but the untreated sewage was discharged into the Loxley just above some dams.

There was no public sewer within a reasonable distance. The Army refused to stop discharging sewage into the river and the Corporation refused to extend their sewers. Perhaps the situation may best be summed up in the words of a Colonel of the Engineers, " I should be very glad to see a change but we cannot move unless the Town moves too ".

Cleansing. The adoption of the Local Government Act in 1864 brought to an end the existence of the Improvement (Police) Commissioners and the Highway Boards. The Corporation inherited responsibility for the repair, drainage and cleansing of streets and the collection and disposal of the contents of privies, ashpits and other household refuse. At first the Health Committee's share was limited to cleansing privies and ashpits, but house refuse was transferred from the Highway Committee at the beginning of 1868 and a large part of street cleansing some four years later. The services were costly and the Health Committee's annual estimates jumped from £250 in 1864 to £3,150 in 1865, and to £5,510 the following year. A reaction against this expenditure set in and charges were introduced for emptying privies and ashpits—a step which completely lost sight of public health reasons for introducing a communal service. Quite apart from the real hardship that was caused, many of the poorer quarters were occupied by a floating population who found it comparatively easy to evade payment. Many preferred to use other, and perhaps, cheaper agencies—that is if the muck was cleaned out at all. The Committee did its best to enforce the bye-laws passed in 1866, and in 1869, for example, 44 persons were fined a total of £10 for failing to clean out their ashpits. It needs little imagination, however, to envisage the numbers who got away with it and, at best under this system, accumulations would be removed infrequently. Another difficulty of the Corporation was that when there was a threat of cholera, as in 1866, the privies in the more densely populated parts of the Town had to be cleansed gratis.

It was fear of an epidemic that had resulted in this comparatively short period of bustling activity—and high expenditure—and it was followed by a gradual slipping back to the conditions previously existing. In 1872, however, the Town Council gave the Health Committee "*carte blanche*" to clean up the Town and good use was made of this opportunity: in the financial year ended September, 1873, expenditure on Health Committee services amounted to £15,300.

The principal nightsoil depot was originally established at Attercliffe, but was later transferred to Woodside Lane, and in 1872 a further depot was established at Bramall Lane for the stabling of horses. Scavengers and "getters out" were provided with "slops" bearing a numbered badge, and "getters out" were also issued with "South-Westerns".

Burial Grounds. In 1858 the Health Committee were considering whether the Town Council should exercise the powers of a Burial Board but were advised that, in the first instance, it was for the various townships within the Borough to consider the adequacy of existing burial grounds. St. John's Churchyard came in for much criticism and, after a local enquiry, an Order-in-Council was made in 1867 discontinuing burials except for members of the families of grave or vault owners—and the permitted burials were to be carried out under the supervision of the Chief Sanitary Inspector.

Sanitary Inspectors. Reuben Chapman remained in office as Chief Sanitary Inspector until 1866; he had a private practice as well as being Surveyor to the Highway Board. The proportion of his salary paid by the Health Committee was increased from £80 to £120 in recognition of the increased time spent on public health duties. His successor, Henry Bates, was also a surveyor but was appointed in a full-time capacity at a salary of £250 p.a. On his death in 1870 John Fillingham, a sub-inspector, was offered promotion but at a salary of only £120 p.a. The job proved to be beyond his capacity and it was scarcely a year before he was compelled to tender his resignation with the words, "I am utterly broken down: the work of the department is too much for me . . ." The Committee was contemplating a similar promotion when the Town Council told it to offer a salary that would attract a competent man to the post. In January, 1872, William Croft was appointed at £300 p.a.

Two additional sub-inspectors were appointed in 1866, making a total of five sanitary inspectors. The reader may be interested in what happened to the two assistant (sub) inspectors referred to in a previous account. Henry King remained with the department until 1871, although he had by this time almost completely lost his sight; Jonathan Wood appears to have been an energetic and diligent officer, quite prepared to work in the evening or on Sunday, and by easy stages his weekly wage rose from 24 to 40 shillings. Unlike the inspectors who had joined the department later, he was a member of the police force and was eligible for pension. As a result of a Home Office circular he was transferred to normal police duties at the end of 1873, but came back later and continued as food inspector.

