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ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1960

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





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For the year 1960

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

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CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1960

THE LORD MAYOR :

(Alderman H. SLACK, M.B.E., J.P.)

Chairman : Alderman Mrs. P. SHEARD, B.A., J.P.

Deputy-Chairman : Councillor J. PATE, J.P.

Alderman H. S. GENT	Councillor H. C. HOLMES
„ Mrs. A. IVES, J.P.	„ T. W. LAMBERT
„ Mrs. G. TEBBUTT, J.P.	„ A. LEITCH
Councillor G. ARMITAGE	„ H. A. MAW
„ R. B. ASHMORE	„ Miss J. MELLORS
„ N. BENTLEY	„ J. NEILL
„ Mrs. V. BOYD	„ E. SCOTT
„ Mrs. F. M. GATHERCOLE	„ C. SIMMS
„ Mrs. W. M. GOLDING	„ F. STATON
	„ A. WOOD

SUB-COMMITTEES

General Sub-Committee

Chairman : Alderman Mrs. P. SHEARD

Alderman H. S. GENT	Councillor H. C. HOLMES
„ Mrs. G. TEBBUTT	„ H. A. MAW
Councillor G. ARMITAGE	„ J. PATE
„ N. BENTLEY	„ E. SCOTT
„ Mrs. V. BOYD	„ F. STATON
„ Mrs. F. M. GATHERCOLE	

Maternal, Infant and Nursing Welfare Sub-Committee

Chairman : Councillor Mrs. W. M. GOLDING

Alderman H. S. GENT	Councillor Miss J. MELLORS
„ Mrs. A. IVES	„ J. NEILL
„ Mrs. G. TEBBUTT	„ C. SIMMS
Councillor R. B. ASHMORE	„ A. WOOD
„ Mrs. F. M. GATHERCOLE	

Mental Health Sub-Committee

Chairman : Councillor J. PATE

Alderman H. S. GENT	Councillor Mrs. W. M. GOLDING
„ Mrs. A. IVES	„ T. W. LAMBERT
Councillor G. ARMITAGE	„ H. A. MAW
„ Mrs. F. M. GATHERCOLE	„ A. WOOD

Disabled Persons Welfare Sub-Committee

Chairman : Councillor E. SCOTT

Alderman Mrs. G. TEBBUTT

Councillor N. BENTLEY

„ Mrs. V. BOYD

„ H. C. HOLMES

„ T. W. LAMBERT

Councillor A. LEITCH

„ Miss J. MELLORS

„ J. PATE

„ F. STATON

Special, Staffing, etc., Sub-Committee

Chairman : Alderman Mrs. P. SHEARD

Alderman H. S. GENT

„ Mrs. A. IVES

„ Mrs. G. TEBBUTT

Councillor Mrs. W. M. GOLDING

„ J. NEILL

„ J. PATE

REPRESENTATIVES ON OTHER BODIES, Etc.

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

Councillor H. C. HOMLES

„ E. SCOTT

Councillor F. STATON

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

Alderman H. S. GENT

Councillor Mrs. V. BOYD

Councillor Mrs. F. M. GATHERCOLE

Sheffield Voluntary Association for Mental Health

Councillor J. PATE

Sheffield and District Clean Air Committee

Alderman H. S. GENT

„ Mrs. P. SHEARD

„ Mrs. G. TEBBUTT

Councillor G. S. GOODENOUGH

„ Mrs. G. GRAHAM, M.B.E.

„ J. PATE

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

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

Alderman C. W. GASCOIGNE, C.B.E., B.E.M.

„ H. S. GENT

„ Mrs. P. SHEARD


„ Mrs. G. TEBBUTT

Councillor G. ARMITAGE

„ Mrs. F. M. GATHERCOLE

„ T. W. LAMBERT

„ J. PATE



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PUBLIC HEALTH STAFF

AT 1st APRIL, 1961

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—

<i>Senior Medical Officer</i>	—	—	—	ANN KIRK BLACK, M.B., CH.B.
<i>Assistant M. and C. W. Medical Officers</i>	—	—	—	CATHERINE H. WRIGHT, M.B., CH.B., D.P.H.
				KAZIMIERA H. TLUSTY, M.D., D.C.H.
				MARION E. JEPSON, B.SC., M.B., CH.B., D.C.H., D.P.H.
<i>Assistant M. and C. W. and School Medical Officers</i>				KATHLEEN M. LUMB, M.B., CH.B., D.C.H., D.OBST., R.C.O.G., D.P.H.
				R. E. BROWNE, M.R.C.S., L.R.C.P., D.P.H.
				C. R. OYLER, M.R.C.S., L.R.C.P.
				CHRISTINA F. G. DUCKSBURY, M.B., CH.B., D.P.H.
				J. SARGINSON, M.B., B.S., D.P.H.
				ROSEMARY HULLEY, M.B., CH.B., D.OBST., R.C.O.G., D.C.H.
<i>Assistant M. and C. W. Medical Officers (Part-time)</i>				R. D. DOWNIE, M.B., CH.B.
				BARBARA S. GORDON, M.B., CH.B.
				MARJORIE H. E. FLOWERDAY, M.B., CH.B., D.OBST., R.C.O.G.
				RAY G. GRAHAM, B.A., M.B., B.CH., B.A.O., L.M.
				SHELAGH TYRRELL, M.B., CH.B., D.C.H.
				KATHLEEN M. HAWKINS, M.B., CH.B.
				HAIDRI L. HALL, M.B., CH.B.
				GLADYS C. PAPWORTH, M.R.C.S., L.R.C.P.
				F. W. LEIGH, M.B., CH.B.
				K. J. HAYES, M.R.C.S., L.R.C.P.
				P. W. O'BRIEN, M.B., CH.B.
				ANNA MCCARTHY, M.B., CH.B.
				DAPHNE HALLWOOD, M.B., CH.B.
				L. P. DE ABREW, M.R.C.S., L.R.C.P.
				ELIZABETH HERVEY, M.B., B.S.
				R. H. MATHEWS, M.B., CH.B.
				MORAG McDONALD, M.B., CH.B., D.OBST., R.C.O.G.
				CYNTHIA M. ILLINGWORTH, M.B., B.S., M.R.C.P.
				JILL M. TATTERSALL, M.B., CH.B., D.C.H., D.OBST., R.C.O.G.
				W. J. CLANCY, M.B., B.CH., B.A.O., M.R.C.O.G.
<i>*Consultant (Tuberculosis)</i>	—	—	—	H. MIDGLEY TURNER, M.D., M.R.C.P., D.P.H.
<i>*Honorary Consultant and Adviser on Paediatrics</i>				R. S. ILLINGWORTH, M.D., F.R.C.P., D.C.H., D.P.H., Professor in Child Health at Sheffield University
<i>*Orthopaedic Specialist (Honorary)</i>	—	—	—	E. G. HERZOG, M.B., B.S., M.R.C.S., L.R.C.P.
Mental Health Service—				
<i>Senior Medical Officer</i>	—	—	—	J. S. HORSLEY, M.R.C.S., L.R.C.P.
<i>*Honorary Consultant</i>	—	—	—	F. J. S. ESHER, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.M., F.B.P.S.S.
<i>*Honorary Consultant</i>	—	—	—	J. H. S. WHYTE, M.D., D.P.M.
<i>Consultant (Visiting)</i>	—	—	—	DOROTHY JOHNSTON, M.B., CH.B.
Welfare of Handicapped Persons—				
<i>Senior Medical Officer</i>	—	—	—	JEAN B. PARKER, M.B., CH.B.
<i>* Undertakes part-time duties in this Service in a consultant capacity.</i>				
<i>City Analyst</i>	—	—	—	H. CHILDS, B.SC., F.R.I.C.
<i>Principal School Dental Officer</i>	—	—	—	E. COPESTAKE, L.D.S.

OTHER STAFF

General Administration—

Chief Administrative Officer	-	-	-	-	-	-	W. MORRIS
Chief Assistant (General Administration)	-	-	-	-	-	-	E. WALSHAW
Chief Assistant (Finance, Staffing and Statistics)	-	-	-	-	-	-	F. GARFITT
Senior Assistant (Staffing)	-	-	-	-	-	-	R. N. DRAYCOTT
Senior Assistant (Statistics)	-	-	-	-	-	-	MISS E. I. MILNER
Correspondence Clerk and M.O.H.'s Secretary	-	-	-	-	-	-	VACANCY

7 Senior Clerks, 12 Clerks, 3 Shorthand Typists, 3 Pupil Public Health Inspectors

Public Health Inspection Administration—

Chief Assistant (Administration)	-	-	-	-	-	-	J. R. BINGHAM
Senior Assistant (Administration)	-	-	-	-	-	-	K. G. WRIGHT

2 Senior Clerks, 1 Clerk, 1 Senior Shorthand Typist, 3 Shorthand Typists

General Public Health Inspection—

Superintendent Public Health Inspectors—	-	-	-	-	-	-	C. F. CHALLENGER	H. B. WARD
							F. T. TWELVES	G. ROBINSON
							F. M. COCKROFT	
Assistant Superintendent Public Health Inspectors	-	-	-	-	-	-	J. D. BELL	S. CURTIS
							F. BAINBRIDGE	J. W. BOULTON
								L. MULVEY

15 Public Health Inspectors, 7 Pupil Public Health Inspectors

Clearance Area Section—

Superintendent	-	-	-	-	-	-	-	W. CURTIS
Assistant Superintendent	-	-	-	-	-	-	-	H. GREGORY

4 Public Health Inspectors, 3 Pupil Public Health Inspectors, 1 Senior Clerk, 2 Shorthand Typists

Food Inspection—

Superintendent Food and Drugs Inspector	-	-	-	-	-	-	G. A. KNOWLES
Assistant Superintendent Food and Drugs Inspector	-	-	-	-	-	-	R. MOORE

2 Food and Drugs Inspectors

Meat Inspection—

Superintendent Meat Inspector	-	-	-	-	-	-	G. WHITELEY
Assistant Superintendent Meat Inspector	-	-	-	-	-	-	C. F. DEAN

3 Meat Detention Officers, 2 Public Health Inspectors (Abattoir), 1 Clerk and 1 General Assistant (part-time)

Smoke Inspection—

Superintendent Smoke Inspector	-	-	-	-	-	-	J. W. BATEY
Assistant Superintendent Smoke Inspector	-	-	-	-	-	-	A. W. F. MAULE

2 Smoke Inspectors, 1 Senior Clerk, 1 Clerk, 1 Shorthand Typist, 2 Survey Supervisors, 13 Survey Assistants

Rodent Control—

1 Foreman, 6 Rodent Operatives, 4 Assistant Rodent Operatives.

Disinfection, Disinfestation, Transport, etc.—

Transport Officer and Disinfecting Station Superintendent	-	-	-	-	-	-	E. M. LEWIS
Deputy Officer and Disinfecting Station Superintendent	-	-	-	-	-	-	G. BELL

1 Senior Clerk, 1 Storekeeper and General Assistant, 43 General Assistants

Health Education—

Health Education Organiser	-	-	-	-	-	-	F. St. D. ROWNTREE
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1 Technical Officer, 1 Assistant, 1 Shorthand Typist, 1 Junior Shorthand Typist, 1 Clerk

NATIONAL HEALTH SERVICE

Chief Assistant (Administration) N.H.S.	-	-	-	-	-	-	J. PREECE
Senior Assistant (Administration) N.H.S.	-	-	-	-	-	-	MISS D. LEIGHTON
6 Senior Clerks, 28 Clerks, 3 Clerks (part-time), 5 Shorthand Typists, 2 Shorthand Typist Trainees, 30 General Staff (including 18 part-time)							
Superintendent Health Visitor	-	-	-	-	-	-	MISS I. LITTLEWOOD
Deputy Superintendent Health Visitor	-	-	-	-	-	-	MRS. N. HUTHWAITE
Superintendents of Child Welfare Centres	-	-	-	-	-	-	MISS D. A. COOLING, MISS O. B. De NEUMANN

37 Health Visitors (including 2 part-time), 7 Student Health Visitors, 8 Clinic Nurses (including 1 part-time), 12 Clinic Attendants

Non-Medical Supervisor of Midwives	-	-	-	-	-	-	MRS. G. J. SPEARING
Assistant Non-Medical Supervisor of Midwives	-	-	-	-	-	-	MISS W. REDHEAD

46 Midwives directly employed by City Council (including 8 part-time), 4 Domestic Staff (including 3 part-time), 1 Domiciliary Nurse (part-time)

Day Nurseries—									
Matrons of Nurseries—									
Beet Street	-	-	-	-	-	-	-	-	MRS. M. T. BOOTH
Carbrook Welfare Centre	-	-	-	-	-	-	-	-	MRS. D. M. N. DA SILVA
Darnall	-	-	-	-	-	-	-	-	MRS. M. H. SANDERSON
Firth Park	-	-	-	-	-	-	-	-	MRS. M. E. OLLERENSHAW
Meersbrook Park	-	-	-	-	-	-	-	-	MRS. E. A. FEARN
1 Deputy Matron, 25 Staff Nursery Nurses, 1 Enrolled Assistant Nurse, 16 Nursery Assistants, 18 Domestic Staff (including 12 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
4 District Organisers, 1 Senior Assistant (Administration) D.H.S., 3 District Clerks, 4 Clerks, 1 Shorthand Typist, 2 Shorthand Typist Trainees, 67 whole-time and 292 part-time Domestic Helps									
Home Nursing—									
Superintendent	-	-	-	-	-	-	-	-	MISS M. MCGONIGLE
Assistant Superintendent	-	-	-	-	-	-	-	-	MISS M. NAGLE
Assistant Superintendents of District Centres	-	-	-	-	-	-	-	-	MISS A. D. HALL
									MRS. C. M. GRIERSON
									MISS E. DEWHIRST
45 District Nurses, 3 Student District Nurses, 33 District Nurses (part-time), 1 part-time Assistant, 1 Housekeeper, 11 Domestic and other staff (including 8 part-time), 1 Clerk (part-time)									
Chiropody Service—									
2 Chiropodists									
Vaccination and Immunisation—									
Senior Clerk	-	-	-	-	-	-	-	-	K. BISBY
1 Senior Clerical Assistant, 7 Clerks, 1 Junior Shorthand Typist									
Ambulance Service and Central Motor Garage—									
Manager	-	-	-	-	-	-	-	-	F. C. KELSEY
Assistant Manager	-	-	-	-	-	-	-	-	W. H. LIVSEY
5 Clerks, 6 Control Room Assistants, 1 Shorthand Typist, 1 Switchboard Operator, 1 Head Ambulance Driver, 5 Shift Leaders, 53 Drivers (Ambulance), 8 Drivers (Car), 27 Attendants, 3 Domestic and other staff (including 1 part-time)									
Mental Health Service—									
Chief Assistant (Administration)	-	-	-	-	-	-	-	-	G. E. B. WHILLOCK
Psychiatric Social Worker	-	-	-	-	-	-	-	-	T. A. HAWLEY
1 Senior Clerk, 4 Shorthand Typists, 11 Social Welfare Officers									
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, 2 Assistant Supervisors (qualified), 4 Assistant Supervisors (unqualified), 2 Domestic and other staff									
Cradock Road Centre—									
Supervisor (Qualified)	-	-	-	-	-	-	-	-	MISS W. E. BENNETT
1 Senior Assistant Supervisor, 4 Assistant Supervisors (unqualified), 3 Domestic and other staff (part-time)									
Langsett Road Centre—									
Supervisor (Qualified)	-	-	-	-	-	-	-	-	MRS. A. BARTON
2 Assistant Supervisors (unqualified), 4 Domestic and other staff (part-time)									
Welfare of Handicapped Persons—									
Chief Assistant (Administration)	-	-	-	-	-	-	-	-	A. J. BAKER
Chief Assistant (Technical)	-	-	-	-	-	-	-	-	W. WOOD
Senior Social Welfare Officer	-	-	-	-	-	-	-	-	A. J. DEAN
Senior Assistant (Administration)	-	-	-	-	-	-	-	-	MISS E. E. CLARKE
Senior Assistant (Technical)	-	-	-	-	-	-	-	-	F. R. HORNE
2 Senior Clerks, 6 Clerks, 2 Shorthand Typists, 3 Social Welfare Officers, 7 Home Teachers of the Blind, 7 Supervisors of Handicapped Persons, 1 Occupational Therapist, 93 Workshop (including Salesshop) staff (including 73 Blind Persons), 14 Domestic and other staff (including 9 part-time)									

GENERAL STATISTICS

AREA (at 31st December, 1960)	(acres) 39,598
POPULATION—Census 1951	512,850
Estimate of Registrar General—Home population year 1960	499,610
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1960) ..	163,916
RATEABLE VALUE (1st October, 1960)	£6,767,467
SUM REPRESENTED BY A PENNY RATE (Year 1960-61)	£27,288

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1960

	Males	Females	Total		
LIVE BIRTHS—					
Legitimate ..	3,854	3,574	7,428	} Birth Rate <i>per 1,000</i> <i>of population</i>	15·7
Illegitimate ..	203	198	401		
Totals	4,057	3,772	7,829		
Illegitimate live births per cent. of total live births			..	..	5·1
STILLBIRTHS ..	74	75	149	Rate <i>per 1,000 total</i> <i>(live and still) births</i>	18·7
TOTAL LIVE AND STILL BIRTHS ..					
	4,131	3,847	7,978		
DEATHS OF INFANTS UNDER ONE YEAR OF AGE—					
All Infants	Deaths	156	Rate <i>per 1,000 live births</i>		19·9
Legitimate Infants	Deaths	146	Rate <i>per 1,000 legitimate live births</i>		19·7
Illegitimate Infants	Deaths	10	Rate <i>per 1,000 illegitimate live births</i>		24·9
Neonatal Mortality (first four weeks)	Deaths	111	Rate <i>per 1,000 live births</i>		14·2
Early Neonatal Mortality (under 1 week)	Deaths	101	Rate <i>per 1,000 live births</i>		12·9
Perinatal Mortality (stillbirths and deaths under 1 week)	Deaths	250	Rate <i>per 1,000 total (live and still) births</i>		31·3
MATERNAL MORTALITY—					
Puerperal Sepsis and Abortion	Deaths ..	—	} Rate <i>per 1,000 total (live and still) births</i>		Nil
Other Maternal Mortality ..	Deaths ..	—			Nil
Total Maternal Mortality ..	Deaths ..	—			Nil
	Males	Females	Total		
DEATHS (All Causes)	3,064	2,746	5,810	Death Rate <i>per 1,000 of population</i>	11·6
DEATHS FROM CERTAIN CAUSES—					
Tuberculosis of Respiratory System	Deaths ..	54	} Rate <i>per 1,000 of population</i>		0·11
Other Forms of Tuberculosis ..	Deaths ..	1			0·00
Cancer	Deaths ..	1,110	Rate <i>per 1,000 of population</i>		2·22

CITY OF SHEFFIELD

Telephone No. 27241

Public Health Department,
Town Hall Chambers.

August, 1960.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

In many ways the year under review has been unexceptional. There has been no serious epidemic. The infant mortality rate, after showing a very low figure of 17 in 1959, rose slightly in 1960 and the increase is largely due to the increased number of deaths of very young babies. There have been no maternal deaths.

The incidence of, and mortality from, tuberculosis is falling and our preventive measures are increasingly in the nature of a mopping up operation, and we are literally searching the highways. The result of our enquiries into the vagrant population is given on p. 76 and I would like to thank the Social Care Department for their co-operation. There is a strenuous follow-up of cases. It is not possible, however, to lower one's guard as regards this disease.

Immunisation can now be described as a 'plenitude of incident' with some confusion, and as shown on p. 63 an effort has been made to arrange some order out of the disarray. As new developments occur—and they occur frequently—it may be necessary to reorganise the chaos, but it is difficult for a conscientious parent to keep up with us and understand the reasons for the changes.

Protection against tetanus in infancy has become widely accepted in recent years. This obviates the need to use serum in the routine treatment of a dirty wound—this original serum (A.T.S.) sometimes gave rise to dangerous reactions which can be avoided with the present method.

The Department now provides pilgrims with protection against yellow fever. At the turn of the century there was unnecessary consternation in this country at the arrival of a sailing ship with cases of yellow fever at a South Wales port. Now travel can be safely undertaken in areas of the world where yellow fever is endemic.

Nearly a hundred years ago the diseases then notifiable were killing diseases. Although a few are still dangerous, many have disappeared from this country and the majority are mild, so that notification tends to become an embarrassment. The Department has a legal obligation to investigate notifiable diseases. It could well spend some of this time in dealing with

other preventable conditions such as accidents. On the other hand there has been an epidemic of mumps and hepatitis (jaundice) neither of which diseases are notifiable. Many infectious conditions are now recognised as due to viruses, and it would undoubtedly be profitable to assist the clinicians and bacteriologists in unravelling their epidemiology. The whole question of notification needs review.

Another condition that is causing concern is the venereal diseases, especially gonorrhoea. Many areas describe an increase, and comment on the growing incidence in young people. Syphilis has been falling but cases of gonorrhoea treated for the first time at Sheffield Centres have risen markedly. The figures applicable to the City population are as follows :—

<i>Year</i>	<i>Number</i>
1956	80
1957	176
1958	271
1959	297
1960	309

There is a warranted belief that there has been a waning of morality, especially in young people, and the increase of gonorrhoea has been largely found in this group. It is difficult to get reliable data. Some strains of the germ that causes gonorrhoea have become resistant to the antibiotics. Gonorrhoea is also notoriously difficult to diagnose in the female. With the help of the bacteriologists and the consultant in venereal diseases we have tried to evolve a more reliable method of diagnosing the condition, and the examination of women during pregnancy is being intensified. Three mothers with gonorrhoea were found in the ante-natal clinics and routine blood examination brought to light ten cases of acquired syphilis, eight of these being from the West Indies. The problem of 'teenage morals' should be viewed against the background of our present society. Efforts at improving the physique of our children have had excellent results and, despite detractors, the young people of today are a source of pride. Their intellectual development has also improved, for competition to attain the high standards of academic and technical training is being increasingly intensified. It is not always easy for young people to stifle the emotional development that accompanies physical maturity. We are in the midst of a new renaissance, with its good and bad counterparts, but life is exciting even for we older ones.