Smoke Inspector. T. F. Cashin stayed in a consulting capacity until the end of 1859 when he resigned, perhaps because as an engineer in private practice, he found that his duties as smoke inspector placed him in a position of divided loyalties. An attempt was made to designate the ubiquitous Mr. Chapman as Consulting Smoke Inspector, but the Town Council would have none of this and a successor was not appointed. In 1862 William Wood, the assistant inspector, was replaced by Alexander Cockayne, also

recruited from the constabulary. In 1870 he was forced to resign because of a charge of bribery; it appears that five years earlier a manufacturer had offered him 5/- which the inspector said he had accepted as a Christmas box.

Air Pollution. A brief history of Sheffield smoke has already been given (Annual Report for 1956, p. 216). Clouds of black smoke from open brick kilns was a recurring nuisance during this particular period, and notice was given (1870) that a brick kiln off Woodside Lane should be removed. In 1867 residents complained of dense white smoke emitted from a lead mill chimney, the nuisance occurring on certain nights when lead was being extracted from the sweepings of the works. No action was taken following a promise that the furnace would be moved further away from the dwellings.

Workshop Regulation Act, 1867. Between 1867-69 there was much sparring between the Health Committee and factory inspectorate without any effective blows being delivered on either side. At first the Health Committee had agreed to carry out the provisions of the Act, but then put forward one excuse after another as to why they should not. Possibly the realisation dawned that to do so they would require additional staff. The Act remained a dead letter as far as Sheffield was concerned.

Housing. It might be inferred from the minutes that bad housing was nothing more than a collection of nuisances. Something like a truer picture may be gained from a special report prepared in 1866 after a Health Sub-Committee had met on eight occasions in the poorer and more densely populated parts of the Town. The most dilapidated houses were found in Button Yard and Broad Street, Park—two were uninhabited and repositories for nightsoil and ashes.

“Furnished” dwellings came in for particular criticism. In a court off Pond Street, 42 persons were crammed into one house: the entire letting brought in 27/6d. a week, but in hardly a room was there ten shillings’ worth of furniture. The Committee commented that this class of property was generally in a ruinous state and owners appeared to bestow little or no attention to repairs. An important landmark in housing reform was reached in 1864 when a bye-law was adopted prohibiting the building of back-to-back houses

Water Supply. Water was supplied by the Sheffield Water Company, a privately owned concern with statutory powers to construct works and distribute water.** By 1873 the resources comprised the three Redmires Reservoirs, three reservoirs at Rivelin and the Strines, Agden and Dale Dike Reservoirs at Bradfield.

** The Corporation did not become responsible for the City’s water supply until 1888. A readable “History and Description of the Sheffield Waterworks” (1908) is given by W. Terrey.

Water from Redmires was conveyed to the original service reservoir at Crookes in an open culvert. There were also in existence the small service reservoirs in the Crookes Valley, later to be condemned on the grounds of pollution. No water was filtered.

Before 1869 the Company were obliged only to provide water up to 12 hours a day, between 7 a.m. and 7 p.m., and it was not until 1869 that a constant supply of water under pressure was enforced. The domestic consumption of water was at the rate of some 37 gallons per head per day (nearly half as much again as it is today) no doubt due to leaking pipes, faulty fittings and general wastage.

Public Baths. After several abortive attempts to interest the Town Council in facilities for public bathing, the enthusiasts got their way. The first swimming bath was opened in 1869 and was situated at the conjunction of Corporation Street and New Mowbray Street. The pool itself was 55 ft. by 35 ft., and 6 ft. at the deep end; bathers were admitted from 6 a.m. to 8 p.m. on weekdays at a cost of 1d. Swimming proved very popular during the summer months, but as the water was not heated business was apt to be seasonal. Some twenty five slipper and shower baths were also provided where a warm bath could be obtained for as little as 2d.