It is worth commenting on the slight reduction in the number of cases of cancer. There has even been a slight reduction in cancer of the lung among men, unfortunately counter-balanced by an increase of cancer of the lung among women.

Care of Mother and Child.—The attendances at the various centres have been well maintained. Although there have been fewer babies the total number of children examined at child welfare clinics has increased ; so also has the number of mothers who received ante-natal care. The amount of national dried milk, cod liver oil and orange juice purchased at the centres has decreased.

A very pleasant new clinic was opened at Burngreave (Ivy Lodge) and we have been able to use the school clinic at Handsworth, which is much better appointed than the premises we formerly used.

Although fewer mothers are confined at home the work of the domiciliary midwife does not decline—more mothers are sent home from hospital a short time after delivery and more ante-natal care is expected from the midwife, apart from the need to master new techniques. The night rota scheme (p. 47) has provided midwives with better hours of assured rest, and has undoubtedly improved the efficiency of the service. It has been wholly acceptable to the mothers.

The health visitor continues to be involved in most aspects of the care of the family—and of her it can be said, “Age cannot wither her, nor custom stale her infinite variety.” We must, however, bear in mind the widening scope of social work and the emergence of social workers. It is very important that they and the health visitors work in harmony, and complement each other. The Younghusband Report on Social Workers merits careful consideration.

Domestic helps also increased in number and in the diversity of their services. The supervision and organisation of this service is difficult, and the need for a greater number of supervisors and district centres is realised.

The Home Nursing Service has also been reorganised. The Princess Mary Home has been vacated and the organisation of two areas of the City has developed in the Manor and Firth Park Centres. Some of the minor dressings have been given at these clinics, thus reducing unnecessary visiting by nurses who are also brought into more intimate contact with other local health authority services. Equipment and nursing requisites will also be provided from these centres. The chiropody service is also based on the three major centres so as to co-ordinate this developing service with the established ones, thus increasing its effectiveness. It is of great assistance to the aged and disabled, and is certain to expand.

The care of the aged has many facets and enters into most of the services ; for despite their particular needs they are part of the community. The ‘ meals on wheels ’ service—a flourishing joint effort of the Council of Social Service and the Department—has been a boon to many old people and is generally appreciated. Loneliness is, however, common in the aged. Out of 27 suicides among males, 21 occurred after the age of 45, and in the case of females ten out of fourteen occurred in the same age group.

The Health Education Section has stimulated interest in certain preventive aspects of accidents which are also common in the aged.

The Disabled.—An increasing amount of our work is undertaken for persons who are disabled in one way or another. The efforts of medicine to cure often falls short and result in disability of variable duration. The changing attitude towards mental ill-health must prepare us to accept more persons with some mental disability in our midst.

One of the essential problems is that of trying to understand the meaning of disability. The sighted person is as handicapped in understanding the meaning of blindness or deafness as the congenitally blind or deaf are in appreciating light and sound. Congenital blindness is more than an inability to see, for there has been the failure to develop the multifarious mental processes for which sight is essential. There can be no full substitution for hearing and sight—only adjustments. To some extent this is true of other defects that have occurred during life. There are particularly difficult problems in dealing with those who have multiple disabilities (see p. 99). We are developing the welfare work for the disabled—enlisting more staff and endeavouring for them to mix together to learn from one another. Premises in Psalter Lane, once the centre for Deaf Welfare, will in future also cater for some types of the aged and the disabled, and provide separated accommodation for services for tuberculous persons. The hospitals are increasingly accepting the local authority services for the disabled as a step towards rehabilitation. It is necessary, however, to seek new outlets and better methods of training and production.

A new departure is the clinics for mothers, run by Dr. Parker and Dr. Horsley. In the first we try to help mothers with young children who are, or may be, disabled. The mothers need support and some means of expressing their anxieties. Dr. Horsley (p. 129) also sees mothers who are apprehensive regarding their own abilities to handle their children or manage themselves and their families. The efforts are experimental and cannot be hurried but, so far, are promising.

The work for the disabled is unspectacular and often frustrating—it seldom gets the results we would desire, but it is not for the material attainments only that it is worth undertaking. The words of a Confederate soldier who fought a hundred years ago are worth quoting :—

“ I asked for strength, that I might achieve,
I was made weak, that I might learn humbly to obey.
I asked for health, that I might do great things,
I was given infirmity, that I might do better things.
I asked for riches, that I might be happy,

I was given poverty, that I might be wise.
I asked for power, that I might have the praise of men,
I was given weakness, that I might feel the need of God.
I asked for all things, that I might enjoy life,
I was given life that I might enjoy all things.
I got nothing that I asked for, but everything that I had hoped for.
Almost despite myself my unspoken prayers were answered.
I am among all men most richly blest."

The Mental Health Service is in a comparable developing stage. There is a committee under the Chairmanship of the Professor of Psychiatry, on which sit general practitioners, psychiatrists, local authority medical staff, and a representative of the Regional Hospital Board. They attempt to understand each other's problems and to unite in providing a good service for the patients. The local authority is in the process of providing a hostel for short-stay patients who are not yet fit to live at home or who have no home—to prepare them for an independent life. Rehabilitation can only be successful when treatment brings the mental patient to realise his inadequacy.

Mental ill-health may be found in many forms—in the problem family, the mentally subnormal, many criminals, the seriously depressed and the apprehensive and embittered. The main hope is to inculcate a proper approach to life at an early age—preventive psychiatry. In this effort the Health Department must co-operate with the Education Department for the two have complementary duties.

Health Education.—There is a special enlarged account of this service, for we have been asked to provide information to the Central Committee which is considering the problem. Health and the achievements of medicine are of great interest, and it is not difficult to stimulate people to make greater use of facilities provided. Health education is useful in this direction but its main effort should be to add purpose, interest and understanding to the ways of living healthily and happily.

We should not overestimate the potential of Health Education. It has been successful in promoting the right climate of opinion towards smoke abatement but it has failed in inducing people to give up smoking. It would be very useful to know why it failed.

General Sanitation is the mainspring which is essential to the working of all the health services. Fit houses, clean food and water, and now a clean atmosphere are fundamental conditions of living. There is little new to report but the standards have been maintained. The task of assisting in rehousing from slums is proceeding one might say relentlessly. The feeding of large towns and the provision of safe, clean and nutritious food provides a problem in which scientific methods of fully utilising available food supplies must be linked with improving standards of hygiene. Care of

food extends to promoting the health of the herds, and the safeguarding of feeding stuffs and their satisfactory processing and transport. Mr. Twelves' account of his expedition (p. 160) shows that we are more at sea than we thought we were.

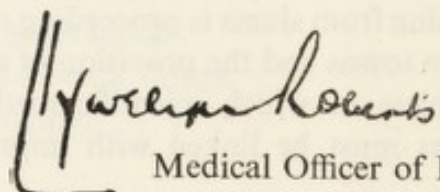
I have felt it necessary to inform the Council that the present arrangements for exhumation are unsatisfactory. Careful thought should be given to cremation as an alternative to reinterment of remains which, from all accounts, have ceased to be the concern of the descendants even if they can be found, which is seldom the case.

Transport is an increasing charge on the department, and the centralising of repair and maintenance of the vehicles is now concentrated in the new building at Osgathorpe House which provides for disinfection and disinfestation, and undertakes storage and repair for the impedimenta of the department.

The Ambulance Service covered 567,000 miles last year, equivalent of a journey encompassing the circumference of the world at the equator once about every fortnight.

For many years the doctor and the nurse pitted their often scanty knowledge against disease, and the combat was a physical encounter, the patient, the incarnation of the disease, being the battle ground. There was little room for refinements—survival was all that mattered. Comfort was secondary to austere cleanliness, and unquestioning obedience to the voice of authority was the only hope of cure. There have been changes. The doctor does not now work single-handed, he is one of a team of interested agencies working on the patient's behalf; the patient is educated and co-operative. A more humane approach to the sick person is demanded. Our clinics too should now be gay and the patient's confidence assured by a friendly welcome. Mothers now assume that childbirth and the new baby are happy occasions, and we know that the physically and mentally sick person responds to a happy and pleasant atmosphere. I think that this is all to the good.

The Report is an annual account of the stewardship of the Department and I have the honour to be the editor. It includes lamentations, commendations, condemnations and prognostications, apart from the story of the Health Services of the local authority. It would not have been possible to accomplish anything without, on the one hand, the work of the whole staff and particularly the Deputy Medical Officer and on the other, the support and guidance of the Committee and the interest of the Chairman. I have great pleasure in presenting the Report.


Medical Officer of Health.

LIAISON ARRANGEMENTS

By J. SARGINSON, M.B., B.S., D.P.H.,
Assistant Medical Officer of Health and School Medical Officer

"Let's go hand in hand, not one before another."

William Shakespeare (The Comedy of Errors)

The three major branches of medical practice in this country are family doctoring, hospital work and the local authority health services. Sometimes these three seem to adopt the bickering roles of an eternal triangle rather than the essential unity of a trinity. In Sheffield we are conscious that much remains to be done but useful experience has been gained in the art of working together so as to secure the best care of the patient.

An early step towards closer co-operation between the local authority and the hospital service was taken some ten years ago when health visitors were nominated to discuss patients' needs with the almoners at the various hospitals in the City. This arrangement has continued and now ten health visitors are used, each visiting the hospital allotted to her from one to three times a week as the occasion demands. The personnel were carefully selected for this work and changes have been kept to a minimum. This continuity is an important factor in the success of the scheme. Figures are not available for the exact amount of work done in this way, but during 1960 in just one hospital at least 160 separate tasks were undertaken. Many of these gave rise to numerous visits which were not recorded separately.

Much of the work arises from the problems of old people. This may include arranging 'meals on wheels', domestic help, etc. Of particular interest in this respect is the method that has been followed at the Fir Vale Infirmary since 1951. Here a monthly case conference is held between the geriatrician, male and female ward sisters, the almoner, the welfare officer of the hospital, and an officer from the City Social Care Department; the hospital physiotherapist, occupational therapist and the Superintendent Health Visitor or a Deputy also attend. As might be expected day to day contact is maintained over the telephone, and indeed many of the problems are sorted out in this way. So far as the health visitor is concerned, she may point out social difficulties at home which justify some priority of admission. Since 1954 she has been able to recommend cases for a short stay to allow relatives a holiday, thus often preventing a whole family collapse. The health visitor is even more directly concerned with the discharge of patients from hospital. She may, for example, arrange with the Domestic Help Service for the house to be cleaned and ready for occupation and also see that a relative or friend is waiting to receive the old person. Patients are always sent out ambulant and great efforts are made to maintain this—

but in those cases where the patient just cannot manage, the health visitor can, in consultation with the general practitioner, secure immediate re-admission to hospital. Unfortunately all too often the patients come to rely on the social services, expecting (and getting) daily domestic help. Even so, taken as a whole, considerable numbers are returned to a more or less normal life within the community.

So far as the intermediate age groups are concerned, the health visitor is usually only kept informed when a local authority service is required. These include domestic help, 'meals on wheels', sitters-in for patients dying from cancer, arranging grants of money or clothes or providing nursing requisites. It is usual for the doctor or almoner to contact the Home Nursing Service direct when it is required, but in most other instances it falls to the health visitor to initiate any necessary arrangements.

Though the number of child patients referred is smaller, the amount of time spent on each case tends to be greater. At the beginning of the scheme most of the hospital requests were directed at finding out which children were from poor homes so that convalescence could be arranged—or at least so that the child could be kept in hospital a few days longer to ensure that it was fully fit on discharge. The housing situation in Sheffield is gradually improving, there is less overcrowding and in consequence the type of work is changing. It is recognised today that a child in hospital may suffer from psychological trauma—to some extent this may be lessened by frequent visiting. Daily visiting of children is encouraged in Sheffield hospitals, and often the health visitor may be asked to try to persuade the parents to come more frequently to see the child. She may be able to assist by arranging domestic help for the mother—or even get some of the other children into a nursery to allow unhindered visiting.

Much more time is being devoted to following-up children discharged from hospital. Any special feeding arrangements required are notified to the health visitor, who then sees that the mother understands what to do. In general, the health visitor is informed whenever a home factor is partly responsible for the admission of the child, or where improvement of some factor in the home environment might prevent recurrence or re-admission.

There is also a close link between the Superintendent Health Visitor and the Sister-in-charge of the premature baby unit at the City General Hospital. Every help is afforded to the mothers of these children and the health visitor will press the mother to attend the follow-up clinics. In cases of refusal the health visitor may be able to give a report on the child to the hospital so that some oversight on progress may be maintained. Where necessary, arrangements may be made for one of the authority's special premature baby midwives to attend beyond the usual 28 days.

About nine years ago hospitals were asked to inform the Medical Officer of Health of all home accidents in Sheffield which resulted in patients attending for treatment. For some years this was done with a varying degree of completeness and useful information was obtained, which was summarised in the Report of the M.O.H. for 1958 (p. 91). As a result the health visitor called at the home where the accident had involved an old person, or a child of pre-school age, with a view to the prevention of further accidents. The visit was not to censure but make the whole family conscious of home safety.

The family doctor is most frequently in contact with the Home Nursing Service and there is excellent co-operation here. Initial contact is nearly always by 'phone. The general practitioner tries to ring his calls before the nurses' rounds begin at about 8.30 a.m. But even where this is not possible a message can be passed on when a nurse rings the centre later in the day. Once a case has been visited by the nurse a 'message sheet' is left at the home. On this is recorded all treatment prescribed and given together with any instructions or observations that either party may wish to convey to the other. An account of the work of the Home Nursing Service is given on p. 60 but one or two points may be noted. The number of children to be treated is very small—usually there are not more than five per month over the whole City. These few are mainly for penicillin injections, dressings to burns and scalds, and the occasional enema. There is no special team to treat children—and so far there has been no demand for one from the general practitioners.

Minor treatment centres (for ambulant patients requiring dressings or injections) have been started by the Home Nursing Service at Firth Park and Manor Centres. Family doctors and hospitals have been informed and the service is being increasingly used. It is hoped that in addition to saving the nurses' time this will encourage activity in patients discharged from hospital and, incidentally, it will bring them to a place where immediate contact with other local authority services is possible. Treatment is easy to arrange as there is direct contact between ward sisters and the home nursing centres. Where this includes continuation of dressings a small supply is given to the patient before leaving hospital to give time for the family doctor to prescribe for further needs. Integration of effort between hospitals, general practitioners and the local authority here has reached a high level of efficiency. It is rare indeed to meet with any delay in continuation of treatment at home.

No mention has been made so far of liaison arrangements to secure early discharge of patients from hospital for indeed they do not exist. A scheme for adult patients was initiated a few years ago but was eventually

abandoned. The major hospitals considered either that they could not work the scheme, or that no great advantage would accrue from it. On the local authority side it is still felt that the scheme was worth a trial.

It has also been mentioned that there has been no great demand from family doctors to provide nursing for a sick child at home. However, in the report on 'The Welfare of Children in Hospital'* it is suggested that more sick children may be able to be treated at home and that yet others may be discharged home earlier than at present. An approach to discuss this with us has recently been made. Clearly more work would fall on the domestic help and home nursing services. The Domestic Help Service, in particular, is at present severely strained in caring for old people. So far as the Home Nursing Service is concerned some reorganisation would be needed. The outcome of these discussions is not yet clear—but any scheme evolved would no doubt be referred to in subsequent Annual Reports.

* 'The Welfare of Children in Hospital'. Central Health Services Council. 1959. H.M.S.O.

VITAL STATISTICS

"There is no cure for birth and death save to enjoy the interval."

—James Harvey Robinson (Soliloquies in England).

Area.—The total area of the City at 31st December, 1960, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1960 was 499,610. (The population figure given in the Preliminary Report of the 1961 Census is 493,954). Although it is necessary to accept the Registrar General's Estimate for the purpose of this Report it should be borne in mind that the rates will be slightly lower than the true birth rates and death rates.

The infant mortality rate is based on the number of births and is independent of the population figure.

Live Births.—There were 8,833 live births registered in the City in 1960 and, after making allowances for births transferable inwards and outwards, the figure of net live births was 7,829. The birth rate was 15·7 per 1,000 of the population as against a rate of 15·4 in 1959. The England and Wales rate for 1960 was 17·1 per 1,000. The statement below shows that the recent upward trend in the birth rate of the City continued in 1960 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 1949. It will be seen that of the 7,829 live births in 1960 there were 401 illegitimate births and that the illegitimacy rate was 51 per 1,000 births, the highest since 1945. The average of the illegitimacy rates of the City for the ten years 1950 to 1959 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</i>	
				<i>Sheffield</i>	<i>England and Wales</i>
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
1957	7,519	15·1	286	38	46
1958	7,656	15·3	339	44	49
1959	7,709	15·4	377	49	51
Average 1950-59	7,221	14·3	279	38	47
1960	7,829	15·7	401	51	54

Stillbirths.—Stillbirths allocated to the City in 1960, after making allowance for transferable births, numbered 149 and gave a rate of 0·30 per 1,000 of the population, as compared with 0·32 per 1,000 for 1959.

The stillbirths in the City in 1960 also represented a rate of 18·7 per 1,000 total (live and still) births, as compared with 20·6 per 1,000 in 1959 and an England and Wales rate for 1960 of 19·7 per 1,000.

Infant Mortality.—There were 156 deaths of infants under one year of age in 1960, as compared with 131 in 1959. The infant mortality rate was 20·0 per 1,000 live births in 1960 as against 17·0 per 1,000 in 1959. The England and Wales rate for 1960 was 21·7 per 1,000.

The table which follows gives the Sheffield mortality rate for legitimate and illegitimate infants, as well as for all infants, and also shows the comparison between the infant mortality rate in the City and that of England and Wales for the period 1946-1960.

TABLE I.—Infant Mortality, Sheffield and England and Wales, 15 years, 1946 to 1960

Year	Legitimate Infants	Illegitimate Infants	All Infants	
	Rate per 1,000 legitimate live births	Rate per 1,000 illegitimate live births	Rate per 1,000 live births	
			Sheffield	England and Wales
1946	36	48	36	43
1947	41	48	42	41
1948	32	41	32	34
1949	34	53	35	32
1950	27	43	28	30
1951	31	30	31	30
1952	24	26	24	28
1953	26	22	26	27
1954	24	30	24	26
1955	23	31	24	25
1956	23	31	24	24
1957	20	35	21	23
1958	21	30	21	23
1959	17	24	17	22
1960	20	25	20	22

In the table on page 7, particulars are given of the deaths of infants in the year 1960. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (seventh revision), which was introduced in 1958.

TABLE II.—Infant Mortality ; Deaths in the year 1960 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	—	—	—	—	—	—	1	—	—	—	1
057	Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—
085	Measles	—	—	—	—	—	—	—	—	—	—	—
Remainder of 020-138	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—
340	Meningitis, except meningococcal and tuberculous	—	—	—	—	—	—	—	—	—	—	—
480-483	Influenza	—	—	—	—	—	—	—	—	1	—	1
490-493	Pneumonia (4 weeks—1 year)	—	—	—	—	—	—	5	1	2	1	9
500-502	Bronchitis	—	—	—	—	—	—	—	—	3	—	3
543, 571, 572	Gastritis, Enteritis and Diarrhoea (4 weeks—1 year)	—	—	1	—	—	—	1	1	—	—	3
751	Spina Bifida and Meningocele	1	—	—	—	—	2	2	—	—	—	4
754	Congenital malformations of circulatory system	2	3	—	1	1	7	3	2	—	1	13
Remainder of 750-759	Other congenital malformations	3	3	1	—	1	8	5	2	—	1	16
760, 761	Birth injuries	5	6	—	—	—	11	—	—	—	—	11
762	Postnatal asphyxia and atelectasis	9	6	—	—	—	15	—	—	—	—	15
763	Pneumonia of newborn	—	1	—	1	1	3	—	—	—	—	3
764	Diarrhoea of newborn (under 4 weeks)	—	—	—	—	—	—	—	—	—	—	—
770	Haemolytic disease of newborn	1	3	1	—	—	5	—	—	—	—	5
774	Prematurity with mention of subsidiary condition	—	1	—	—	—	1	—	—	—	—	1
776	Prematurity unqualified	29	10	—	—	—	39	—	—	—	—	39
Remainder of 760-776	Other diseases peculiar to early infancy	9	5	—	—	—	14	—	—	—	—	14
E924	Accidental mechanical suffocation	—	—	—	—	—	—	—	—	—	—	—
Remainder of E800-999	Other violent causes	—	4	1	1	—	6	1	2	1	5	2
Residual	All other causes	—	—	—	—	—	—	2	—	—	—	16
	ALL CAUSES	59	42	4	3	3	111	20	9	7	9	156

Neonatal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 111 in the year 1960, giving a neonatal mortality rate of 14·2 per 1,000 live births. The rate for the year 1959 was 11·3 per 1,000. The neonatal deaths in 1960 comprised 71 per cent. of the total deaths of children under one year of age as against 66 per cent. in 1959.

Perinatal Mortality.—Stillbirths and deaths of infants under one week numbered 250 in the year 1960, giving a perinatal rate of 31·3 per total (live and still) births, this being the same as the rate for the year 1959.

Pregnancy, Child Birth and the Puerperal State.—There were 205 cases of Puerperal Pyrexia notified during the year 1960, and the incidence rate, calculated per 1,000 total (live and still) births, was 26, the lowest since 1951.

There were no maternal deaths during the year 1960. The England and Wales maternal mortality rate for 1960 was 0·39 per 1,000 total (live and still) births, and the average Sheffield rate for the period 1955-1959 was 0·15, as against an England and Wales average of 0·44. 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.

TABLE III.—Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, years 1955-1960

Year	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births				
		Notifications of Puerperal Pyrexia	Maternal Mortality			Total Maternal Mortality
			Puerperal Sepsis	All Other Causes	Sheffield	England and Wales
1955	—	39 (273)	—	—	—	0·54
1956	—	42 (300)	—	—	—	0·46
1957	—	45 (348)	—	—	—	0·39
1958	4	31 (243)	0·13 (1)	0·38 (3)	0·51	0·43
1959	2	31 (245)	—	0·25 (2)	0·25	0·38
Average 5 years 1955-1959 ..	1	38 (282)	0·03 (—)	0·13 (—)	0·15	0·44
1960	—	26 (205)	—	—	—	0·39

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

Deaths.—There were 6,424 deaths registered in the City in 1960 and the transferable deaths numbered 259 inwards and 873 outwards. Net deaths allocated to the City therefore totalled 5,810 of which 3,064 were males and 2,746 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 1959 rate and the average rate for the decade 1950-1959. The England and Wales rate for 1960 was 11·5 per 1,000.