The Great Flood. Some 244 people lost their lives in the flood caused by the bursting of the original Dale Dike Reservoir (1864). The Health Committee obtained the advice of Dr. John Hall, Physician to the Public Dispensary, and arranged to meet each evening for the period of the emergency. Lime and chloride of lime were issued free of charge at several depots, for scattering on the deposits of sandy mud that remained after the water had subsided. Arrangements were also made for clearing up the streets, flushing the sewers and drying out flooded dwellings. The town emerged from the disaster without any serious outbreaks of disease.

Smallpox and Vaccination. During the period covered by this review there were outbreaks of smallpox in 1858, 1863-64, 1868 but the most serious lasted from July, 1871 to August, 1872, and caused some 1,000 deaths in Sheffield alone.

Although infant vaccination (before the age of four months) was "compulsory" enforcement was lax. In 1858 the Boards of Guardians, who were responsible for the administration of the Vaccination Acts, disclaimed any responsibility to prosecute—they did not even check vaccinations carried out against births registered. During the 1863 epidemic the

Health Committee were straining at the leash and resolved that the Chief Sanitary Inspector should initiate prosecutions. It was discovered that he had no power to do this as an officer of the Corporation, but the Board of Guardians were quite prepared for him to act in the capacity of a common informer. The vaccination returns suggest that rather over half the infants reaching the age of 12 months had been vaccinated. This proportion shows little upward trend despite recurring outbreaks and the fact that the Guardians—somewhat reluctantly—were making a more concerted effort to enforce the Vaccination Acts.

Control of the disease was, therefore, most unsatisfactory. In 1868 the Chief Sanitary Inspector complained that details could not even be obtained from the Registrar as to where fatal cases had resided. By 1871 earlier information was being received and many cases of smallpox were reported by medical practitioners. Several houses were disinfected and bedding destroyed. Indeed disinfection had become the magic remedy. A disinfecting closet for clothing, etc., had been installed at the Effingham Depot and disinfection powder was used in cleansing ashpits. A number of prosecutions were taken against persons disposing of bedding or clothing exposed to infection. One man buried his wife on Wednesday and on Thursday morning sold his furniture to neighbours, leaving the bed out in the street for several hours before it was removed.

The Health Committee had sought temporary premises for an isolation hospital at the time of an outbreak of scarlet fever in 1868 but without success. During the 1871 smallpox outbreak the problem again arose but in a more urgent form. A local outcry prevented a hospital being established at Brookhill and, although the Town Council gave instructions for the erection of temporary premises in the suburbs, this apparently did not prove possible. No doubt many cases were admitted to the fever wards of the Sheffield and Ecclesall Workhouses where additional accommodation had been built to meet the emergency.

Cholera Scare. In May, 1866, the Town Council asked the Sheffield and Ecclesall Guardians to provide, equip and staff premises for use as a temporary hospital and arrange for the poor law medical officers to visit cases of suspected cholera, the cost to be reimbursed from Borough funds. Depots for medicines were also to be set up. Cholera reached Doncaster, Rotherham and Ecclesfield, but Sheffield was fortunate enough to escape without a single case—and indeed was virtually free from cholera throughout the period of this review. It was not, therefore, necessary to put into effect the preparations which had been made.