<i>Year</i>		<i>Number of Deaths</i>		<i>Death Rate per 1,000 of the Population</i>
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
1957	..	5,785	..	11·6
1958	..	5,865	..	11·8
1959	..	5,860	..	11·7
Average 1950-59	..	5,961	..	11·8
1960	..	5,810	..	11·6

The Table which follows shows deaths of Sheffield residents by separate age groups for the decade 1951-1960.

TABLE IV—Deaths by Separate Age Groups, 1951-1960.

<i>Age</i>	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Under one year	221	168	181	164	160	166	155	160	131	156
1 — 4	34	23	24	24	25	27	24	22	28	12
5 — 14	34	33	30	26	20	20	32	30	24	22
15 — 24	58	45	36	47	37	39	26	41	31	33
25 — 44	346	307	296	244	234	227	238	228	216	201
45 — 64	1,568	1,445	1,473	1,425	1,512	1,404	1,561	1,406	1,488	1,450
65 — 74	2,047	1,724	1,757	1,639	1,645	1,648	1,626	1,627	1,600	1,553
75 and over	2,325	2,192	2,244	2,252	2,301	2,321	2,123	2,351	2,342	2,383
TOTALS	6,633	5,937	6,041	5,821	5,934	5,852	5,785	5,865	5,860	5,810

Causes of Death.—In Table V on page 10 are given particulars of the number of deaths of Sheffield residents in the year 1960, classified according to disease, sex and age periods. The classification of causes of death is that prescribed in the International List (seventh revision), which replaced the sixth revision of 1948.

Population and Birth Rates and Death Rates in Past Years.—Table VI on page 11 gives information in regard to the population of the City in 1960 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 V.—Deaths of Sheffield Residents in the Year 1960 Classified according to Disease, Sex and Age-Periods

Cause of Death	Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	3,064	90	5	15	24	129	949	855	997
	F	2,746	66	7	7	9	72	501	698	1,386
TOTALS		5,810	156	12	22	33	201	1,450	1,553	2,383
1. Tuberculosis, Respiratory	M	40	—	—	—	—	3	22	12	3
	F	14	—	—	—	—	5	7	2	—
2. Tuberculosis, Other ..	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—
3. Syphilitic Disease ..	M	5	—	—	—	—	2	2	1	—
	F	4	—	—	—	—	—	2	1	1
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	M	1	1	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	M	10	—	—	—	1	—	5	1	3
	F	7	—	2	—	1	—	4	—	—
10. Malignant Neoplasm, Stomach ..	M	94	—	—	—	1	3	40	28	22
	F	72	—	—	—	—	2	20	27	23
11. Malignant Neoplasm, Lung, Bronchus ..	M	252	—	—	—	—	5	132	84	31
	F	28	—	—	—	—	1	18	6	3
12. Malignant Neoplasm, Breast ..	M	—	—	—	—	—	—	—	—	—
	F	84	—	—	—	—	6	40	25	13
13. Malignant Neoplasm, Uterus ..	M	—	—	—	—	—	—	—	—	—
	F	47	—	—	—	—	4	15	21	7
14. Other Malignant and Lymphatic Neoplasms	M	264	—	—	2	2	19	89	70	82
	F	237	—	—	1	—	7	75	81	73
15. Leukaemia, Aleukaemia	M	14	—	2	3	—	1	3	4	1
	F	18	1	—	—	1	2	5	5	4
16. Diabetes	M	10	—	—	—	—	1	3	4	2
	F	20	—	—	—	—	2	1	7	10
17. Vascular Lesions of Nervous System ..	M	343	—	—	—	1	6	68	108	160
	F	465	—	—	—	—	4	63	139	259
18. Coronary Disease, Angina ..	M	650	—	—	—	1	20	254	207	168
	F	365	—	—	—	—	5	58	121	181
19. Hypertension with Heart Disease ..	M	52	—	—	—	—	1	13	18	20
	F	70	—	—	—	—	—	8	15	47
20. Other Heart Disease ..	M	248	—	—	—	—	6	48	57	137
	F	440	—	—	—	—	8	57	87	288
21. Other Circulatory Disease	M	160	—	—	—	—	1	27	38	94
	F	265	—	—	—	—	3	20	37	205
22. Influenza	M	3	—	—	—	—	1	—	1	1
	F	4	—	—	—	—	—	—	1	3
23. Pneumonia	M	116	9	—	1	—	4	19	23	60
	F	114	3	2	—	—	—	14	21	74
24. Bronchitis	M	339	1	—	—	—	7	108	115	108
	F	99	2	—	—	—	2	18	25	52
25. Other Diseases of Respiratory System ..	M	43	3	—	—	—	1	16	12	11
	F	20	1	—	—	1	2	3	4	9
26. Ulcer of Stomach and Duodenum ..	M	40	—	—	—	—	1	14	9	16
	F	10	—	—	—	—	—	3	5	2
27. Gastritis, Enteritis and Diarrhoea ..	M	10	2	1	—	—	2	1	1	3
	F	13	3	—	—	—	1	2	2	5
28. Nephritis and Nephrosis	M	19	—	—	—	2	3	4	3	7
	F	19	—	—	—	2	1	3	6	7
29. Hyperplasia of Prostate	M	35	—	—	—	—	—	4	12	19
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
31. Congenital Malformations ..	M	21	17	—	1	1	—	1	1	—
	F	27	21	—	2	1	—	1	2	—
32. Other defined and ill-defined Diseases ..	M	171	57	1	2	5	12	37	30	27
	F	191	34	1	2	—	8	42	38	66
33. Motor Vehicle Accidents	M	39	—	—	3	6	13	9	2	6
	F	12	—	—	—	2	4	3	3	—
34. All other Accidents ..	M	54	—	1	3	2	10	14	11	13
	F	84	1	1	2	1	1	9	16	53
35. Suicide	M	27	—	—	—	1	5	15	3	3
	F	14	—	—	—	—	4	9	—	1
36. Homicide and Operations of War ..	M	4	—	—	—	1	2	1	—	—
	F	1	—	—	—	—	—	1	—	—

TABLE VI.—Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1960, 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
1958	498,800	7,656	15·3	5,865	11·8	16·4	11·7
1959	499,400	7,709	15·4	5,860	11·7	16·5	11·6
1960	499,610	7,829	15·7	5,810	11·6	17·1	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.

Marriages.—The number of marriages in 1960 was 3,914 and the marriage rate (or persons married per 1,000 of the population) was 15·7 as against 15·4 per 1,000 in 1959. The 1960 rate was slightly above the England and Wales rate, which was again 15·0 per 1,000. The following table gives details of marriages in Sheffield during the period 1955 to 1960 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE VII.—Marriages and Marriage Rates in Sheffield and in England and Wales, years 1955 to 1959 and year 1960

<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>
1955	4,185	16·7	16·1
1956	4,067	16·3	15·8
1957	3,981	16·0	15·4
1958	3,931	15·8	15·1
1959	3,849	15·4	15·0
Average (Quinquennium 1955–1959)	4,003	16·0	15·5
1960	3,914	15·7	15·0

Cremations.—A total of 4,077 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 his Deputy who are accepted referees for this purpose. Details of cremations carried out during the previous five years are as follows :—

1955	..	..	..	..	..	3,262
1956	..	..	..	..	..	3,556
1957	..	..	..	..	..	3,749
1958	..	..	..	..	..	4,283
1959	..	..	..	..	..	4,377

Medical Examinations.—708 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, nine failed to pass the examination. The figures for the previous five years are as follows :—

<i>Year</i>			<i>No. of examinations</i>	<i>No. failed to pass</i>
1955	..	..	536	8
1956	..	..	634	3
1957	..	..	501	3
1958	..	..	464	4
1959	..	..	545	13

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 1960. Notifications of each disease are tabulated in specified age groups.

TABLE VIII.—Cases of Infectious and other notifiable Diseases during the year 1960 classified under age periods

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								At all Ages
	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	
Smallpox	—	—	—	—	—	—	—	—	—
Measles	32	368	218	3	—	—	—	—	621
Whooping Cough	70	410	310	4	2	2	2	—	800
Scarlet Fever	1	79	163	4	—	—	—	—	247
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	1	—	—	—	—	—	1
Paratyphoid Fever	—	1	—	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	99	82	24	—	—	205
Erysipelas	1	—	—	—	6	9	29	14	59
Meningococcal Infection	4	2	—	1	—	—	—	—	7
Acute Poliomyelitis—									
Paralytic	—	—	1	—	—	—	—	—	1
Non-Paralytic	—	—	—	—	—	—	—	—	—
Ophthalmia									
Neonatorum	8	—	—	—	—	—	—	—	8
Pneumonia	24	35	33	22	29	26	134	107	410
Malaria	—	—	—	—	—	—	—	—	—
Dysentery	27	245	362	34	69	30	21	27	815
Acute Encephalitis—									
Infective	—	1	—	—	—	—	—	—	1
Post-Infectious	—	—	1	—	—	—	—	—	1
Food Poisoning	9	49	35	16	11	7	9	4	140
Tuberculosis of Respira- tory System	2	3	4	49	44	62	108	32	304
Other Forms of Tuber- culosis	—	—	1	4	9	5	8	5	32
Acute Rheumatism	—	—	21	—	—	—	—	—	21
TOTALS	178	1,193	1,150	236	252	165	311	189	3,674

Measles.—There were 621 cases of Measles notified during the year, and the attack rate was 1·24 per 1,000 of the population as against 15·65 per 1,000 in 1959. There were no deaths during the year.

Scarlet Fever.—247 cases of Scarlet Fever were notified during the year and the attack rate was 0·49 per 1,000 population as against 0·88 for 1959, and an average rate of 1·10 for the quinquennium 1955-1959. The rate of 0·49 for the year 1960 is the lowest on record. There were no deaths from Scarlet Fever during the year.

Diphtheria.—For the eighth successive year there were no cases of Diphtheria notified during 1960, and there were no deaths for the twelfth successive year.

Whooping Cough.—800 notifications of Whooping Cough were received in the year 1960 and the attack rate was 1·60 per 1,000 of the population as against 0·32 in 1959. There were two deaths with a death rate of 0·004 per 1,000. In the year 1959 there was one death.

Although Whooping Cough was prevalent throughout the year, it should be noted that there has been a favourable trend since the introduction of Whooping Cough immunisation by the authority in 1954, and in 1958 and 1959 the City was almost free of the disease. The number of cases notified in the years 1951-1960 were as follows :—

<i>Year</i>	<i>Cases notified</i>	<i>Year</i>	<i>Cases notified</i>
1951	1,076	1956	982
1952	1,781	1957	888
1953	1,760	1958	117
1954	798	1959	160
1955	895	1960	800

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

Typhoid Fever.—The only case of Typhoid developed in a Pakistani boy who had recently come to England. The infection was probably contracted shortly before leaving his own country.

Paratyphoid Fever.—There was only one case of Paratyphoid and this was identified in a child of 18 months who developed diarrhoea. The child had acquired a taste for coconut cakes and the mother sometimes made them specially for her. In view of the fact that *S. paratyphi* has on occasions been isolated from dessicated coconut some suspicion must fall on this commodity, although in this particular case no definite connection was ever established.

Enteritis and Diarrhoea under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 0·64 in 1960, as compared with a rate of 0·52 for the year 1959.

Dysentery.—815 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There were no deaths. In 1959 there were 109 cases and no deaths.

Food Poisoning.—There were 140 cases of Food Poisoning recorded during 1960 compared with 62 in 1959, and there was one death. There was one small outbreak, particulars of which are given in the Food Hygiene Section of the report on page 150.

Meningococcal Infection.—There were 7 cases of Meningococcal Infection notified in 1960, compared with 6 cases in 1959, and the attack rate was 0·01 per 1,000 of the population. Again there were no deaths during the year. The average death rate for the quinquennium 1955-1959 was 0·005 per 1,000 population.

Acute Poliomyelitis.—Only one case was notified during the year, this being of a paralytic type. In 1959 there were 3 cases—2 of Poliomyelitis (Paralytic) and 1 of Poliomyelitis (Non-paralytic). The attack rate was 0·00 per 1,000 of the population, comparing with a rate of 0·01 for 1959. For the second year in succession there were no deaths from this cause.

Acute Encephalitis.—One case of Acute Infective Encephalitis was notified during the year, resulting in the death of a two year old child. There was also one case of Post Infectious Encephalitis notified and this child recovered. There were two case of Acute Infective Encephalitis in 1959, but no deaths.

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

Influenza.—The Influenza death rate was 0·014 per 1,000, as against a rate of 0·134 in 1959. The average City rate for the five years 1955-1959 was 0·076 per 1,000.

Pneumonia.—410 cases of Pneumonia were notified in 1960, the incidence rate being 0·83 per 1,000 of the population, as against 1·25 per 1,000 in 1959. A total of 230 persons died from Pneumonia during the year—116 males and 114 females—and the death rate was 0·460 per 1,000 of the population. There were 624 deaths from Pneumonia in the year 1959, and the death rate was 0·493 per 1,000. The average death rate for the five years 1955-1959 was 0·441 per 1,000.

Bronchitis.—There were 438 deaths from Bronchitis during the year, of which 339 were males. The death rate was 0·876 per 1,000 of the population which compares with a rate of 0·805 for the year 1959. The average City rate for the five years 1955-1959 was 0·808 per 1,000.

Tuberculosis.—There were 304 primary notifications of Tuberculosis of the respiratory system in 1960, and the incidence rate was 0·61 per 1,000 population as against 0·66 per 1,000 in 1959. There were 32 notifications of other forms of Tuberculosis, giving an incidence rate of 0·07 per 1,000 the same as that for 1959.

Deaths from Tuberculosis of the respiratory system numbered 54, of whom 40 were males and 14 females. The death rate per 1,000 population was 0·108. The figure compares with a rate of 0·126 in 1959, an average rate of 0·156 for the five years 1955-1959, and an England and Wales rate for 1960 of 0·068 per 1,000.

There was one death from other forms of Tuberculosis. The death rate was 0·002 per 1,000 of the population as against the rate of 0·006 for 1959, and an average rate of 0·015 for the five years 1955-1959 ; the England and Wales rate in 1960 was 0·007.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1951 to 1960, are given in the table below :—

TABLE IX.—Death Rates per Million from Tuberculosis, ten years, 1951 to 1960

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
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
1958 ..	110	89	4	11	114	100
1959 ..	126	77	6	8	132	85
1960 ..	108	68	2	7	110	75

Acute Rheumatism.—The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950. After lapsing for a short period, they were renewed in 1954 and extended indefinitely in 1958. 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. 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.

During 1960, 21 cases of Acute Rheumatism were notified and following investigation, 17 of these were accepted as definite cases.

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

TABLE X.—Tabulation by Age, Sex and Clinical Classification of Cases notified as Acute Rheumatism in the year 1960

Clinical Classification of Case notified	Age in Years								Total all ages		Total both sexes
	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	—	—	3	—	2	2	—	1	5	3	8
II. Rheumatic Heart Disease (active)—											
(a) with polyarthritis ..	—	—	—	2	—	6	—	—	—	8	8
(b) with chorea	—	—	—	—	—	—	—	—	—	—	—
(c) with no other rheu- matic manifestations ..	—	—	—	—	—	—	—	—	—	—	—
III. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
IV. Rheumatic Chorea (alone)	—	—	—	—	—	1	—	—	—	1	1
TOTAL RHEUMATIC CASES ..	—	—	3	2	2	9	—	1	5	12	17
V. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
VI. Other non-rheumatic heart disease or disorder ..	—	—	—	—	—	—	—	—	—	—	—
VII. Not rheumatic or cardiac disease	—	—	—	1	—	2	1	—	1	3	4
TOTAL NON-RHEUMATIC CASES	—	—	—	1	—	2	1	—	1	3	4

For comparison the annual notifications of Acute Rheumatism for the years 1948-1959 are given below :—

TABLE XI.—Notifications of Acute Rheumatism in Sheffield, 1948-59

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
143 (116)	52 (44)	91 (72)	30 (27)	39 (31)	68 (59)	37 (33)	21 (16)	34 (28)	20 (19)	14 (11)	18 (16)

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

Cancer.—Deaths from Cancer during the year 1960 numbered 1,110, of which 624 were males and 486 females. The death rate was 2·221 per 1,000 of the population as against a rate of 2·233 in 1959.

There was a slight decrease in total mortality from this cause, but, while the rate for males decreased, that for females showed an increase.

The number of deaths from Cancer of the Lung and Bronchus also showed a slight decrease during the year, and it is interesting to note that, while there were fewer male deaths, the number of women who died from this cause had increased. 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 :—

Year	<i>Cancer of the Lung, Bronchus</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
1958	282	565	439
1959	286	573	464
1960	280	560	481

The numbers of deaths under the detailed sub-headings of Cancer classified accordingly to sex and in age periods, are given in Table V on page 10.

Below is a table which gives details of deaths of Sheffield residents from all forms of Cancer in the period 1955-1960 and a comparison of the Sheffield death rate with that of England and Wales.

TABLE XII.—Cancer Mortality of Sheffield and of England and Wales for the year 1960 and the previous five years

Year	Deaths of Sheffield Residents			Death Rate per 1,000 of the Population	
	Males	Females	Total	Sheffield	England and Wales
1955	620	461	1,081	2.16	2.06
1956	637	455	1,092	2.19	2.08
1957	621	447	1,068	2.14	2.09
1958	638	467	1,105	2.22	2.12
1959	647	468	1,115	2.23	2.14
5 yrs' av'ge (1955-59)	633	460	1,092	2.19	2.10
1960	624	486	1,110	2.22	2.15

Employment.—The following schedule giving the industrial analysis of the insured population in Sheffield as at 30th June, 1960, has been kindly supplied through the Ministry of Labour.

Estimated Number employed in Principal Industries and Services.

Industry	Males	Females	Total
Iron and Steel	38,830	5,613	44,443
Iron Founding	934	90	1,024
Engineering	18,303	7,053	25,356
Constructional	17,406	889	18,295
Distributive Trades	13,768	16,363	30,131
Hand Tools	6,900	4,116	11,016
Cutlery	3,108	5,009	8,117
Professional, etc.	8,921	14,381	23,302
Food, Drink and Tobacco	4,108	5,778	9,886
Miscellaneous Metal Industries	9,688	3,363	13,051
Motor Vehicles and Aircraft	1,954	382	2,336
Hotels and Catering	742	2,813	3,555
Railways	5,005	451	5,456
Coal Mining	4,398	257	4,655
Gas, Water and Electricity	4,516	566	5,082
Road Passenger Transport	3,760	830	4,590
Local Government	3,998	1,189	5,187
Wood Manufacturers, etc.	1,979	1,143	3,122
Insurance, Banking, etc.	1,989	1,688	3,677
Bricks, Cement, Abrasives, etc.	4,309	569	4,878
Road Goods Transport	2,293	237	2,530
Paper and Printing	1,574	1,045	2,619
Chemicals, etc.	1,625	480	2,105
Electrical Goods	2,413	1,307	3,720
Locos. and Wagons	1,832	224	2,056
Wire	1,520	430	1,950
Clothing, etc.	95	817	912
Silver Plate	2,549	3,054	5,603

The estimated total of employed persons numbered 267,933 of whom 177,453 were males and 90,480 were females.

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

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

Senior Maternity and Child Welfare Medical Officer

"When people inquire I always just state 'I have four nice children, and hope to have eight' "—Aline Kilmer (Ambition).

In the administration of the Maternity and Child Welfare Services there were three principal municipal clinics at the 31st December, 1960, namely Orchard Place, Firth Park and Manor Centres. There were also 20 subsidiary centres located at suitable points in the City. In March, the Burngreave Centre was transferred to the new Ivy Lodge Maternity and Child Welfare Centre which was erected in the place of existing out-buildings in the grounds attached to the Midwives' Home. Work on this single-storey building was commenced in August, 1959, and the project was completed by March, 1960, at a cost of £9,664. The centre was officially opened on 16th March by Alderman Mrs. A. Ives, J.P. This new centre enables us to provide a comprehensive service of infant consultations, ante-natal sessions and mothercraft classes in an area where the need is very great and where further housing development is taking place.

The total number of children under five years of age attending the various clinics in 1960 was 18,171 as compared with 17,935 in 1959. Details of attendances at these clinics are shown in the appropriate section of the report (page 32).

An aggregate of 6,795 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 6,200 in 1959.

There are also ante-natal clinics at the City General Hospital and Nether Edge Hospital administered by the Regional Hospital Board. Expectant mothers booked to the City General Hospital from the municipal clinic are transferred at the 36th week of pregnancy, or earlier if necessary for medical or obstetrical reasons, and during the year 1,472 patients were transferred as compared with 1,444 in the previous year. The 36th week examination of primigravidae booked to the Nether Edge Hospital is carried out at the hospital and during the year 692 patients were transferred from the clinic as compared with 669 in 1959. A few patients with abnormalities arising late in pregnancy have been admitted to the Professorial Unit at the Jessop Hospital ; during the year 15 patients were transferred to this Unit.

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.

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.

NOTIFICATION OF BIRTHS

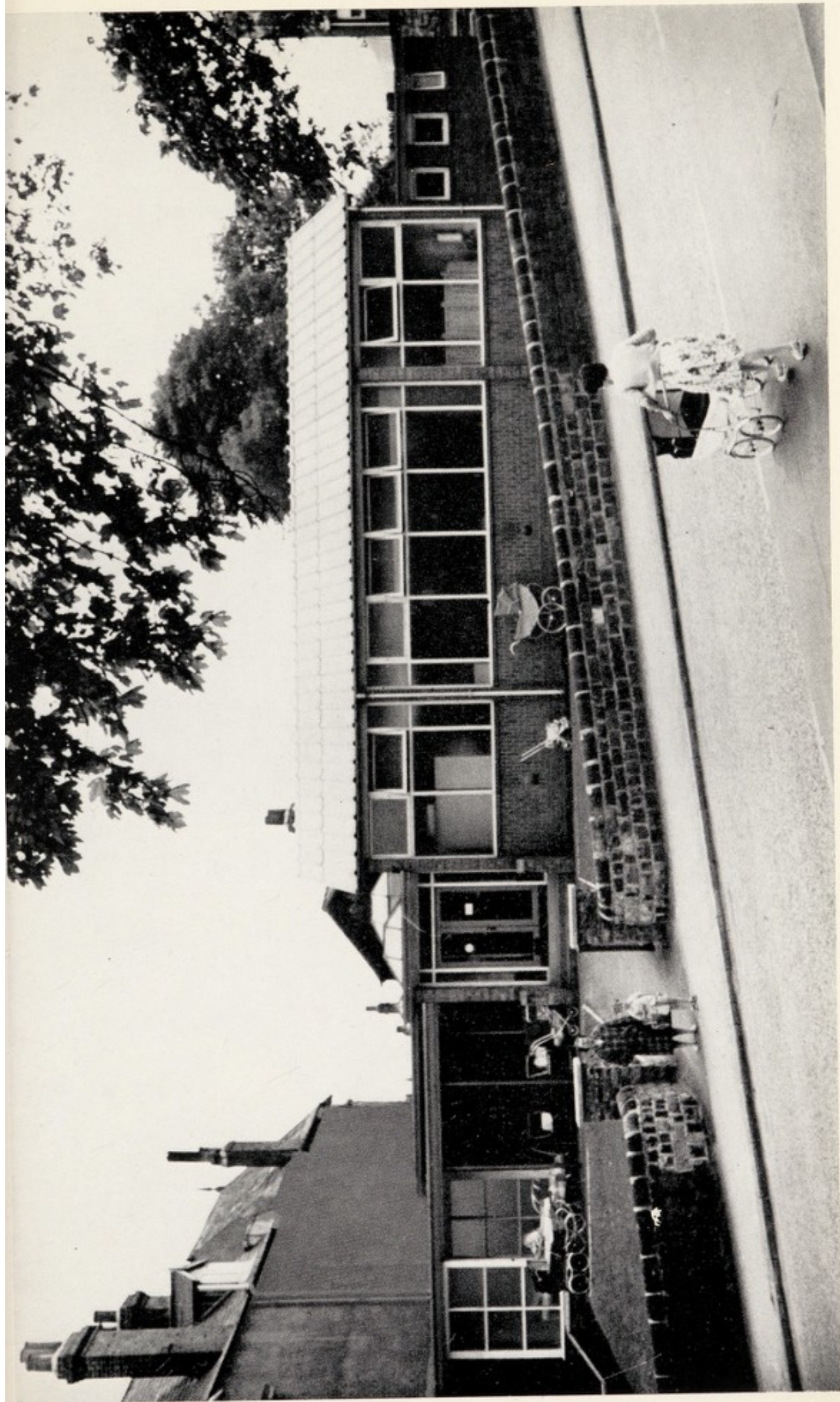
Compulsory notification of births is a requirement under the Public Health Act, 1936 ; 8,809 live births and 194 stillbirths, a total of 9,003 births, were notified in 1960. These births were attended as shown below. Information obtained from the Regional Hospital Board regarding the estimated number of confinements of Sheffield women which took place in the Maternity Hospitals, is also given in the following table :—

<i>Notifications of Birth</i>				<i>Details relating to Sheffield women</i>		
				<i>No. of confs.</i>	<i>Live births</i>	<i>Still births</i>
At Home—						
By Private Medical Practitioners	..	679		670	660	14
By Midwives	.. .. .	2,114		2,097	2,091	9
		<u>2,793</u>				
In Nursing Homes	.. .. .	254		200	196	4
In Hospitals—						
City General Maternity Hospital	..	2,239		2,076	2,040	67
Nether Edge Maternity Hospital	..	1,515		1,459	1,460	13
Jessop Hospital for Women	..	2,202		1,468	1,456	45
		<u>5,956</u>				
Total	..	<u>9,003</u>				

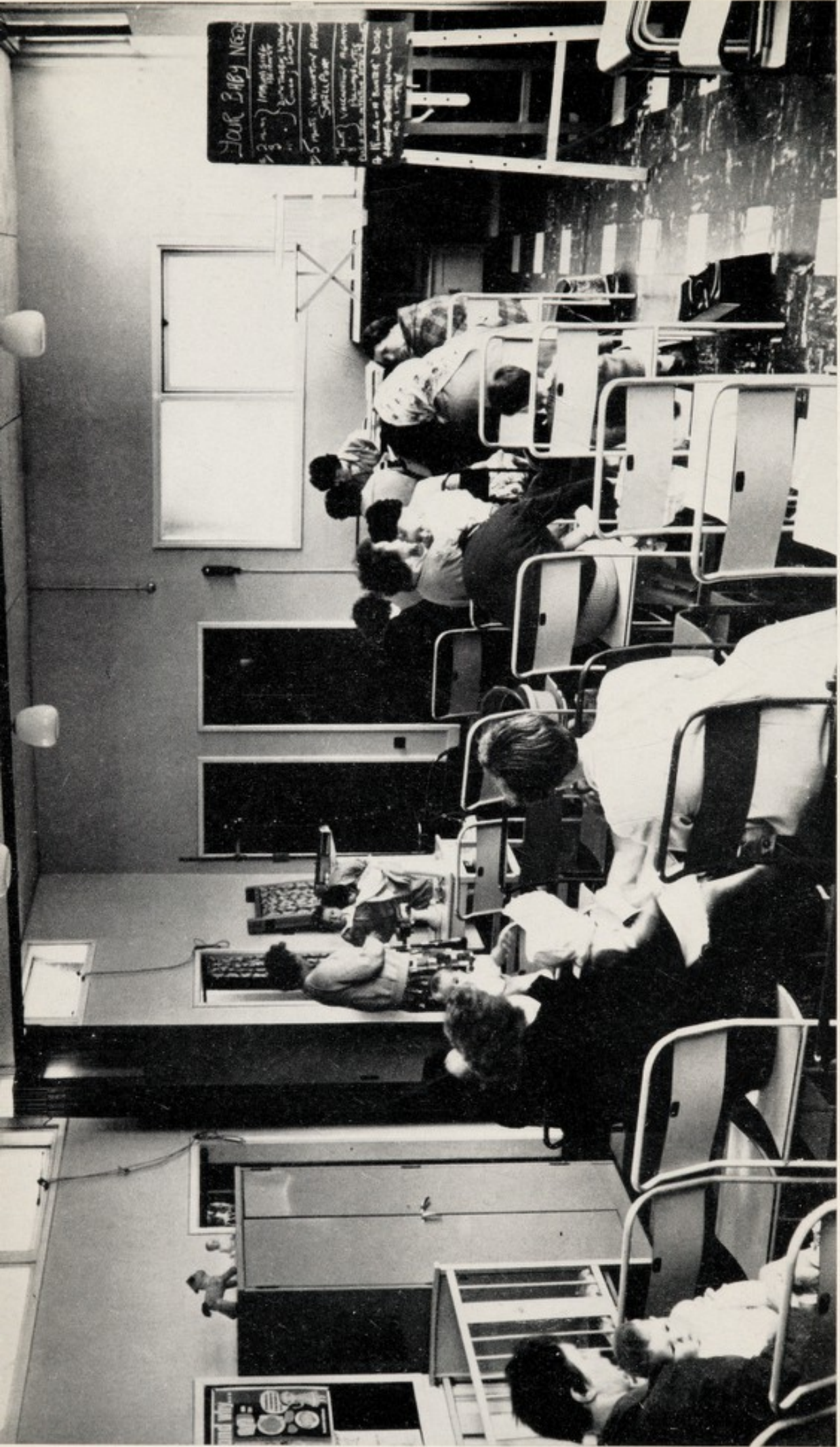
Inevitably a proportion of notified births relate to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

THE MATERNITY SERVICES

The work of the maternity section of the Maternity and Child Welfare Service continues very much as in past years. Every expectant mother who attends the local authority's clinics is examined medically and samples of blood are taken for the Wassermann and Kahn tests, blood group and



IVY LODGE MATERNITY AND CHILD WELFARE CENTRE



CHILD WELFARE SESSION

Rhesus factor and also for haemoglobin estimation. Arrangements are made for the confinement according to the obstetrical condition and home circumstances, and the health visitor gives any information she may have on environmental conditions and family history.

As the demand for hospital beds is very high, the midwives report on cases who are suitable for home confinement but request hospital ; a decision is made on consideration of the home conditions and social difficulties. Hospital confinement is considered advisable for expectant mothers with any medical or obstetrical lesion or where there is a history of a stillbirth or neonatal death, for all primigravidae aged 30 years and over, multigravidae aged 40 years and over, and expectant mothers who have had a rapid succession of pregnancies especially if associated with increasing birth weights of infants.

The local authority's clinic centres serve as a clearing house, and after complete examination a decision is made as to suitability for home or hospital confinement. 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.

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 domestic help ; and provision can be made for the care of the other children, if necessary, during the puerperium.

The local authority's Dental Service is open to all expectant mothers who are attending the clinic centres (see page 43). Unfortunately far too few mothers avail themselves of these facilities despite the fact that all necessary treatment is available without charge.

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 pages 55 and 205. During the ante-natal period, exercise and relaxation classes are held.

ANTE-NATAL CLINICS

Ante-natal sessions were held at fifteen of the Maternity and Child Welfare Centres and, during the year, 2,352 sessions were held and patients made 42,195 attendances (giving an average of 17·9 per session), as compared with 41,382 and a sessional average of 18·0 in 1959.

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. This scheme is working well and is of value as an additional link between the district midwife, the clinic and the expectant mother.

The figures below show attendances at the various Centres, and include 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	3,787	12,627	855	15
Firth Park	312	3,908	200	20
Manor	403	4,581	261	17
Broadfield	9	3,864	125	31
Broomhill	—	1,286	52	25
Carbrook	—	2,220	100	22
Darnall	—	2,983	104	29
Greenhill	14	889	104	9
Hemsworth	52	1,035	100	10
Hillsborough	—	2,888	151	19
Ivy Lodge	13	2,214	96	23
Parson Cross	—	1,414	52	27
Walkley	12	629	51	12
Woodhouse	50	958	52	18
Wybourn	—	699	49	14
TOTALS	4,652	42,195	2,352	17.9

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

DETAILED SURVEY OF MATERNITY CASES (DELIVERED DURING 1960)

The following is a survey of 4,083 patients who were confined during the year 1960 and who attended the local authority ante-natal clinics ; 2,867 were confined in hospital and 1,216 were delivered at home. In addition 153 miscarried, 118 left the city before confinement, 184 were not pregnant and two patients had evacuation of the uterus for hydatidiform mole.

A total of 4,083 mothers were delivered of a live or stillborn baby ; details are given on pages 23 and 24 of the ante-natal classification, result of delivery, and conditions associated with the child. Most of the deliveries took place at home or at the City General or Nether Edge Hospital. Only a small number of women delivered at the Jessop Hospital are included.

Ante-natal Classification

	1959	1960
NORMAL IN ALL RESPECTS	3,031	2,945
PATIENTS WITH ONE OR MORE ABNORMALITY	1,130	1,138
TOTAL ..	<u>4,161</u>	<u>4,083</u>

ABNORMALITIES OF THE 1130 PATIENTS IN 1959 AND 1,138 PATIENTS IN 1960 ARE AS FOLLOWS :—

<i>Toxemia of Pregnancy</i>	1959	1960
Eclampsia	1	1
Pre-eclampsia	95	106
Hypertension	45	67
	<u>141</u>	<u>174</u>
<i>Cardiovascular System</i>		
Mitral Stenosis	23	16
Mitral Stenosis with valvotomy	1	1
Congenital heart lesion	2	1
Varicosity	13	2
Thrombophlebitis	7	2
Functional murmur	4	1
Aortic stenosis	1	2
Thrombocytopenia	—	1
Mitral regurgitation	1	—
	<u>52</u>	<u>26</u>
<i>Respiratory System</i>		
Tuberculosis—quiescent	12	9
active	9	4
Pneumonia	3	2
Bronchiectasis	7	3
Asthma	7	2
Bronchitis	5	4
	<u>43</u>	<u>24</u>
<i>Digestive System</i>		
Hyperemesis gravidarum	10	5
	<u>10</u>	<u>5</u>
<i>Haemopoietic System</i>		
Iron deficiency anaemia	427	505
Megaloblastic anaemia	7	7
Pernicious anaemia	1	—
	<u>435</u>	<u>512</u>
<i>Urinary System</i>		
B. coli pyelitis	62	53
Renal tuberculosis	1	—
	<u>63</u>	<u>53</u>
<i>Nervous System</i>		
Epilepsy	10	11
Bell's paralysis of face	3	1
Psychoneurosis	1	—
Cerebral palsy	—	1
	<u>14</u>	<u>13</u>

	1959	1960
<i>Other diseases</i>		
Congenital syphilis	1	—
Acquired syphilis	12	10
Gonorrhea	2	3
Rheumatoid arthritis	1	—
Diabetes mellitus	2	—
Dysentery	1	—
Appendicitis—appendicectomy	5	2
Hernia—herniotomy	1	—
Von Recklinghausen's disease (multiple neurofibromatosis)	—	1
Infective hepatitis	—	1
Glycosuria	2	—
Cirrhosis of liver (portal vein thrombosis)	—	1
Brain abscess—hemiplegia	—	1
Intracranial vascular anomaly	—	1
Osteoporosis of the spine	1	—
Cholecystitis	1	—
Erysipelas	1	—
Disseminated sclerosis	1	2
Bilateral uveitis	1	—
	— 32	— 22
<i>Conditions associated with pregnancy</i>		
Threatened miscarriage	18	14
Hydramnios	16	15
Ante-partum haemorrhage :—		
Cause not evident	38	34
Accidental haemorrhage	21	25
Placenta praevia	14	16
Cervical erosion	2	1
Cervical polyp	1	2
Rhesus antibodies present in maternal blood	37	33
	— 147	— 140
<i>Malpresentation</i>		
Breech, external version	220	189
Breech, failed version	35	25
Breech presentation	17	22
Transverse presentation	14	11
	— 286	— 247
<i>Skeletal System</i>		
No cases found with abnormalities	—	—
<i>Tumours complicating pregnancy</i>		
Fibroids	4	4
Ovarian cyst	5	1
Presacral cyst	1	—
Pituitary tumour	1	—
	— 11	— 5
<i>Diseases of the ductless glands</i>		
Myxoedema	1	—
	— 1	—

Abnormalities

Toxaemia of Pregnancy.—The term toxaemia of pregnancy is used to include eclampsia, pre-eclampsia and the hypertensive syndrome without albuminuria, which occurs in the later weeks of pregnancy and usually subsides rapidly after delivery. There were 174 mothers suffering from toxaemia of pregnancy and, with the exception of two mothers who were delivered at home, all were admitted to hospital for ante-natal treatment varying from a few days to three 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. There was one case of eclampsia. This mother had several convulsions before the onset of labour but was delivered without incident of a premature stillborn infant.

Of the 106 cases of pre-eclampsia, 76 mothers had full time confinements and 30 mothers had premature confinements, varying from 30 to 38 weeks gestation. There were 100 children born alive, but one child died a few days after birth from congenital heart lesion. There were two sets of twins and eight children were stillborn.

Of the 67 cases of hypertension, 60 mothers had full time confinements and seven mothers had premature confinements. 64 children were born alive and three children were stillborn. Three children died from congenital anomalies during the first week of life.

Cardiovascular System.—In this survey, 19 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. One expectant mother was 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.

Two mothers who suffered from thrombophlebitis during the pregnancy were strongly advised to have their confinements under hospital supervision.

Respiratory System.—The routine radiological examination of expectant mothers attending the ante-natal clinics is proving of value in detecting early tuberculosis which would not show any symptoms or signs on clinical examination. 13 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. Four 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 two mothers who developed pneumonia received hospital treatment and made a good recovery. Three mothers suffering from bronchiectasis were referred to the City General Hospital Maternity Unit for medical care and delivery.

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. 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 haemoglobin of all mothers was estimated during pregnancy and, according to the degree of iron deficiency anaemia present, iron therapy was given. In nutritional deficiency anaemias of pregnancy vitamin preparations may also be useful.

Reports received on the first haemoglobin sample of 4,077 cases are shown below ; these reveal that 285 cases, or 7% of the 4,077 patients tested, were below 70% and considered to be suffering from anaemia. In six cases the haemoglobin was not estimated.

Urinary System.—Several mothers showed symptoms of pyelitis of pregnancy, chiefly pain in the side and frequency of micturition, and these patients were referred to the hospital unit for ante-natal treatment. On recovery the pregnancy continued satisfactorily to term.

Nervous System.—The eleven 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 and Kahn tests are carried out on all expectant mothers ; there were 10 cases of acquired syphilis, and three cases of gonorrhea. In this survey eight of the acquired cases were mothers from the West Indies. All cases were carefully followed up and referred to the hospital venereologist for treatment, which is offered in each pregnancy in order to ensure the birth of a healthy baby.

Conditions Associated with Pregnancy.—Haemorrhage in the early months of pregnancy is usually due to a miscarriage but, 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).

Mothers with Rhesus negative blood showing antibodies present are referred to below.

Nutrition.—On the whole the nutrition of the mothers was quite satisfactory, but 32 mothers showed signs of defective nutrition. This state was probably due to an unbalanced diet lacking sufficient protein and iron intake.

During attendance at the clinic mothers were advised to take A and D vitamin tablets and orange juice under the Welfare Foods Scheme ; other food supplements available include—ferrous fumarate, calcium sodium lactate, Vitamin B tablets, and Colact, Ovaltine and Horlicks Malted Milk.

Rhesus Factor.—The Rhesus factor is of importance in midwifery because of the serious problem of Rhesus incompatibility occurring from time to time when a Rhesus negative mother develops immune antibodies. The result of the Rhesus incompatibility is passed on to the child giving rise to either a very severe type of anaemia with jaundice, or the child may be stillborn.

During the year 1960 there were 4,033 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 father. This information is necessary in order to give the correct type of blood should a transfusion become necessary.

There were 33 expectant mothers who had Rhesus immune antibodies present in the blood—29 of these mothers had full time confinements and four mothers had premature confinements.

33 babies were born alive, one was stillborn and one baby died shortly after blood transfusion. There was one set of twins. A Coombs test was positive in 24 cases which indicated that the baby's blood had been affected by antibodies in the mother's circulation. 12 of these babies had a low haemoglobin estimation and varying degrees of jaundice, an exchange blood transfusion being performed a few hours after birth. 12 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. Nine babies had a negative Coombs test and were entirely unaffected by haemolytic disease.

Confinement Results.—The following table shows the nature of the results of the 4,083 confinements reported in the Survey :—

Confinement normal, full time	3,601
Confinement normal, premature	206
Forceps delivery, full time	133
Forceps delivery, premature	8
Breech delivery, full time	57
Breech delivery, premature	9
Caesarean section, full time	56
Caesarean section, premature	13
TOTAL	<u>4,083</u>

The 4,083 confinements resulted in 4,052 live births and 71 stillbirths ; being 2,112 males and 2,009 females. In two cases of stillbirths the sex was not evident. There were 38 sets of twins and one set of triplets.

Stillbirths.—The investigation into the 71 stillbirths shows the following causes :—

Maternal lesion associated with foetal anoxia in the following cases :—

Eclampsia (premature)	1
Pre-eclampsia (6 premature)	8
Accidental haemorrhage (2 premature)	7
Hypertension (1 premature)	3
Rhesus ' compatability	1
	<u>20</u>

Stillbirths associated with foetal deformity :—

Anencephaly (premature)	9
Hydrocephaly (3 premature)	6
Severe congenital anomalies (1 premature)	3
	<u>18</u>

No obvious associated lesion present except unhealthy placenta showing areas of degeneration or infarctions and the cause of death was given as placental insufficiency in the following cases :—

Full-time stillbirths (9 macerated)	11
Premature stillbirths (10 macerated)	12
	<u>23</u>

Various conditions resulting in anoxia and the infant being stillborn :—

Prolapsed cord—compression of cord by head	3
Cord wound tightly around neck	1
Prolonged labour	1
Cerebral haemorrhage	4
Early rupture of membrane—infection of uterus	1
	<u>10</u>
	<u>71</u>

Neonatal Deaths.—Of the 4,052 live born children, there were 56 or 13·1 per 1,000 live births, who died under four weeks of age. The causes of the deaths of the 56 children are as follows :—

13 full-time infants, with the exception of three children, all died during the first week of life from the following causes :—

Acute respiratory infection	3
Congenital heart lesion	2
Intestinal obstruction—operation	2
Hydrocephaly and other anomalies	2
Spina bifida and meningocele	2
Congenital absence both kidneys	1
Kernicterus (Rhesus incompatibility)	1

Prematurity associated with a lesion in the infant :—

Hyaline membrane syndrome	7
Cerebral haemorrhage	4
Exomphalos—operation	1
Oesophageal atresia—operation	1
Anencephalus	2

Prematurity with associated maternal lesion :—

Accidental haemorrhage	2
Syphilis	1

Prematurity without associated foetal or maternal lesion, therefore cause of premature birth not evident. Thirteen infants were very immature, weighing under 3 lbs. 25

TOTAL .. 56

Infant Feeding.—At the 14th day, 3,202 children were breast fed entirely, 380 had combined breast and artificial feeding and 414 were entirely on artificial feeds.

Laboratory Tests carried out during the year 1960.—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 9,185 specimens were examined ; in addition 15 samples were taken for the Bijou test. A positive reaction is strongly suggestive that the mother is suffering from syphilis and such cases are referred to the special clinic at the City General Hospital.

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 309 swabs and samples (ear, nose, throat, etc.) and 188 smears (cervix and urethra). 78 specimens of urine were also examined for organisms. In addition 287 samples were sent for the national survey of viral infection in early pregnancy.