MORTALITY STATISTICS FOR THE BOROUGH OF SHEFFIELD — YEARS 1858-73

Year	Deaths registered from :— (Rate per 1,000 population)								Diseases in Cols. 1-7	Pulmonary Tubercu- losis **	All Causes	Infant Mortality Rate per 1,000 live births
	Smallpox 1	Measles 2	Scarlet Fever 3	Diph- theria 4	Whooping Cough 5	Fever 6	Diarrhoea & dysentery 7					
1858 ..	2.01	0.28	2.22	0.48	0.69	1.23	1.43	8.34	2.96	28.9	Not available	
1861 ..	0.04	0.45	0.24	0.18	0.90	1.02	1.39	4.22	2.76	24.9	183	
1862 ..	0.09	0.67	1.60	0.33	0.44	1.46	1.32	5.91	2.71	25.8	156	
1863 ..	1.82	0.71	2.33	0.32	1.03	1.18	1.71	9.10	2.73	30.3	174	
1864 ..	0.85	0.57	1.46	0.17	0.45	1.08	1.85	6.43	2.61	28.9	182	
1865 ..	0.29	0.53	1.19	0.15	0.25	1.65	2.21	6.27	2.82	27.6	180	
1866 ..	0.16	0.56	0.70	0.21	1.59	1.29	1.39	5.90	2.88	28.9	209	
1867 ..	0.24	0.18	0.79	0.16	0.34	0.88	1.81	4.40	2.85	25.5	175	
1868 ..	1.77	1.33	0.89	0.14	0.59	1.08	2.47	8.27	2.49	27.8	191	
1869 ..	0.46	0.54	1.96	0.08	0.95	1.21	1.52	6.72	2.78	28.8	200	
1870 ..	0.02	0.24	2.86	0.10	0.45	1.47	2.14	7.28	2.55	26.5	180	
1871 ..	1.69	0.66	1.35	0.06	0.73	0.92	2.27	7.68	2.56	28.1	208	
1872 ..	2.45	0.31	0.77	0.07	0.67	0.99	1.78	7.04	2.56	26.3	185	
1873 ..	0.02	0.77	0.94	0.06	0.64	0.95	1.71	5.06	2.54	26.7	180	

** Sheffield & Ecclesall Bierlow Registration Districts.

Vital Statistics. The table opposite shows mortality rates from 1861-1873, during which time the population of the Borough increased from 185,172 to 249,321. The term "fever" includes both typhoid and typhus, and the figure remained very high throughout the period reviewed, as did mortality from pulmonary tuberculosis. Deaths from measles, whooping cough and scarlet fever varied with the prevalence of the infection, but generally were high, particularly the last named, which at that time was a most dangerous infection. The deaths from diarrhoea and dysentery were also extremely high as were the infant mortality and general death rates. In this connection it should be borne in mind that the birth rate throughout the period was also high; for example, in 1873 it was 44.1.

With the exception of 1858 the only statistics available before 1861 refer to the Registration Districts of Sheffield and Ecclesall Bierlow, which had a population rather larger than that of the Borough. Besides the smallpox epidemic of 1857-58, it is clear there was a serious diphtheria outbreak in 1858-59. The heaviest years for mortality from scarlet fever were 1858 and 1859; from measles 1859, and from whooping cough 1857.

Many of these diseases were preventable—why then were they not prevented? Medical knowledge was beginning to reach a point where a rational approach to public health problems was possible. The Health Committee had been increasingly active in cleaning up the Town, and disinfecting it for good measure, but these "rule of thumb" methods sometimes represented misdirected endeavour. In the main the members of the Committee were practical men themselves, and they were apt to mistrust the more academic outlook of the doctor, and indeed if the Public Health Act, 1872, had not forced the issue it is unlikely that a Medical Officer of Health would have been appointed at this particular time. Certainly they would not have created a full-time appointment except for the fact that the Local Government Board was prepared to meet half the cost. Although Mr. Croft, the Chief Sanitary Inspector, appears to have been very able, he had an unpleasant temper and had made many enemies, some of whom were a powerful faction in the Health Committee. Possibly at this stage they saw the appointment of a Medical Officer of Health as a means of getting rid of a source of embarrassment, but this was a plan for the future. The Medical Officer of Health appointed was a Dr. Francis Griffiths, who had previously been a Poor Law Medical Officer to the Sheffield Guardians.

For some 25 years the Health Committee had steered a course through the uncharted hazards of preventive medicine—now for the first time they had been given a pilot on whom they could rely for scientific advice. Stormy weather lay ahead, but for the present everything was running smoothly. In July, 1873, Dr. Griffiths presented his first report to the Health Committee—"Gentlemen, the existing system of privies and ashpits is in almost every instance and detail both imperfect and dangerous . . ."