The Group Pathology Laboratory at the City General Hospital carried out 213 Hogben tests for the ascertainment of pregnancy, and 8,017 tests for haemoglobin estimation were requested during the year.

Patients Referred for Investigation and Treatment.—35 patients were referred from the Maternity and Child Welfare Centre to the City General or Nether Edge Hospitals for abdominal X-ray examination of foetal attitude or multiple pregnancy ; 124 patients were sent for dental treatment to the School Dental Clinic under arrangements between the Health and Education Committees (see page 43) and 83 expectant and nursing mothers were referred to their private medical practitioners for treatment.

Chest Examination.—Expectant mothers attending the ante-natal clinic were requested to attend the Mass Radiography Centre. X-ray Units are now established at the Nether Edge and City General Hospitals, and patients are referred to the Unit nearest their home. 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.

Of the 4,083 patients in the survey, 2,897 attended the Mass Radiography Centres, 321 attended the Chest Clinic and in addition nine patients who had attended the Mass Radiography Unit were referred to the Chest Clinic for further investigation. A few patients failed to keep their appointments but the majority of the remaining 874 had been X-rayed during the previous year.

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

POST-NATAL CLINICS

During the year every effort was made to encourage the mothers to attend for a post-natal examination. Many of the patients delivered either in the Nether Edge or the City General Maternity Hospitals are referred to the municipal clinic for their post-natal examinations, but special cases remain under the care of the hospital. Where a general practitioner has undertaken to provide maternity medical services he is required to carry out this examination about six weeks after delivery ; other mothers delivered at home are advised to attend the clinic centre.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1960 :—

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	918	1,099	134
Firth Park	217	247	55
Manor	226	311	123
Broadfield	70	83	32
Darnall	118	165	53
Greenhill	24	29	22
Hemsworth	34	52	32
Ivy Lodge	38	40	19
Walkley	25	27	19
Woodhouse	41	58	32
TOTALS	1,711	2,111	521

FAMILY PLANNING CLINICS

These are held at five centres and advice is given 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 reasons, 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 concerning further pregnancies. Appliances are available at the clinic.

Particulars follow relating to the attendances at family planning clinics at the Maternity and Child Welfare Centres during 1960 :—

Attendances at Family Planning Clinics

<i>Centre</i>	<i>Total New cases</i>	<i>Total Attendances of all cases</i>	<i>No. of Sessions</i>
Orchard Place	155	515	71
Firth Park	31	60	35
Manor	105	480	56
Greenhill	16	30	23
Hemsworth	15	35	22
TOTAL	322	1,120	207

INFANT WELFARE CLINICS

At the Maternity and Child Welfare Centres sessions have been held during the year for infant consultations, minor ailments, ultra violet light therapy, medical inspection clinics for pre-school children, vaccination against smallpox and poliomyelitis, and immunisation against diphtheria, whooping cough and tetanus.

Infants are seen by the doctor at the Child Welfare Clinics at the first attendance and thereafter at three monthly intervals until one year of age, when the first pre-school medical inspection is carried out. The health visitor sees the children at her clinic session in the intervening period but refers to the doctor any child who is not making satisfactory progress.

Particulars follow of the total attendances of all cases and also of the number of new cases who 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>	
1956	80,992	..	5,176	..	5,176	..
1957	85,661	..	5,520	..	5,520	..
1958	85,896	..	5,685	..	5,685	..
1959	89,590	..	6,057	..	6,057	..
1960	81,622	..	5,801	..	5,801	..

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 1960 :—

<i>Centre</i>	<i>TOTAL NEW CASES</i>	<i>TOTAL ATTENDANCES</i>		<i>Total attendances</i>	<i>No. of sessions</i>	<i>Average attendance per session</i>
		<i>Under 1 year</i>	<i>1 to 5 yrs. and over</i>			
Orchard Place	521	2,940	334	3,274	207	16
Firth Park	665	7,493	1,382	8,875	504	18
Manor	783	7,289	1,526	8,815	505	17
Broadfield	518	4,758	473	5,231	252	21
Broomhill	272	2,551	331	2,882	153	19
Carbrook	285	2,429	197	2,626	103	25
Chantrey	98	1,103	151	1,254	52	24
Darnall	204	2,198	205	2,403	135	18
Dore	21	217	42	259	26	10
Ecclesall	145	1,430	114	1,544	48	32
Endcliffe	157	1,770	209	1,979	99	20
Greenhill	183	1,585	276	1,861	96	19
Handsworth	186	2,102	224	2,326	100	23
Hemsworth	148	1,307	130	1,437	102	14
Hillsborough	508	4,736	345	5,081	244	21
Ivy Lodge	354	3,339	332	3,671	152	24
Manor Park	41	481	57	538	24	22
Parson Cross	181	1,875	158	2,033	101	20
Tinsley	60	604	74	678	49	14
Totley	65	710	116	826	52	16
Walkley	184	1,956	132	2,088	100	21
Woodhouse	146	1,817	247	2,064	101	20
Wybourn	69	831	75	906	52	17
TOTALS ..	5,794	55,521	7,130	62,651	3,257	19

Medical Inspection Clinics.—Medical inspection of the pre-school child is offered at all Maternity and Child Welfare Centres in the City at ages of one year, 18 months, two, three, four and four and a half years of age. Records of the medical examinations are shown in the tables on the following pages.

Many mothers appreciate the medical inspection service and, in 1960, 14,986 examinations were carried out as follows :—

<i>Centre</i>	<i>Total</i>	<i>No. of Sessions</i>	<i>*Average attendance per session</i>
Orchard Place	842	148	6
Firth Park	1,511	229	7
Manor	2,022	234	9
Broadfield	1,330	245	5
Broomhill	955	151	6
Carbrook	548	97	6
Chantrey	460	50	9
Darnall	617	140	4
Dore	103	14	7
Ecclesall	286	48	6
Endcliffe	603	95	6
Greenhill	597	96	6
Handsworth	569	98	6
Hemsworth	387	98	4
Hillsborough	1,329	151	9
Ivy Lodge	722	146	5
Manor Park	117	24	5
Parson Cross	461	97	5
Tinsley	184	45	4
Totley	235	48	5
Walkley	478	95	5
Woodhouse	413	51	8
Wybourn	217	49	4
TOTALS ..	14,986	2,449	6

* These clinics are combined with Infant Consultations.

The majority of the children were in good health and 12,224 examinations showed no defect. In the remaining 2,762 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.

Dental Caries.—On the whole the dental decay found in the pre-school child at the periodic examination has remained fairly constant during the past few years. In the medical inspections carried out on children at two years to four and a half years, it was found that 995 had carious teeth.

Skin Abnormalities were mild, mostly eczema and this lesion tends to disappear as the infant grows older, so that by school age very few children are affected. There were 106 cases of naevus.

Throat conditions.—46 children had obstructing tonsils and adenoids compared with 90 children in the previous year. These children were referred to the family doctor for his opinion as to the advisability of tonsillectomy.

Ear diseases numbered 66 as compared with 64 in 1959. The condition found was mainly due to otitis media. Two children were found to be suffering from congenital deafness.

Eye Conditions.—Strabismus (squint) formed the bulk of the eye lesions found ; there were 140 children with this condition as compared with 157 in 1959. One child was blind and five were partially sighted, due to various lesions. These children are all under the care of a specialist.

Conditions of the circulatory system showed 5 cases of congenital heart lesion and 13 cases of functional murmurs. The early detection of these congenital lesions is important and to enable an early accurate diagnosis of cases suitable for operation, all these children are under the care of either the Children's Hospital or the children's unit at the City General Hospital.

Developmental defects included umbilical and inguinal hernia, cleft palate and hare lip, and talipes equino varus (club foot). Several other children were found to have developmental defects of the hand, arm or foot.

TABLE XIII.—Summary of Defects found in 14,986 Examinations of Children during the year 1960, classified under Age Groups

Defects	ALL CLINICS						Total Cases	Group Totals
	12—17 months	18—23 months	24—32 months	33—41 months	42—50 months	51—60 months		
Cleanliness—								
Infested head	—	—	—	1	—	—	1	1
Skin—								
Eczema	92	63	59	52	21	27	314	
Naevus	45	26	12	11	7	5	106	
Other conditions	14	7	7	6	3	7	44	464
Tonsils and adenoids—								
Obstructing	—	2	—	14	12	18	46	46
Teeth—								
3 and under carious	—	—	24	115	233	244	616	
4 and over carious	—	—	15	66	149	149	379	995
Ears—								
Otitis media	14	8	15	9	11	7	64	
Deaf	—	1	1	—	—	—	2	66
Eyes—								
Squint	32	17	17	30	21	23	140	
Blind and mentally retarded	—	—	—	1	—	—	1	
Blind one eye following accident	—	—	—	—	1	—	1	
Partially sighted	—	—	—	—	2	—	2	
Cataract	—	1	1	—	—	—	2	
Myopia	—	1	—	—	—	—	1	
Albino	—	—	—	—	—	1	1	
Corneal ulcer	1	—	1	—	—	—	2	
Other conditions	14	4	3	3	2	3	29	179
Heart—								
Congenital heart	1	—	2	—	1	1	5	
Functional murmur	4	2	2	1	3	1	13	18
Lungs—								
Bronchitis	72	34	26	17	13	2	164	
Asthma	2	5	3	3	4	4	21	185
Alimentary System—								
Pyloric stenosis	2	—	—	—	—	—	2	
Rectal prolapse	—	—	—	1	—	—	1	3
Nervous System—								
Spastic	—	—	—	—	—	—	—	
Cerebral palsy	1	—	1	3	—	1	6	
Facial paralysis	—	—	—	1	—	—	1	
Paralysis following heart operation	—	—	1	—	—	—	1	8
Mental Condition—								
Subnormality	—	—	—	3	—	2	5	
Mongol	3	—	2	2	1	2	10	15
Speech—								
Poor for age	—	—	—	21	18	18	57	
Stammer	—	—	—	2	5	3	10	67
Orthopaedic—								
Knock knees (slight)	3	28	71	252	188	118	660	
Knock knees (marked)	1	4	8	18	9	8	48	
Scoliosis	—	1	—	—	—	—	1	
Minor deformities	1	1	1	—	1	—	4	713
Genito Urinary System—								
Albuminuria	—	—	—	—	—	1	1	1
Developmental defects—								
Hernia	50	48	44	24	14	16	196	
Talipes equino varus	4	3	4	2	2	—	15	
Spina bifida	1	2	—	—	1	—	4	
Spina bifida and hydrocephalus	1	—	—	—	—	—	1	
Hare lip and cleft palate	1	2	1	—	—	—	4	
Congenital dislocation of hips	1	1	—	—	—	—	2	
Deformity foot and both hands	—	—	1	—	—	—	1	
Dwarf	—	—	1	—	—	—	1	
Other minor defects	16	5	7	7	5	4	44	268
Operations—								
Circumcision	8	4	2	5	5	4	28	
Herniotomy	10	5	2	4	3	1	25	
Tonsillectomy	—	1	—	—	7	5	13	
Pyloric stenosis (Ramstedt)	10	1	—	—	—	—	11	
Spina bifida	1	—	—	—	1	—	2	
Hare lip and cleft palate	2	1	—	2	3	—	8	
Squint	—	—	—	2	1	1	4	
Laparotomy intussusception	2	—	—	—	1	—	3	
Appendicectomy	—	—	—	1	1	—	2	
Eye operation	—	—	1	1	—	1	3	
Closure of meningocele	—	1	—	—	—	—	1	
Congenital perforated gastric ulcer	1	—	—	—	—	—	1	
Minor operations	9	—	3	1	—	3	16	117
Organic—								
Anaemia	14	5	2	4	3	1	29	
Epilepsy	—	3	—	2	—	1	6	
Coeliac disease	—	—	—	—	1	—	1	
Others	1	2	1	1	2	1	8	44
Enuresis	—	—	—	—	58	37	95	95
Enlarged glands	9	25	31	39	38	41	183	183
	443	314	372	727	851	761	3,468	3,468

Ultra Violet Light Clinics.—Sessions were held at the two centres shown below. 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 1960 are shown below :—

<i>Centre</i>	<i>Attendances of Children</i>			<i>Total</i>
	<i>Under 1 year</i>	<i>1—5 years</i>		
Firth Park	8	2,004		2,012
Manor	77	1,638		1,715
TOTALS	85	3,642		3,727

Children referred to General Practitioners or Hospital for treatment.—493 of the children who attended at the centres during the year were referred by the medical staff to their family doctors for treatment, 14 were referred to hospitals, 17 to the school clinic, 131 to the City General Hospital Laboratory for blood count and 14 to the Chest Clinic.

Children Acts, 1948 and 1958.—One of the maternity and child welfare medical officers visits each week children who are under the care of the Children's Officer at the Moss Residential Nursery and the Reception Centre, Broomgrove Road. Foster parents are encouraged to attend the child welfare clinics, and a yearly examination is carried out on all foster children in accordance with Home Office Regulations. A yearly visit is made to the family group homes in order to inspect the general care given to the children.

Distribution of Dried Milks and Nutrients.—At the Maternity and Child Welfare Centres the Government's Welfare Foods, consisting of National Dried Milk, Cod Liver Oil Compound, Vitamin A & D tablets, and concentrated Orange Juice, are distributed. In addition a number of proprietary brands of dried milk and nutrients are available when ordered by the medical and health visiting staff. These commodities are supplied at approximately 10% above cost price to mothers and children attending the clinic, and free of charge in necessitous cases.

National Dried Milk and Vitamins.—The following are details in regard to the distribution of these commodities in the years 1959 and 1960.

<i>Foods</i>	<i>Quantities Distributed</i>	
	1959	1960
National Dried Milk—1½ lb. tins (No. of tins)	47,050	38,498
Cod Liver Oil—6 oz. bottles (No. of bottles)	29,602	27,966
Orange Juice—6 oz. bottles (No. of bottles)	224,990	205,576
Vitamins A and D Tablets—Packets of 45 tablets (No. of packets)	20,891	21,854

MATERNITY AND NURSING HOMES

No new premises were registered as Nursing Homes during the year. On the 31st December, 1960, there were seven Nursing Homes on the register, providing accommodation for 11 maternity and 135 other cases, and these premises were visited as required.

CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, seven registrations have been granted for the care of a total of 86 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. 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. 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 finds it impossible to remain at home during her pregnancy she may be admitted to the Hucklow Road Mother and Baby Home.

During 1960, 31 mothers had some period of residence in the home and the average length of stay was 28 days ante-natal and 34 days post-natal ; 29 of these mothers were admitted for a period before the baby was born and 19 returned to the Home from hospital with the baby. All the mothers were admitted on account of some domestic difficulty and 26 (of whom nine were expecting their second illegitimate child) were unmarried.

Mothercraft is taught, each girl taking complete responsibility for her own baby under supervision. Domestic duties and household management are also taught, and help is given with simple dress-making and knitting if desired. The girls attend the parish church, with the exception of Roman Catholics and practising Nonconformists who attend their respective churches. The majority respond very well to the help offered and are co-operative, leaving the Home with a better sense of values, but there are a few who are prepared to take only the minimum of responsibility.

Regular visits are paid to the Home by the Superintendent Health Visitor and a member of her staff, the Vicar of the parish, and Roman Catholic priests when there are Roman Catholics in residence ; their help is always to hand when requested. The local Moral Welfare workers co-operate closely with the staff and help regarding affiliation orders and rehabilitation.

Relatives visit the girls regularly. A number of 'old girls' visit the Home from time to time, bringing their toddlers with them and in the main the children are well cared for.

Admission is sometimes also arranged to hostels in the region provided by religious or voluntary organisations :—

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.

The House of Help also receives married and unmarried mothers, who reside there until a few weeks before the confinement is due.

DAY NURSERIES

"You are as innocent as a devil of two years old"

—Jonathan Swift (Polite Conversation)

Since 1956 the number of Day Nurseries has remained unchanged at four, the nurseries being at Beet Street, Darnall, Firth Park and Meersbrook Park. During 1960 the average daily attendance was 87 as compared with 72 in the previous year.

The economics of running a day nursery make it necessary to impose a scale of charges which discourage mothers from going out to work where the family income is already adequate. As a result there is no shortage of places available for deprived or other handicapped children who at present form quite a high proportion of the nursery population. Children spend their days in a happy atmosphere, and they are less aware of the social difficulties that may be inherent in the home situation.

A regular routine is followed in all nurseries. Most of the time is spent in play which is partly organised and partly spontaneous. Emphasis is laid on doing things with others, toilet training, hand washing, etc. Dinner and tea are provided, and breakfast is also prepared for those children who are brought to the nursery early. For most children eating is a popular pastime, second and third helpings being called for.

The reasons for admission in the week ended 10th December, 1960, have been compared with the corresponding periods in 1958 and 1959 :—

<i>Reason</i>	1958		1959		1960	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Parent Widow or Widower	5	4	5	4	6	4
Child Illegitimate	21	16	18	15	25	16
Sickness, confinement or other medical grounds	17	13	24	20	17	11
Parent divorced, separated, deserted	42	32	40	32	52	33
To enable both parents to be gainfully employed	41	31	29	23	52	33
Other reasons	6	4	8	6	5	3
	132	100	124	100	157	100

THE SOCIAL PROBLEM GROUP

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

"The fire which seems extinguished often slumbers beneath the ashes."

—Pierre Corneille (Ridogune)

Two case workers continue to give extra attention to families which health visitors and others know to be in serious difficulties with their affairs. Most of them are the focus of attention of several different statutory visitors, but each can only help to a limited extent and often only in reference to one or two members of the family. Moreover none has time to visit often enough, and long enough, to get to know the members of the household sufficiently intimately to be able to develop the relationship of mutual acceptance on which can be based efforts to solve the difficulty.

During the year twenty-nine new families have been added to those already under supervision. Cases have been referred from health visitors, psychiatric social workers, the School Welfare Department, the Children's Department, general practitioners and the N.S.P.C.C. Illustrative families are briefly described below :—

1. Man, wife and four children living in own house. The husband is mentally sub-normal, irresponsible and is at present in prison. The mother, who married at seventeen, requires support.
2. Man, wife and three children living in own house. The husband is chronically out of work because of imagined illness and bad time-keeping. He is a weak, insecure man. The wife is discouraged and resentful of her husband's weaknesses.
3. Man, wife and eight children living in own house. The father works irregularly and lacks a sense of responsibility towards his household. The home standards are very low. The mother has long been overwhelmed and the children are becoming delinquent.
4. Man, wife and two children living as sub-tenants. The father is recovering from a suicide attempt. The mother spends irresponsibly. There are serious debts and friction with the mother-in-law over accommodation.
5. Couple cohabiting living in own house. There are eight children of mixed parentage. The father works irregularly and both parents are haphazard in their responsibilities. Two of the older boys are in approved schools.

6. Man, wife and six children living as sub-tenants. The children are failing to attend school regularly. The father works out of Sheffield and there is severe marital disharmony. The mother seems indifferent to her children. The house is very dirty and untidy.
7. Woman and four children. Cohabiting with father of the children, living in own house. Father, who is mentally unstable, has outbursts of violence. The mother is very inadequate and dirty. The children show disturbed behaviour and are afraid of their father.

In the course of the year 1, 711 visits have been made to these and other families and 991 contacts made on behalf of the families with other individuals or agencies. These have included routine discussions with staff from this and other departments, negotiations with gas and electricity officials and the National Assistance Board, discussions with solicitors, industrial welfare officers, landlords, creditors and the police. In many instances husbands and wives have been accompanied to interviews which might be difficult for them and would otherwise be avoided.

Three kinds of family situation are particularly difficult to deal with :

1. In families where there are deep antagonisms between the parents it is very difficult to get them to 'pull together' without losing face. Alternatively the social worker, no matter how impartial, may join the children on the battleground on which quarrels are waged.
2. In families where one parent is suffering from a disturbance of mind, bordering on mental illness, it is not always possible to take what seems rational action. One spouse may have prejudices against a Mental Hospital, another may see nothing in the partner's behaviour to cause concern. Meantime the disturbed parent remains inaccessible to help.
3. Where both parents are very dull mentally, or where both are unstable, there are few, if any, inner strengths on which to work. Such parents are unlikely to be made fit for parenthood by either psychiatric treatment or family casework.

These are the families in which the personalities of the children may be severely harmed in one way or another. Time has its way with these families. Some break-up as a result of eviction or desertion by one parent or the children are removed on account of neglect ; others are held together by economic necessity or unsuspected tenacity. The dilemmas posed by these families are best known to those whose painful concern they are.

It has been stated that successful family casework with problem families consists of taking the family unit 'into care' instead of removing the children from their parents, and fortunately for the majority of families this is, in fact, the situation.

In these families facing a crisis such as court appearance for debt, or danger of eviction, the parents usually co-operate readily with the social worker—the mother in planning how to meet hire purchase commitments, or get the children to attend school ; the husband in finding employment, if this is necessary. But in these families the situation has been developing over several years, and has its roots in the poor childhood environment of the parents who are very often dull and almost always weak and insecure.

Most of the parents bolster up their inadequacy by smoking and drinking—habits which lead to further dependence and weakening of will power. This is unfruitful soil on which to work. Nevertheless the social worker by approaching the parents in a spirit of helpfulness and understanding is able to gain their co-operation and confidence. Much discussion, verbal encouragement, some practical help and a little influence with others who are in a position to make concessions, can often bring about sufficient improvement in the morale of the parents to provide a stimulus for further effort. Apart from averting serious crises such as eviction and imprisonment for debt the work is directed towards improving the lot of the children. Many live in a dirty home, sleeping in filthy beds, feeding inadequately and attending school irregularly. Thus they acquire, by accident of parentage, the unsatisfactory pattern of living and behaviour found in the home and they start life with a serious handicap.

All the procedures employed are directed towards manipulating the environment so as to make it as normal as possible for the children. Where the mother is very inadequate nursery places are arranged for the 'under fives'—she is urged to accept school meals and opportunities for free holidays.

Aided by generously given voluntary help from staff and others, evening recreational and educational activities have been arranged for the children and their mothers. This project has proved immensely popular with the children who are undeterred by any variety of severe weather.

In this work it is necessary to face up to the reality that results will not be spectacular. Like a game of snakes and ladders a spell of progress with a family may be followed by a severe set back. For this reason no statistical evaluation of the work would be either realistic or valid. Nevertheless the results on the whole are encouraging.

DENTAL SERVICES

Mr. E. COPESTAKE, L.D.S., Principal School Dental Officer.

"Let not thy teeth be yellow and foul."—Ovid

A Director of Education reminded me of a wonderful thing. He said that 2½d. per head spent on placing fluoride in drinking water would save thousands of pounds now spent on treatment. It should be regarded as a long term investment maturing fully in ten years. Money spent on providing treatment which could be made unnecessary, is money thrown down the drain.

At a rough estimate some £35 million annually are spent on providing dental treatment to children and those under 21 years of age by the National Health Service, Local Authorities and Hospital Boards. The estimated cost of placing fluoride in the water supplies of Anglesey, Watford and Kilmarnock in 1957 was 4·7d, 3·4d and 6·2d per head of population respectively, and it is hoped to produce evidence from this source showing a reduction of the incidence of decayed teeth of 40% to 60%. Whether money is saved or not, there are not sufficient dentists to carry out all the treatment needed by children and young adults, and if bad teeth could be reduced in number, the better dental health of children would be reflected in their general health. Besides this it would give them teeth of which they could be proud and which would be a pleasure to see. The facts are that money spent on fluoridation would be wisely spent, as well as the objective reached of better teeth for children and the adults of the next generation too !

The Treatment of Mothers and Pre-school Children.—The annual summary of treatment is given below, and a graphical illustration of the marked decrease in the numbers attending the dental clinics for treatment is included in this report.

Numbers provided with Dental Care

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
<i>Expectant and Nursing Mothers</i> ..	168	168	147	103
<i>Children under five</i>	94	76	73	68

Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Extrac- tions	General Anaes- thetics	Dentures provided		Radio- graphs
					Full upper or lower	Partial upper or lower	
<i>Expectant and Nursing Mothers</i>	44	165	713	119	79	15	11
<i>Children under five</i>	—	10	159	71	—	—	—

Surveys carried out by dentists in this country have shown that the teeth of one third of all children under three years of age are already affected by dental decay and over two thirds of those at five years have bad teeth. There is no possibility of the treatment needed by children of this age being provided for them. Technical skill and the employment of an army of dentists dedicated to this work would not alone solve the problem. Not all pre-school children are healthy, intelligent, co-operative, emotionally stable and have parents who are well informed, and interested in the child's dental health. It is only for such pre-school children that normal conservative treatment can be carried out. With others it becomes necessary to consider the general interests of the child, and palliative and compromise measures are often necessary. Parents too must be brought into the picture and this all too frequently results in refusal to accept the dentist's advice, who must then consider the child's immediate interests, remove the cause of pain and sepsis and prevent its recurrence by radical methods. It is frequently observed that parents have no interest in dental treatment for themselves and, if on occasion a dentist is able to persuade such a parent to accept conservative treatment for a child, agreement will be of a temporary nature only and subsequent visits with the child cannot be relied on. There is no advantage to be gained for the child from spasmodic conservative treatment. No permanent benefit can result except from regular visits at intervals of some four months.

There is no doubt that teeth which are grossly carious should be removed. It is estimated that some 7,500 teeth require extraction each year in Sheffield for children aged four years. They cannot be seen in the school dental clinics unless medical officers who examine children in the child welfare clinics refer them for treatment. It is a matter of concern that so few parents are persuaded to take their children to the dentist.

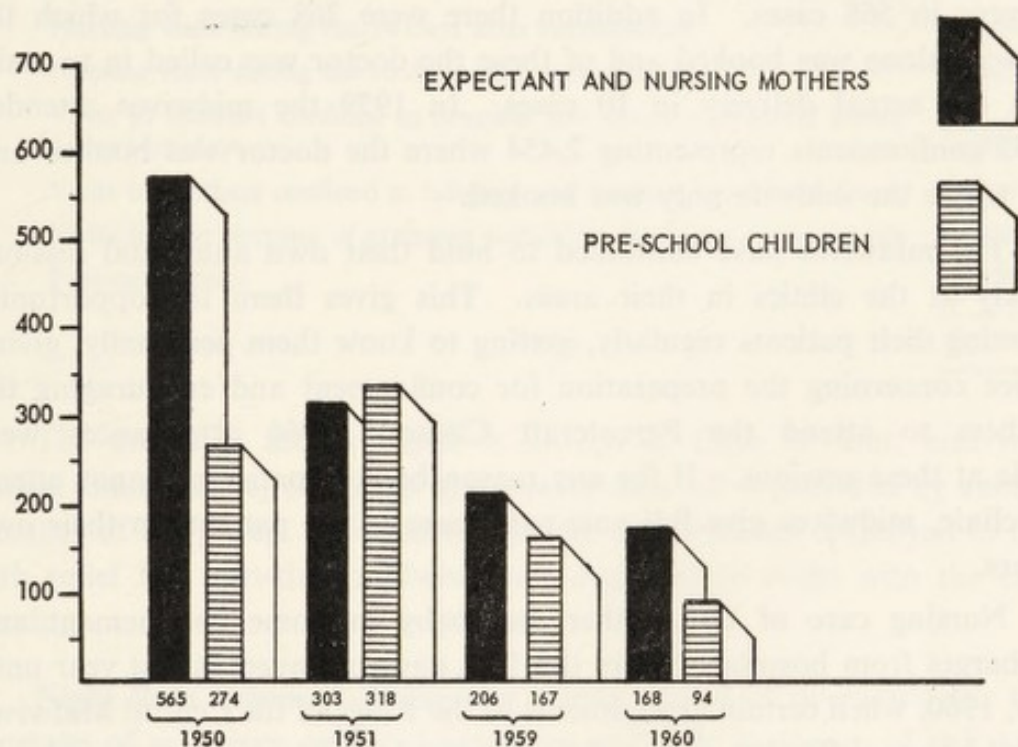
Junior Training Centres

Summary of Treatment Provided :—

<i>No. treated</i>	<i>Total Appointments</i>	<i>Temporary teeth extracted</i>	<i>Permanent teeth extracted</i>	<i>No. of general anaesthetics</i>
42	53	39	59	29

The routine method of dealing with children confined to bed in the Cradock Road Nursery Centre has been to refer them to hospital. To save parents inconvenience and limit the calls on the ambulance service, some of these children were this year treated on the premises. The staff very readily provided the help required for this. Both they and the staff of the Langsett Road Centre are to be complimented for the help given in persuading the parents of every child offered treatment this year to accept it.

FALL IN NUMBERS ATTENDING DENTAL CLINICS



MIDWIFERY

By Mrs. G. J. SPEARING, S.R.N., S.C.M., M.T.D., H.V.Cert.,
Non-Medical Supervisor of Midwives

"And midwife gentle to those that cry by night."—William Shakespeare (Pericles).

At the end of the year 1960 the Municipal Midwifery Staff consisted of one Supervisor of Midwives, one Assistant Supervisor of Midwives, 40 full-time midwives and eight part-time midwives directly employed by the Council.

During the year the midwives attended 2,770 confinements representing 99 per cent. of the total domiciliary births in the City. The doctor was booked for 2,402 of these confinements and was present at the time of delivery in 568 cases. In addition there were 368 cases for which the midwife alone was booked and of these the doctor was called in to assist with the actual delivery in 10 cases. In 1959 the midwives attended 2,885 confinements representing 2,454 where the doctor was booked and 431 where the midwife only was booked.

The midwives have continued to hold their own ante-natal sessions weekly at the clinics in their areas. This gives them the opportunity of seeing their patients regularly, getting to know them personally, giving advice concerning the preparation for confinement and encouraging the mothers to attend the Parentcraft Classes. 1,966 attendances were made at these sessions. If for any reason booked patients cannot attend the clinic, midwives give full ante-natal care to the patients in their own homes.

Nursing care of the mother and baby in home confinement and discharges from hospitals before the 14th day continued as last year until July, 1960, when certain amendments to the Rules of the Central Midwives Board became effective. One of these amendments re-defined the 'lying-in period' as not less than ten days and not more than 28 days. This allows for the discharge from a midwife's care on the tenth day of any mother and baby whose condition and progress has remained within normal limits, whether the confinement took place at home or within an institution. Arrangements still continue between the hospital and the local authority whereby all maternity patients discharged before the 10th day are notified to the Supervisor of Midwives in order that domiciliary care may be given until the appropriate day of the 'lying-in period.'

Visits are made by the midwives to the homes of expectant mothers who, for social reasons, apply for hospital confinement, and reports are submitted to the Senior Maternity and Child Welfare Medical Officer before a decision is made as to the place of confinement. 351

visits were made for this purpose compared with 431 in 1959. The reduction in the number of visits made is due mainly to the increased number of expectant mothers who are booked by the hospitals for delivery only and discharged home within 48 hours.

Relaxation and Mothercraft Classes have continued at various centres throughout the year and have been appreciated by the expectant mothers who have taken advantage of the facilities provided. During the year classes have been started at Broomhill and Parson Cross.

The following statement gives a summary of the visits made by the midwives during the year 1960 :—

Home visits during ante-natal period	12,333
Nursing visits during the 14 days after confinement	31,509
Nursing visits during the 10 days after confinement	13,023
Visits to mothers confined in hospital and discharged home before the 14th day	4,758
Visits to mothers confined in hospital and discharged after 48 hours	1,237
Visits for the purpose of assessing suitability for home confinements	351
Post-natal visits	320
TOTAL	<u>63,531</u>

The midwives are arranged in groups of three or four, and relief during annual leave, weekends and weekly days off is provided by another member of the group. No extra full-time midwives are employed to help with relief but part-time midwives are available to assist with the extra nursings.

Night Rota Scheme.—Following a long period of overwork due to a shortage of midwives on the domiciliary staff, the incidence of sick leave began to increase and the midwives generally appeared to be far from well. In view of this, on April 2nd, 1960, a night rota scheme was put into operation with the help of the Ambulance Service. Under this scheme at least 6 midwives are available each night between 10 p.m. and 7 a.m. and can be contacted via the Ambulance Station. The midwives are allocated to this duty approximately every fourth night and to areas roughly corresponding to the groups in which expectant mothers are booked for home confinement.

Mothers soon became accustomed to these arrangements and the service is working very well. The midwives appreciate a known number of undisturbed nights and are more efficient in the carrying out of their day to day duties.

Midwifery Analgesics.—During the year the midwives administered gas and air analgesia, trilene analgesia and pethilorfan as follows :—

Of the 568 confinements for which the doctor was booked and was present gas and air was administered in 374 cases, trilene in 108 cases and pethilorfan in 284 cases.

Of the 1,834 confinements for which the doctor was booked and was not present, gas and air was administered in 1,137 cases, trilene in 324 cases and pethilorfan in 860 cases.

Of the 368 confinements for which the midwife alone was booked, gas and air was administered in 205 cases, trilene in 68 cases and pethilorfan in 148 cases.

Resuscitation of the newborn.—The Sparklet Resuscitator has been used on 61 occasions.

Breast Feeding.—Accurate figures cannot be given since the removal from the Rules, in July 1960, of the requirement that a midwife must notify the local supervising authority of each case in which artificial feeding has been adopted.

Medical Aid Calls.—There were 425 cases in which medical aid was summoned by midwives during the year under Section 14(1) of the Midwives Act, 1918, as against 556 in 1959. Particulars of these cases are as follows :—

Condition occurring during Pregnancy	34
Condition occurring during Labour	176
Condition occurring during Puerperium	83
Condition occurring in respect of the Infant	134
TOTAL	<u>427</u>

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

Maternity Packs.—Sterilised maternity packs were used throughout the area at all home confinements, and a special pack is provided for patients discharged from hospital before the 5th day of the puerperium or in the event of a miscarriage occurring.

Pupil Midwives.—50 pupil midwives received district training with approved district teaching midwives in conjunction with the Part 2 training school of the Nether Edge Hospital. A total of 42 were successful in the examination.

Post-graduate Courses.—Ten midwives attended resident post-graduate courses during the year.

Domiciliary Care of Premature Babies.—This service was continued during the year and the following is a summary of the work in this section during 1960 :—

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>
3 lbs. 4 ozs. or less	—	—	—	—
Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	2	—	2 fully breast fed	54
Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	21	— —	5 artificially fed 6 breast fed and complementary 10 breast fed	462
Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	38	— —	14 breast fed 14 breast fed and complementary 10 artificially fed	620

Infants Born in Hospital and Discharged to Care of Premature Service

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
3 lbs. 4 ozs. or less	2	—	2 Artificially fed	8
Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	10	—	1 breast-complementary 7 artificially fed 2 fully breast fed	50
Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	27	—	5 breast fed 16 artificially fed 6 breast-complementary	125
Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	58	2 re-admitted to hospital	13 breast fed 17 breast and complementary 28 artificially fed	327

A total of 1,646 visits was paid to the 158 premature infants recorded above, making an average of 10 visits per case.

Ophthalmia Neonatorum.—There were 8 notifications of ophthalmia neonatorum during the year 1960. The majority of these cases were mild infections and no impairment of vision occurred.

Puerperal Pyrexia.—During 1960 notification was received of 205 maternity patients in which puerperal pyrexia occurred. 193 of these patients were delivered in hospital, 33 of whom were resident beyond the City boundary ; 12 were delivered at home. 8 of these cases were nursed entirely at home and four were transferred to hospital. All the Sheffield cases were visited by a member of the Domiciliary Midwifery Service staff.

HEALTH VISITING

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

"Is it a free visitation?"

—William Shakespeare (Hamlet)

At the end of the year 1960, the staff of health visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Centre Superintendents and 35 full-time health visitors and one part-time health visitor. In addition there were seven student health visitors taking the training course, who will return to the Department on obtaining the Health Visitors' Certificate and will remain for at least two years on completion of training.

The health visitors are required to undertake visiting for the purpose of general supervision in connection with the care of mothers and young children ; they undertake the care of some expectant mothers but to a less degree than formerly as this work has been mainly undertaken by midwives. The service includes the general care and health education of the household as a whole ; special attention is 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 all notifiable infectious diseases with the exception of the intestinal diseases. During the year, a total of 65,426 visits was paid by health visitors.

The health visitors also attend clinics which are held for mothers and children at the 23 Maternity and Child Welfare Centres. During 1960 they made an aggregate of 9,036 attendances at infant, ante-natal, post-natal and other clinics in the Maternity and Child Welfare Services ; this figure also includes attendances at B.C.G. school sessions, medical examination of staff, hospital sessions in connection with children, Chest Clinic sessions, visits to hospital almoners, etc.

Integration with the School Health Service started on 1st June, 1959 and at present nine of the existing health visitors are doing combined duties in the School Health Service and the Health Visiting Service.

Co-operation with Hospitals.—Ten health visitors are attached to the hospitals in the City namely, Royal Hospital, Royal Infirmary, City General Hospital, Fir Vale Infirmary, Jessop Hospital for Women, Nether Edge Hospital, Lodge Moor Hospital, Children's Hospital, Winter Street Hospital and Whiteley Wood Psychiatric Clinic. These health visitors see 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. Information is given to the health visitor for the district in which the out-going patient lives, and she arranges for help to be given in respect of beds, bedding and nursing equipment where necessary ; she also requests the services of a domestic help if needed ; advice is given on diet and other problems. In relation to the Whiteley Wood Psychiatric Clinic, case conferences are held weekly, to discuss mothers attending the clinic who have young children. Domestic help may be provided to care for the family while the mother attends for treatment, or the children may be admitted to a day nursery.

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 with the necessary treatment.

391 cases were referred by the almoners as compared with 488 in 1959. 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.	237	(a) Home conditions satisfactory	70
		(b) Domestic help arranged ..	94
		(c) Home nursing provided ..	11
		(d) Nursing equipment loaned	9
		(e) ' Meals on Wheels ' provided	38
		(f) Re-admitted to hospital ..	3
		(g) Social welfare worker informed of needs ..	1
		(h) Sanitary defects reported ..	2
		(i) Advice given <i>re</i> general care..	7
		(j) Overcrowding reported to public health inspector ..	1
		(k) Died	1
		(a) Home conditions satisfactory	9
		(b) Advice given <i>re</i> care of child	14
Home conditions or after-care of Children on or before discharge from hospital.	31	(c) Sanitary defects reported ..	2
		(d) Appointment made for re-attendance	4
		(e) Admitted to nursery ..	2
		(a) Home conditions satisfactory	36
Home conditions of out-patients and ' follow-up ' of defaulters from Out-patients' Clinics.	123	(b) Domestic help arranged ..	31
		(c) Appointment made for re-attendance	17
		(d) ' Meals on Wheels ' provided	10
		(e) Home nursing provided ..	2
		(f) Nursing equipment loaned ..	5
		(g) Admitted to hospital ..	3
		(h) Sanitary defects reported ..	8
		(i) Left City	1
		(j) National Assistance Board informed of needs ..	1
		(k) Recommended for rehousing	3
		(l) Request for handrail ..	1
		(m) Advice given <i>re</i> general care..	2
		(n) Died	3

The Almoners are given all the information regarding these visits.

General Practitioners and Health Visitors.—The relationship is continually improving and more general practitioners now discuss social problems with the health visitors personally.

Co-ordination with Other Bodies.—The Superintendent Health Visitor attends both the Family Service Unit Committee and the Moral Welfare Case Committee held monthly ; the Superintendent or her Deputy also serves on the Adoption Committee held fortnightly, the Co-ordinating Committee regarding problem families held monthly, and the Geriatric Committee which is also held monthly.

Liaison between the health visitors and the Family Service Unit has continued. Help has been given to families with a problem, e.g., it has been possible to arrange for convalescent treatment for debilitated mothers, to provide domestic help in selected cases, or admit some of the children to day nurseries. The health visitors work in close co-operation with the department's social workers (see page 40) and a monthly meeting is held to discuss the families. The health visitors also help with the children's club started during the year.

Tuberculosis and B.C.G. Vaccination.—The important part played by health visitors is fully discussed in the section on Prevention of Tuberculosis on page 77.

Vitamin D Survey.—During the year the Department co-operated with the Ministry of Health in an enquiry to ascertain the intake of vitamin D by children up to five years of age. 44 children were selected at random from the birth register and the health visitors interviewed the mothers and obtained particulars of the amounts of foods containing vitamin D taken by the children during one week.

Accidents in the Home.—On receipt of reports from the City hospitals of burns, scalds and other accidents occurring in the home, 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. Fire guards have been loaned where there is danger of an old, blind or other disabled person falling into the fire ; 102 guards were provided during the year through the Care and After-Care Service.

Welfare of Children.—Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children are investigated by the health visitors ; such cases are kept under regular supervision. Information received is confidential and, as knowledge of the nature of the work becomes more

widely known, 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 on problem families.

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 ; the number of such visits has increased to 6,133, the 1959 figure being 4,616. On many occasions the health visitor contacts the medical practitioner and discusses the 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 or to arrange for a ' Meals on Wheels ' Service. These cases are kept under regular supervision.

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, shoes, etc. The health visitors have undertaken to spend the grants on behalf of patients who are aged, sick or irresponsible.

During the year the close co-operation between the Geriatric Unit at Fir Vale Infirmary and this Department has continued to work satisfactorily. The monthly case conferences are referred to in the section on " Liaison Arrangements " (page 1).

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 it is possible for a male or female attendant to visit weekly to give assistance. Alternatively, arrangement may be made for the patient to attend at the cleansing station.

Applicants for chiropody are visited by the health visitors who explain the scope of the service.

During the year the Council of Social Service provided radio sets to certain housebound persons, made friendly visits where the health visitor knew that such visits would be appreciated, and arranged for some old people to be taken out for the day.

At Christmas time the Sheffield Telegraph and Star Old Folk's Fund gave 100 parcels to be distributed among old people, and the Women's Co-operative Guild provided a parcel for each person in receipt of ' meals

on wheels.' The High Storrs Grammar School girls provided toys and clothing for 31 deserving families including 115 children. Area 7 of the Round Tablers provided 12 old people with a food parcel and a voucher for 1 cwt. of coal. All these services and gifts were very much appreciated by the recipients.

Meals on Wheels.—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. After a pilot scheme had operated for a period a comprehensive service was inaugurated on 1st April, 1959. The Council of Social Service undertake the cooking and distribution of the meals, and the local authority provide transport and finance. All applications are assessed by the health visitor who makes recommendations according to need.

In 1960 the number of persons receiving the service increased from 460 to 524, two meals being provided for each person each week. During the year a total of 52,233 meals was served. On 31st December, 1960 four vans were being used.

The service has become very popular and is still increasing ; the partnership is a good example of a voluntary service and local authority working together. During the operation of the scheme we have found that the service has been of particular help to elderly people discharged from the Geriatric Unit ; also to persons suffering from malnutrition, especially those discharged from hospital after treatment for malnutrition. Other persons who have benefited from the scheme are those who are housebound or partly housebound on account of old age and frailty or other disabling conditions, e.g., arthritis, heart conditions, paralysis, blindness.

Training of Nurses and Students.—Medical, nursing and social science students are among the visitors to the Department. 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. 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. The Deputy Superintendent health visitor gives talks to first year nursing students at the City General Hospital, and a health visitor also attends group discussions at the City General Hospital which are held every three months for the nurses in training.

Health Education.—Mothercraft classes have been held at nine clinic centres during the year ; the classes are held on one afternoon each week and consist of talks to expectant mothers and also to mothers with young children. Evening sessions to which husbands are also invited are held at the end of each course.

New cases and total attendances at mothercraft classes were as follows :—

<i>Centre</i>	<i>New Cases</i>	<i>Total Attendances</i>
Firth Park	366	914
Manor	116	736
Broadfield	123	768
Broomhill	10	57
Carbrook	80	387
Greenhill	46	236
Hillsborough	118	554
Ivy Lodge	46	219
Parson Cross	10	33
TOTALS	915	3,904

A Parents' Club, formed from those whose interest was aroused by attendance at mothercraft lectures, has continued to function quite successfully.

The health visitors have been responsible for talks to Young Wives' Clubs, Men's and Women's Guilds, Mothers' Unions, Girls' Life Brigades, teenagers, etc., most of these being given in the evening.

Further details are given in the Health Education Section on page 204.

In-Service Training.—Three health visitors attended a post certificate course in London. A number of health visitors attended a course of lectures on mental health held at Sheffield University during the 1959/60 session and seven health visitors attend a weekly seminar on psychiatry arranged by the senior medical officer for mental health.

Venereal Disease.—During the year co-operation has continued with the Venereal Disease Clinics. The Deputy Superintendent Health Visitor visits the clinic once a week and collects information regarding defaulters whom she visits. It has been gratifying that a large number of patients have been persuaded to return to the clinic for supervision and treatment. In 1960, 284 visits were made as compared with 306 in 1959.

Other Work.—All applications which do not conform with the usual requirements for admission to the day nurseries 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.

Arrangements are still in operation for the loan of scales in cases where a baby is in need of test feeding ; the scales are transported to the home by this department and the health visitor calls to instruct the mother in their use.

A summary of visits is given in the table which follows :—

TABLE XIV.—Summary of Visits of Health Visitors during the year 1960

								<i>Number of Visits</i>
Infants under 1 year—First visits	..	..	..	7,972				
Subsequent visits	..	..	..	10,300				
								18,272
Infants between 1 and 5 years of age	..	..	..	..	..			28,196
Children over 5 years of age	..	..	..	..	..			1,278
Acute Rheumatism	..	..	..	..	..			10
Scabies	..	..	..	..	..			81
Whooping Cough	..	..	..	..	..			602
Measles	..	..	..	..	..			409
Scarlet Fever	..	..	..	..	..			228
Pneumonia	..	..	..	..	..			174
Poliomyelitis	..	..	..	..	..			15
Meningitis	..	..	..	..	..			16
Erysipelas	..	..	..	..	..			37
Venereal Disease	..	..	..	..	..			284
Diphtheria	..	..	..	..	..			22
Other Infectious Diseases	..	..	..	..	..			19
Ex-Hospital Cases <i>re</i> After-Care	..	..	..	..	..			298
Expectant Mothers—First visits	..	..	..	477				
Subsequent visits	..	..	..	79				
								556
Post-Natal Cases	..	..	..	..	..			206
Tuberculosis—Pulmonary	..	..	..	2,871				
Non-Pulmonary	..	..	..	201				
								3,072
Tuberculosis contacts	..	..	..	..	..			1,485
B.C.G.	..	..	..	..	..			188
Jelly tests	..	..	..	..	..			1,291
Mantoux test readings	..	..	..	..	..			58
Immunisation and vaccination visits	..	..	..	..	..			202
Poliomyelitis	..	..	..	..	..			19
Special enquiries	..	..	..	..	..			204
Old people	..	..	..	..	..			6,133
Nursing Homes	..	..	..	..	..			16
Child Minders	..	..	..	..	..			17
Mother and Baby Homes	..	..	..	..	..			6
Day Nurseries	..	..	..	..	..			33
Hospitals	..	..	..	..	..			215
Hospital Almoners	..	..	..	..	..			342
Chest Clinic	..	..	..	..	..			47
Medical Practitioners	..	..	..	..	..			4

						<i>Number of Visits</i>
Visits in regard to :—						
Investigation of Infant Deaths	..	..	..	..	..	12
Investigation of Stillbirths	..	..	..	..	..	128
Home Conditions	..	..	..	..	..	48
Handicapped Persons	..	..	..	..	..	351
Problem families	..	..	..	..	..	430
Accidents in the Home	..	..	..	..	..	22
Other Reasons	..	..	..	..	..	400
TOTAL	..	..	..	..	..	<u>65,426</u>

In addition, the Health Visitors paid 9,449 ineffectual visits during the year.

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 1960, 114 premature infants were born alive at home and 453 were born in hospital or nursing home to Sheffield residents, making a total of 567 premature infants as compared with 526 in 1959. 18 small or feeble infants were transferred from home to hospital. The rate of survival of very small immature infants is poor ; of the 65 infants weighing 3 lbs. 4 ozs. or less at birth, only 23 were alive at the end of the 28 day period. The causes of the 84 deaths of premature infants weighing 5 lb. 8 ozs. and under were classified as follows :—

Prematurity	..	..	..	..	..	..	..	51
(28 infants were immature weighing under 3 lbs.)								
Prematurity and intracranial haemorrhage (7 weighed under 3 lbs.)	..	..	..	..	..	..	..	13
Prematurity and anencephaly	..	..	..	..	..	..	..	2
Prematurity and congenital malformations	..	..	..	..	..	..	..	5
Prematurity and hyaline membrane syndrome (5 weighed under 3 lbs.)	..	..	..	..	..	..	..	9
Prematurity and associated maternal lesion	..	..	..	..	..	..	..	3
Prematurity and acute respiratory infection	..	..	..	..	..	..	..	1
TOTAL	..	..	..	..	..	..	..	<u>84</u>

During the year there were 82 premature stillborn babies to Sheffield residents in all weight groups ; 74 children were born in hospital and 8 were born at home. This number shows a decrease compared with the

premature stillbirths for 1959, when there were 100, of which number 87 were born in hospital, and 13 at home. The details are as follows in the various weight groups for 1960 :—

<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	37	4	—	41
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs.	21	—	—	21
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs.	8	—	—	8
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs.	5	—	2	7
Not weighed	1	4	—	5
TOTALS	72	8	2	82

Information is given in the statement below regarding the 567 premature babies born in 1960 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	6	53
Died on 2nd to 7th day	1	21
Died on 8th to 28th day	2	1
Survived 28 days	105	378
TOTALS	114*	453

* Of the 114 babies born at home, 96 were nursed entirely at home and 18 were transferred to Hospital.

Of the 18 transferred to Hospital, 4 died during the first 24 hours, 1 died on the 2nd to 7th day, 1 died on the 8th to 28th day and 12 survived 28 days.

Further information is given in the following table with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1960.

**TABLE XV.—Premature Babies born alive to Sheffield Residents during
the Year 1960**

	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	5	13	22	73	1	114
Born in hospital or nursing home ..	60	107	104	176	6	453
Grand Total—Premature Babies ..	65	120	126	249	7	567
Died in First 24 hours						
Born at home	2	3	1	—	—	6
Born in hospital or nursing home ..	28	15	4	2	4	53
	30	18	5	2	4	59
Died on 2nd to 7th day						
Born at home	—	1	—	—	—	1
Born in hospital or nursing home ..	12	5	3	—	1	21
	12	6	3	—	1	22
Died on 8th to 28th day						
Born at home	—	—	—	1	1	2
Born in hospital or nursing home ..	—	1	—	—	—	1
	—	1	—	1	1	3
Total who died during first 28 days						
Born at home	2	4	1	1	1	9
Born in hospital or nursing home ..	40	21	7	2	5	75
	42	25	8	3	6	84
Total who survived 28 days						
Born at home	3	9	21	72	—	105
Born in hospital or nursing home ..	20	86	97	174	1	378
	23	95	118	246	1	483

Percentage of those born at home who died during the first 28 days 40·0 (2) 30·8 (4) 4·5 (1) 1·4 (1) 100·0 (1) 7·9 (9)

Percentage of those born in hospital or nursing home who died during the first 28 days 66·6 (40) 19·6 (21) 6·7 (7) 1·1 (2) 83·3 (5) 16·6 (75)

Percentage of all premature babies who died during the first 28 days 64·6 (42) 20·8 (25) 6·4 (8) 1·2 (3) 85·7 (6) 14·8 (84)

Total Live Births to
Sheffield Residents
Notified during 1960
7,779

Number of
Premature Births
567

Percentage of
Premature Births to
Total Live Births
7·29

Total Stillbirths to
Sheffield Residents
Notified during 1960
149

Number of
Premature Births
567

Percentage of
Total Still Births
to Premature Births
26·28

65 (0·83%) of all live births weighed 3 lbs. 4 ozs. or less.

120 (1·54%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

126 (1·62%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

249 (3·20%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

HOME NURSING

By MISS M. MCGONIGLE, S.R.N., S.C.M., Q.N.Cert., H.V.Cert.,
Superintendent, Home Nursing Service

"Here comes my nurse"—William Shakespeare (Romeo and Juliet)

During the early part of the year under report reorganisation of the Home Nursing Service was continued. A second non-resident centre was opened and an additional Assistant Superintendent was appointed.

At the end of the year the staff consisted of 1 Superintendent, 1 Deputy Superintendent, 3 Assistant Superintendents, 40 full-time nurses, 33 part-time nurses, 8 student nurses and 1 bathing assistant.

The non-resident Home Nursing Centre, opened during 1959 at Firth Park, has adequately replaced the Princess Mary Home which was closed due to lack of resident nurses.

The second non-resident Home Nursing Centre established at the Manor Maternity and Child Welfare Centre, was opened on 1st April, and serves as the administrative headquarters for the districts in that part of the City.

During the latter part of 1960 ambulant patients paid 1,835 visits to these centres for treatment. It is hoped that general practitioners will allow more of their ambulant patients to attend for treatment, which should relieve the pressure of attendances at doctors' surgeries and enable visiting nurses to give more time to patients confined to their own homes.

The Johnson Memorial Home now serves as the administrative headquarters for the service in the district covering approximately two-fifths of the West side of the city. Theoretical training for all the students from Sheffield, Rotherham and Barnsley is also carried out there. Thirty-six students attended lecture blocks during the year. During these 'blocks', lectures were given to students by the Medical Officer of Health and his staff and visits of observation to various departments were arranged.

The Johnson Memorial Home also provides residential accommodation for some administrative staff, nursing staff and students. Pupil midwives are in residence there.

During the year under review 20 students completed training, 18 were trained for Sheffield and 2 for West Riding County. Of these, 19 were successful in the examination, 4 attaining credit standard. Seven of the Sheffield students were recruited from existing part-time staff.

Following the Report of the Advisory Committee of the Ministry of Health on Training of District Nurses, the period of training has been reduced. The shorter training of four months for the State Registered

Nurse and three months for nurses who also hold the S.C.M., or H.V. Certificates, was adopted by Sheffield for the training course which commenced September, 1960. Staff students continue to give at least one year's service on completion of training and we remain in membership with the Queen's Institute of District Nursing.

Refresher Courses.—Four nurses attended refresher courses in district nursing during the year. The Superintendent attended the Standing Conference of Training Home Superintendents.

Hospital student nurses from the Sheffield School of Nursing paid half day visits to the Johnson Memorial Home when they were given a talk on the Home Nursing Service and a demonstration in the district room. These were followed by group discussions at the School of Nursing. Students from the Children's Hospital spend a day on the district with the home nurses.

All districts within the City are covered by the home nurses from 8.30 a.m. to 1.30 p.m. and from 4 p.m. to 6 p.m. From 6 p.m. to 9.30 p.m. a rota of nurses are on duty to carry out late visits as required. A member of the administrative staff can always be contacted by telephone to deal with any emergency which may arise.

The service is well known to the general practitioners in the City. Most of the cases are referred by them and a good liaison exists.

In the course of duty the home nurse has many opportunities for health teaching and for giving advice on the prevention of accidents in the home. Full use is made of these opportunities, the results of which are unknown but which may well be life-saving.

The home nurse is sometimes called upon to cope with difficult conditions in inadequate homes. Help obtained from other Public Health Services in these circumstances is much appreciated. Valuable assistance has been received from the Health Visiting Service, the Domestic Help Service and the Care and After Care Service. Full advantage has also been taken of the 'Meals on Wheels' Service and the Chiropody Service.

This close co-operation within the Public Health Services brings to the needy patients a high standard of home care.

The work carried out by home nurses during the year is summarised as follows :—

Number of cases on the Register at 1st January, 1960	2,032
Number of new cases attended by the nurses during the year ..	4,809
Total number of cases attended by the nurses during the year ..	6,841
Number of cases removed from the Register during the year ..	4,751
Number of cases on the Register at 31st December, 1960 ..	2,090
Number of visits made by the nurses during the year	221,484

The 6,841 cases nursed during 1960 were referred by the following :—

Medical Practitioners	5,718
Hospitals	890
Personal Application at Nurses' Homes	176
Maternity and Child Welfare Centres	30
Personal Applications at the Home Nursing Centre	27
TOTAL	6,841

These cases may be classified as under :—

Medical	5,928
Surgical	673
Gynaecological	37
Maternity	45
All others	158
TOTAL	6,841

Of the patients nursed, there were 3,588 (52.4%) who were aged 65 years or over.

VACCINATION AND IMMUNISATION

By R. E. BROWNE, M.R.C.S., L.R.C.P., D.P.H.

Assistant Maternity and Child Welfare Medical Officer
and School Medical Officer.

"No needle is sharp at both ends."—Chinese Proverb

Under the National Health Service Act, 1946, the City Council has the duty of making arrangements with medical practitioners to provide free vaccination against smallpox and immunisation against diphtheria. The Minister of Health has also approved proposals for vaccination against poliomyelitis and immunisation against whooping cough and tetanus. Facilities are also available for vaccination and immunisation at Child Welfare Centres and at School Clinics by the local authority's own medical staff.

Vaccination against tuberculosis is offered at 13 to 14 years of age, and teams visit the schools concerned to carry out skin tests and vaccinations.

Early in the year unification of control of all immunisation appointments and records at the Vaccination and Immunisation Section (which had previously been responsible for poliomyelitis vaccination alone) was commenced. The duties of Immunisation Records and Appointments were taken over from the Maternity and Child Welfare and School Health Services, in respect of diphtheria, tetanus, whooping cough and smallpox immunisations.

During the year, in accordance with Ministry of Health authorisation, the responsibility for the provision of a yellow fever immunisation service was transferred to the local authority from the Regional Blood Transfusion Service.

All immunisation procedures are reviewed from time to time in the light of general experience and opinion. In the early part of the year it was decided to adopt and recommend a revised programme embodying current ideas regarding the optimum ages at which the various injections should be given.

Immunisation Programme

<i>Age</i>	<i>Vaccine</i>
Two months	Triple (Diphtheria, Pertussis, Tetanus)
Three months	Triple
Four months	Triple
Six months	Smallpox
Seven months	Poliomyelitis
Eight months	Poliomyelitis
15-18 months	Poliomyelitis
	Triple (Diphtheria, Pertussis, Tetanus)
School Entry	Diphtheria/Tetanus
13-14 years of age	B.C.G.

Poliomyelitis Vaccination.—Early in the year the Ministry of Health raised the age limit of eligibility for vaccination to include all those who had not reached 40 years of age, in addition to other priority groups.

During the year 18,604 persons completed a course of two injections compared with 35,301 in 1959, 56,091 in 1958, and 16,422 in 1957.

In addition, further considerable progress was made with the third injections authorised in Ministry of Health Circular 20/58, and 38,908 persons received a reinforcing injection during the year, compared with 42,114 in 1959.

About 30,000 letters were sent out inviting persons who had not attended for their reinforcing injections to attend at 'open sessions'. This policy not only produced a substantial response, but also served as an important means of getting full information and propaganda into the homes.

Particular attention was directed towards groups of persons employed in factories and commercial firms, and teams visited those organisations which could bring forward a sufficient number. In an effort to approach the adolescent and young adult groups special sessions were arranged through the School Health Service at five evening schools. In all 23 other organisations were visited by the teams and a total of 3,624 injections were given under these special arrangements.

In addition the section gave every assistance and co-operation to medical practitioners and industrial medical officers in their vaccination programmes.

At 31st December, 1960, the numbers vaccinated from the commencement of the scheme were as follows :—

Persons who had completed a course of two injections :—

	1960	1959	1956-58	TOTAL
Persons born 1920-32	6,697	—	—	6,697
Persons born 1933-42	3,619	17,724	4,593	25,936
Persons born 1943-60	6,591	13,171	66,973	86,735
*Expectant Mothers	1,393	1,147	599	3,139
Other Priority Groups	304	3,259	2,653	6,216
	<u>18,604</u>	<u>35,301</u>	<u>74,818</u>	<u>128,723</u>

* An appreciable number of expectant mothers do not register in this group, but prefer to receive vaccination under the general age groups.

Courses of two injections given :—

	1960	1959	1956-58	TOTAL
By General Medical Practitioners	6,492	9,503	8,910	24,905
At Maternity & Child Welfare Centres	11,805	23,654	29,480	64,939
At School Health Service Clinics	—	373	35,570	35,943
At Hospitals	307	1,771	858	2,936
	<u>18,604</u>	<u>35,301</u>	<u>74,818</u>	<u>128,723</u>

Persons who had received three injections :—

	1960	1959	1956-58	TOTAL
Persons born 1920-32 ..	3,290	—	—	3,290
Persons born 1933-42 ..	11,475	2,672	1	14,148
Persons born 1943-60 ..	23,195	38,732	196	62,123
Expectant Mothers ..	395	6	—	401
Other Priority Groups ..	553	704	—	1,257
	<u>38,908</u>	<u>42,114</u>	<u>197</u>	<u>81,219</u>

Smallpox Vaccination.—Information is given in the statement below relating to vaccination and revaccination in the years 1954 to 1960.

Year	Aged under 1 year	1 and under 5 years	5 and under 15 years	15 years and over	Total
PERSONS VACCINATED—					
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
1958	2,102	1,830	156	337	4,425
1959	2,120	1,881	117	271	4,389
1960	*1,119	1,498	103	305	3,025

*The number in this age group was considerably affected by a change in the immunisation programme during the year, in that smallpox vaccination is offered at six months of age after completing the course of Triple immunisation. Previously smallpox vaccination was offered at six weeks of age.

Year	Aged under 1 year	1 and under 5 years	5 and under 15 years	15 years and over	Total
PERSONS REVACCINATED—					
1954	—	15	38	427	480
1955	—	14	43	550	607
1956	—	17	52	535	604
1957	—	24	36	511	571
1958	—	15	47	698	760
1959	—	17	42	583	642
1960	—	25	50	607	682

The primary vaccinations and revaccinations during 1960 were carried out as follows :—

	Primary Vaccinations	Revaccinations
By General Medical Practitioners ..	1,184	575
At Maternity and Child Welfare Centres	1,682	24
At Hospitals	159	83
TOTALS ..	<u>3,025</u>	<u>682</u>

Following the introduction of voluntary vaccination in 1948 there was a marked decline in primary vaccination, although the position has since improved. An illustration of this is that in 1947 the number of children

vaccinated under one year was 32 per cent of the births during the year ; in 1949 this figure dropped to seven per cent ; by 1959 it had risen to 28 per cent. It is estimated that by the time children reach the age of five years about half have been vaccinated.

Infant vaccination provides young children with an immunity against small-pox which can be expected to last for several years ; moreover, it ensures that there will be less likelihood of a severe local reaction or the rare but serious complication, encephalomyelitis, if vaccination is performed later in life. Vaccination is a routine procedure in the Forces and an International Certificate of vaccination against smallpox is a condition of entry into many countries. 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.

Diphtheria Immunisation.—A diphtheria immunisation service has existed in Sheffield since 1941. A total of 7,999 children under 15 years of age completed the course of immunisation in 1960 as against 7,376 in 1959 and 7,213 in 1958. The following statement gives particulars of the number of persons who have been immunised since 1954 :—

		<i>Under 1 year</i>	<i>1 and Under 5 yrs.</i>	<i>5 and Under 15 yrs.</i>	<i>15 years and over</i>	<i>Total</i>
1954	..	619	4,554	919	9	6,101
1955	..	105	3,895	519	15	4,534
1956	..	580	4,276	723	1	5,580
1957	..	1,496	4,917	1,011	3	7,427
1958	..	1,884	4,367	962	6	7,219
1959	..	2,222	4,035	1,119	12	7,388
1960	..	2,929	3,996	1,074	5	8,004

A tabular statement is given on page 70 showing the number of children immunised in each group as at 31st December. It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining a higher age group. After the necessary adjustments the records show the number of persons who had been immunised up to 31st December, 1960, to be as follows :—

		<i>Under 5 years</i>	<i>5 and under 15 years</i>	<i>15 years and over</i>	<i>TOTAL</i>
Number of persons immunised at 31st December, 1960	..	24,156	64,510	101,587	190,253

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of

15-18 months and again at school entry. The number of children under 15 years who have been given these injections in the years 1954-1960 is given below :—

<i>Year</i>							<i>Number of children given reinforcing injections</i>
1954	..	..	..	..	..	..	4,647
1955	..	..	..	..	..	..	2,671
1956	..	..	..	..	..	..	3,442
1957	..	..	..	..	..	..	3,330
1958	..	..	..	..	..	..	3,882
1959	..	..	..	..	..	..	3,341
1960	..	..	..	..	..	..	6,172

The following statement gives a classification of primary immunisations completed and reinforcing injections given in 1960 :—

	<i>Primary immunisations</i>	<i>Reinforcing injections</i>
By General Medical Practitioners	2,013	1,724
At Maternity and Child Welfare Centres ..	4,579	1,618
At School Health Service Clinics	1,127	2,497
At Hospitals	285	349
TOTALS	8,004	6,188

The increase in number of reinforcing injections given during 1960 is to be accounted for, in part at least, by the introduction of the reinforcing injection at 15-18 months of age.

From the Registrar General's estimates of the population and the number of children who have been immunised it is estimated that 69 per cent of children under five years of age and 96 per cent of children between five and fifteen years of age were immunised at the end of 1960. Only 52 per cent of all children under 15 years of age have, however, had a reinforcing dose within the last five years. Once again there were no confirmed notifications of diphtheria but this should not be taken as an indication that immunisation is not still a very necessary precaution if we are to continue to be free of the disease.

Publicity of two deaths from diphtheria in adjacent counties during the latter part of the year resulted in a number of additional applications for primary and reinforcing injections, particularly in older children who had missed these. A Schick Test for immunity was performed in these older children in order to avoid the unnecessary administration of diphtheria prophylactic.

A total of 219 Schick Tests were performed by the end of the year.

Whooping Cough and Tetanus Immunisation.—Immunisation against whooping cough was introduced at the Child Welfare Centres in 1954. The vaccine given was usually a combined one which also gave protection

against diphtheria. During 1956 combined immunisation against diphtheria/whooping cough/tetanus was introduced and arrangements were also made for the distribution of this triple antigen to general practitioners. The table on page 71 shows the number of children immunised each year since 1954 and the following statement gives the number of children under 15 years of age who received these injections during 1960. The figures, where relevant, are included in the statement of primary diphtheria immunisation shown earlier in this report.

<i>Type of immunisation</i>	<i>Number of children immunised</i>
Diphtheria/Whooping Cough/Tetanus	6,746
Diphtheria/Whooping Cough	41
Whooping Cough only	8
Tetanus/Diphtheria	37
Tetanus only	40
	<hr/> 6,872 <hr/>

Yellow Fever.—Yellow fever is a disease, carried by a certain type of mosquito, which is endemic in parts of Africa and South America. Vaccination is of the greatest importance in an international campaign organised by the World Health Organization to control and eradicate the disease.

Vaccination of travellers passing through these infected areas is required as a condition of entry into certain other countries which are not infected, but have the particular type of mosquito which carries the disease. Although vaccination affords the traveller personal protection, the primary aim is to ensure that yellow fever is not introduced into parts of the world still unaffected.

The local authority assumed responsibility for providing a Yellow Fever Vaccination Service from 1st July, 1960, under Ministry of Health Circular No. 19/59.

This service is available to all travellers, by appointment, at the Maternity and Child Welfare Centre, Orchard Place. The necessary International Certificate of Vaccination is provided.

No. of Yellow Fever Vaccinations, 1st July—31st December, 1963.

B.C.G. Vaccination.—Full details of the work in connection with B.C.G. vaccination are given in the section dealing with the prevention of tuberculosis (page 79).

General.—Vaccination and immunisation is considered an integral part of our care for the child and every opportunity is taken, particularly by health visitors, to encourage mothers to have their children protected against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis and, where appropriate, tuberculosis.

The following table shows attendances relating to vaccination and immunisation made at the Maternity and Child Welfare Centres during the year. The different types of antigen used are indicated.

					<i>New Cases</i>	<i>Total Attendances</i>
Smallpox	..	..	..	..	1,912	3,939
Diphtheria/Whooping Cough				..	4,959	14,574
Diphtheria/Tetanus	..	..	..	..	48	99
Whooping Cough	..	..	..	..	1	3
Diphtheria	..	..	..	..	1	9
Tetanus	..	..	..	..	15	56
Triple Reinforcing	..	..	..	..	—	1,594
Poliomyelitis						
Up to 25 years of age	..	..	..	..	10,319	44,772
Expectant Mothers	..	..	..	..	1,291	2,685
					<u>18,546</u>	<u>67,731</u>

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 since 1937 :—

Age in years on 31st December of the corresponding year	1937- 1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total immunised on 31st December, 1960	
Under 1 Year	731	119	462	532	491	252	369	426	354	619	105	580	1496	1884	2222	2929	0-4 Group 24156
1 Year	13936	4222	5004	5380	4707	3439	3630	3567	3293	3154	2857	3104	3526	3222	3165	3137	
2 Years	6542	1904	1352	1556	1305	855	1026	853	700	691	612	698	773	466	444	442	
3 "	5011	713	556	430	495	336	269	372	287	223	181	202	244	253	226	219	
4 "	2910	434	340	258	260	161	209	226	243	173	105	127	186	197	200	198	
5 "	8263	442	598	455	590	223	311	356	417	450	176	202	300	342	341	287	5-9 Group 26725
6 "	8063	537	463	290	514	248	210	284	449	318	224	344	369	330	308	262	
7 "	6779	287	206	119	267	133	92	125	169	162	91	121	187	188	135	134	
8 "	5019	189	137	86	164	71	57	73	107	94	49	73	109	120	87	119	
9 "	5253	121	118	57	109	49	44	64	89	52	31	51	76	66	77	81	
10 "	4185	109	98	55	95	40	34	37	58	44	22	26	51	71	58	62	10-14 Group 37785
11 "	3983	74	64	41	92	24	29	40	58	45	22	19	38	33	58	61	
12 "	3617	94	50	32	46	25	14	25	34	24	10	11	26	25	23	28	
13 "	3003	84	51	20	37	22	10	25	35	24	20	11	22	8	24	28	
14 "	2344	40	38	13	40	10	10	10	25	11	9	9	17	7	8	12	
15 Years and over	1669	24	43	14	67	18	35	31	15	17	20	2	7	7	12	5	15 and over 101587
Total each year Immunisations	81308	9393	9580	9338	9279	5906	6349	6514	6333	6101	4534	5580	7427	7219	7388	8004	Grand Total— 1937—1960 190253
Reinforcing Injections	—	5038	3515	4146	5325	3603	4621	5409	4970	4647	2671	3442	3301	3884	3347	6188	64107

WHOOPIING COUGH IMMUNISATION

The following tabulated statement shows the number of children immunised each year since 1954.

<i>Age in years on 31st December of the corresponding year</i>	1954	1955	1956	1957	1958	1959	1960	<i>Total immunised on 31st December, 1960</i>
Under 1 Year	592	103	571	1,481	1,878	2,221	2884	0-4 GROUP 23,434
1 Year	1,651	2,721	2,940	3,447	3,164	3,227	3092	
2 Years	174	490	933	668	387	297	383	
3 "	147	179	257	152	138	148	141	
4 "	92	79	147	76	83	102	113	
5 "	40	47	35	67	54	74	72	5-9 GROUP 12,115
6 "	13	24	11	24	27	26	31	
7 "	10	6	5	10	6	15	15	
8 "	13	4	2	4	3	4	23	
9 "	2	5	3	3	2	5	10	
10 "	1	3	2	2	3	1	7	10-14 GROUP 341
11 "	1	1	—	1	2	—	8	
12 "	—	1	—	1	1	—	3	
13 "	1	—	—	—	—	—	4	
14 "	2	1	—	—	—	—	5	
15 Years and Over ..	1	—	—	—	3	3	4	15 AND OVER 25
Total each year— Immunisations ..	2,740	3,664	4,906	5,936	5,751	6,123	6795	Grand Total— 1954-1960 35,915
Triple Immunisation Diphtheria/Whooping Cough/Tetanus ..	NIL	NIL	1,863	5,447	5,603	6,038	6746	25,697
Double Immunisation Diphtheria/Whooping Cough	2,320	3,479	2,982	460	138	77	41	9,497
Single Immunisation Whooping Cough ..	420	185	61	29	10	8	8	721

AMBULANCE SERVICE

By F. C. KELSEY, Ambulance Officer

"Why tarry the wheels of his chariots?"—Judges, VI, 28

The Ambulance Service continued to operate a twenty-four hour service from the Headquarters situated in Corporation Street and from the Lodge Moor Hospital Station which deals with cases of an infectious nature.

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.

At the 31st December, 1960, the staff position was as follows :—

Administrative and Control	..	..	..	15
Vehicle Maintenance	..	..	..	8
Shift Leaders—Ambulance	..	..	..	5
Drivers—Ambulance	..	..	..	50
Attendants—Ambulance	..	..	..	24
Car Drivers—Central Motor Garage	..	..	..	8
Mess Room Attendant	..	..	..	1
Garage Handyman	..	..	..	1
Cleaner (part time)	..	..	..	1
				113

Vehicles.—The Ambulance Service Fleet consists of 29 ambulances, 7 sitting-case ambulances and five sitting-case cars. All the vehicles are radio-controlled and this method of communication continues to contribute to a higher degree of efficiency. The Central Motor Garage Fleet consisting of 9 cars is under the control of the Ambulance Officer.

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

Summary of Patients carried and Mileage run during the Years 1959 and 1960

On whose behalf	Year 1959		Year 1960	
	Number of Patients carried	Mileage run	Number of Patients carried	Mileage run
Sheffield City Council	144,856	517,282	142,741	522,945
West Riding County Council ..	2,748	16,793	2,412	16,742
Derbyshire County Council ..	11,902	77,617	3,703	26,361
Other Authorities	68	1,364	63	1,848
	159,574	613,056	148,919	567,896

Duties Undertaken.—Since 1948, the Sheffield Ambulance Service has provided ambulance cover in certain parts of the West Riding County Council and Derbyshire County Council areas which are adjacent to the City. In May, 1960, the Derbyshire County Council Ambulance Service took over full cover of their area, and this was responsible for a reduction of work done by the Sheffield Service of 8,199 patients and 51,255 miles. Consequently there has been a decrease of approximately 6·7 per cent in the number of patients carried during the year and a decrease of 7·4 per cent in the mileage run.

Excluding the work done on behalf of the Derbyshire County Council for the past two years the statistics read as follows :

	<i>Patients carried</i>	<i>Mileage run</i>
1959	147,672	535,439
1960	145,216	541,536

These figures show a decrease of 2,456 in the number of patients carried, but an increase of 6,097 on the mileage run, and would appear to reflect the movement of residents from the centre of the City to the periphery or to areas outside the City boundary.

The following statement illustrates the 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	481,282
1950	107,567	476,222
1951	117,894	489,453
1952	125,074	496,397
1953	133,177	532,164
1954	136,847	548,313
1955	145,970	569,327
1956	145,619	570,013
1957	145,951	568,981
1958	147,412	559,677
1959	159,574	613,056
1960	148,919	567,896

Emergency ambulances conveyed 6,007 patients as a result of either accident or sudden illness. There were also 46 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Long Distance Cases.—There were altogether 643 requests received for the conveyance of patients being discharged or transferred to distant destinations. Arrangements were made for 267 of them to travel by train, with ambulance or ambulance car transport provided to and from the railway station. The resultant saving in ambulance mileage amounted to approximately 37,651 miles.

A number of the patients were not able to travel on their own and valuable assistance was again rendered by members of the British Red Cross Society who performed escort duties on 71 occasions.

66 long distance journeys were made by road in vehicles owned by this authority. 194 patients travelled in vehicles supplied by other authorities who had been given the option of conveying their own cases.

Domiciliary Midwifery Services—Night Rota Scheme.—In order to assist the domiciliary midwifery staff in the working of night calls, arrangements have been made for Ambulance Control to be informed when the services of a midwife are required between the hours of 10 p.m. and 7 a.m.

From a rota of six midwives the control assistant contacts the one living nearest the patient's home and, if necessary, provides transport. The midwife reports back to the control assistant when she has completed the case or if it is unnecessary for her to remain, and she is then available for further duties.

Cars were made available on 1,408 occasions for this service and, in addition, a further 33 journeys were made in delivering nitrous oxide cylinders and apparatus.

This arrangement means that the majority of midwives can get a complete night's rest without the fear of being called out. Each midwife takes her turn on the night rota.

Equipment for Premature Babies.—The vehicles which are wired to provide for the electrical heating of incubators for premature babies were used on five occasions.

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

PREVENTION OF TUBERCULOSIS

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

*"If we believe a thing to be bad it is our duty to
try to prevent it and to damn the consequences."*

—Alfred Lord Milner (Speech at Glasgow, 1909).

During 1960, the case conference meetings have continued at regular intervals, attended by representatives from the Chest Clinic, the Children's Hospital, the Mass Radiography Centre and from the local authorities of Sheffield and the fringe areas of Derbyshire and the West Riding. There has been valuable interchange of information at these meetings, which together with consideration of relevant statistics, has indicated some fields on which increased attention might be focused. Where prevention is concerned, concentration is directed mainly to discovering and controlling the infection as early as possible, supervising the drug-resistant individual, and protecting those members of the community who have not previously been exposed to infection.

Notifications for 1960.

Number of new notifications	..	..	..	..	335
Respiratory Tuberculosis	..	..	..	..	305
Other forms of Tuberculosis	..	..	..	..	30
Transfers from other areas	..	..	..	..	41
TOTAL	..	..	..	..	<u>376</u>

15 of the new notifications resulted from contact investigations of cases notified during the past two years. Two cases were notified as a result of the skin-testing of 13 year old school children, and one case as a result of the follow up of a positive tuberculin reactor.

The gradual fall in the number of cases of tuberculosis notified during the past six years is seen from the following table, the decline being apparently most marked in the respiratory form. The numbers refer to new notifications only.

Year	Respiratory	Other Forms	Total
1955	456	50	506
1956	400	37	437
1957	425	52	477
1958	395	46	441
1959	336	29	365
1960	305	30	335

Immigrants.—Of the 335 newly notified cases, 24 were coloured immigrants to this country.

Arabs	13
Pakistanis	5
Somalis	1
West Indians	5
TOTAL	24

In addition, there were also notified six Irish persons, four Polish, one Hungarian and one Ukranian.

The number of Arabs, Pakistanis and Somalis (19) compares favourably with last year's figure of 41. It is hoped that this represents a real decrease, following intensive follow-up of contacts and increased efforts to X-ray as many immigrants as possible.

Vagrants.—During the first half of the year, regular monthly sessions for X-raying wayfarers from the Casual Ward at Fir Vale Hostel were held at the Mass Radiography Centre in co-operation with the Social Care Department. In the latter half of the year, responsibility for the care of such wayfarers was transferred to the National Assistance Board who have opened a new hostel at Woodhouse taking in fewer numbers, with a view to possible rehabilitation. Regular X-ray sessions have been held for these men at weekly intervals at the Mass Radiography Centre and attendance on the whole has been good. Reports on the films taken have been speedily made, so that a man X-rayed in the morning may, if necessary, be referred to the Chest Clinic without delay on the same day.

	No.	%
Number examined	153	
Number showing evidence of tuberculosis (not necessarily active)	4	2.6
Miscellaneous conditions :—		
Emphysema	1	
Chronic bronchitis	2	
Cardiac enlargement	1	
Post-inflammatory fibrosis	1	
	5	3.3
Total pathological conditions	9	5.9

Age and Sex Distribution of New Notifications

Age	Male	Female	Total
0 — 4	1	4	5
5 — 9	—	3	3
10 — 14	1	1	2
15 — 19	8	13	21
20 — 29	26 (6)	30 (1)	56 (7)
30 — 39	41 (9)	18 (1)	59 (10)
40 — 49	48 (7)	21	69 (7)
50 — 59	37	18	55
60 — 69	37	9	46
70+	16	3	19
TOTALS	215 (22)	120 (2)	335 (24)

The figures in brackets refer to the number of coloured immigrants in that particular group.

Tuberculosis has been described as a disease of young women and old men. In Sheffield in 1960, the highest number of notified cases in women again appeared in the 20—29 age group. In men, if coloured immigrants are excluded, the incidence of notified cases is greatest during the ages 40—69. At all ages from 30 onwards, the number of notified males is greater than that of females, and the total figure for all ages in males is almost double that of females.

It will be interesting to note in future years, whether B.C.G. vaccination of 13 year old school children, which in Sheffield has been proceeding now for the past six years, will produce any significant change in the number of notifications in the 20—30 year age group.

In the meantime, employers in the City are being encouraged to urge their workers to use the opportunities available for chest X-ray, which may be particularly valuable in detecting 'silent' lesions, and lesions in middle aged or elderly men in whom a long history of chronic bronchitis may have clouded the real issue.

Chronic Positive Register.—The chronic positive tuberculous case may, if not discovered and adequately controlled, become a major public health problem. A register is maintained of these people, so that they may be constantly supervised by the health visitor. The infectious case is a constant danger, especially to the younger generation and to new contacts within their circle.

Contact Tracing.—In all cases of tuberculosis, follow-up of the contacts, especially of those living in the same house as the infected person, is of primary importance. Infection already transmitted can be recognised and treated as early as possible, and any necessary protective measures offered.

This follow-up work is undertaken by the health visitors, who are also responsible for the follow-up of contacts of positive tuberculin reactors amongst schoolchildren (see p. 80). It is due to their patient and unrelenting work, time-consuming and often unrewarding, that so many contacts have been offered opportunities for examination.

Details of the three monthly follow-up of cases notified during the period January 1st, 1960, to December 31st, 1960, are given below :—

Group	Total Number	Examined within three months		Not asked to attend		Refused or failed to attend	
		Number	%	Number	%	Number	%
Adult household ..	698	396	56·7	148	21·2	154	22·1
Adult non-household	741	322	43·5	175	23·6	244	32·9
Child household ..	297	196	66·0	75	25·5	26	8·5
Child non-household	367	219	59·7	82	22·3	66	18·0
TOTALS ..	2,103	1,133	53·9	480	22·8	490	23·3

Contacts having a regular X-ray, or who were already under medical supervision were not asked to attend. Other reasons for no appointments being given included difficulty in tracing due to removal or residence outside the City, previous B.C.G. vaccination, concurrent handicap or illness.

Examination and/or X-ray of contacts was carried out at the following centres :—

Chest Clinic	693
Children's Hospital	101
Mass Radiography Centre	315
Examined elsewhere	185
TOTAL	1,294

The results of contact examination are shown by the following figures :—

No abnormality found (i.e., clear chest X-ray or negative skin test)	1,258
New cases notified	12
Recalled for further investigation	24
Given B.C.G. vaccination	273

In spite of repeated efforts over the past three years there has been little reduction in the proportion of contacts who refuse or fail to attend for examination. It has been found that where child contacts are concerned, by the persistence of the health visitor, most defaulters are eventually examined, but the adult figures remain too high. The adult defaulters fall roughly into two classes—the older people who refuse outright to consider X-ray and the younger ones who just fail to attend. It may be that, where tuberculosis is concerned, different methods of health education will have to be adopted to cover effectively the two separate groups.

B.C.G. VACCINATION

Three groups of people merit priority in any measures of prevention which may be practicable.

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

Babies Born into Tuberculous Households.—It is essential that babies born into tuberculous households should receive B.C.G. vaccination soon after birth to stimulate the development of immunity, as their natural resistance is particularly low. It is estimated that during 1960 approximately 411 newly born babies have received B.C.G. vaccination. In some instances a period of segregation from the case is advisable whilst immunity is developing. During 1960 two babies were segregated in a residential nursery.

Other Child Contacts.—It is especially desirable that children who are in contact with a case of tuberculosis should be offered B.C.G. where the preliminary skin tests show this to be necessary. Of the contacts of 16 years and under who attended the Chest Clinic during 1960, 605 received B.C.G. vaccination and 484 were vaccinated at the Children's Hospital. Some of these were contacts of newly notified cases, some had recently come into contact with previously notified cases, and some were done at the parents' special request.

B.C.G. Vaccination of School Children

During 1960, the scheme for the B.C.G. vaccination of 13 year old school children was resumed.

No. of eligible children	..	..	..	..	..	11,268
Consent received	..	..	..	..	..	9,977
% Consent rate	..	..	..	..	..	88.5
Absent	..	..	..	..	..	822
Already had B.C.G.	..	..	..	..	..	485
Number skin tested excluding those who have previously had B.C.G.						
	..	..	..	..	..	8,670
Positive reactors	..	..	..	..	..	1,716
% Positive	..	..	..	..	..	19.8
Negative reactors	..	..	..	..	..	6,954
% Negative	..	..	..	..	..	80.2
Number vaccinated	..	..	..	..	..	6,915

Comments

1. The number of children tested during the year was larger than usual due to the fact that most of the 1959 programme had been deferred until 1960, to avoid coinciding with third injections against poliomyelitis.

2. The consent rate of 88.5% remains satisfactorily high.

3. There was an absentee rate of 8.2%. About a quarter of the absentees represent a hard core of children, due to be vaccinated during the Spring term 1960, who failed to attend at least four special defaulter sessions held during the summer. The remaining three quarters are those who were away during the Autumn term vaccination sessions, and for these children, special sessions are being arranged during February, 1961.

4. The positive reactor rate amongst children who had not previously received B.C.G. vaccination, remains more or less steady.

Year	1956	1957	1958	1959	1960
Rate %.. ..	23.8	18.3	19.3	No testing	19.8

When children who have already been vaccinated are included amongst the positive reactors, the rate for 1960 rises to 24.0%.

5. 39 negative reactors were not vaccinated owing to poliomyelitis immunisation being in progress.

X-Ray of Positive Reactors—All positive reactors are given appointments to attend for a chest X-ray at the Chest Clinic.

1,691 children attended for X-ray ; these included 1,563 who were skin tested for the first time (91.1% of the total 1,716), 89 who had previously had B.C.G. and 39 children, whose parents, though not accepting skin testing, had requested a chest X-ray.

The results of the X-rays were as follows :—

Normal chest	1,461
Evidence of past tuberculous lesion, now healed	181
Active tuberculosis	2
Indefinite findings, children to be kept under supervision	38
Miscellaneous conditions, <i>e.g.</i> , bronchiectasis, congenital heart lesion	9
	<hr/>
	1,691

Contact Investigation

The investigation of contacts of positive reactors constitutes an important corollary to the main B.C.G. vaccination scheme. The aim is to discover, if possible, the source of infection which is responsible for the

positive tuberculin reaction in the child, and to offer protective measures to other members of the family who may be similarly exposed. This work is undertaken by the health visitors who, during 1960, have called on 1,265 households of which a positive reactor was a member. This represents roughly 70% of the total positive reactors; of the remaining 30%, considerable numbers live outside the City boundary and in many other cases the absence of both parents at work has made contact impossible.

Source Tracing.—Out of the 1,265 households visited, there were 332 (26·3%) in which there was a definite history of the child having been exposed to a source of tuberculous infection; in 44 families there was more than one potential source of infection; 63 of the sources of infection are no longer alive. 49 of the positive reactors were already known to have had a clinically recognisable form of tuberculosis *e.g.*, affecting bone, glands, eyes.

Relationship of Source

	Number	% of 332
Father or mother	91	27·4
Brother or sister	16	4·9
Grandparent	40	12·1
Uncle, aunt, cousins	120	36·1
Neighbours and friends	65	19·5
	<u>332</u>	<u>100·0</u>

As in previous years, approximately 30% of the known sources lie within the immediate family circle.

Contacts

Immediate family contacts (parents, siblings, relations living in the family unit)	3,702
More distant contacts (grandparents, uncles, aunts, neighbours and friends)	331
	<u>4,033</u>

Of the 4,033 contacts, 1,117 were relatives to households where the source of infection was thought to be known.

In each household the health visitor has interviewed the parents, explaining the significance of the positive reaction and the purpose of the investigation. Older contacts were encouraged to attend either the Mass Radiography Centre or the Chest Clinic for X-ray. Parents were advised to have the younger children skin tested at the Chest Clinic. When the skin test was positive, the chest was X-rayed; when the skin test was negative, B.C.G. was given when immediate protection was indicated, or when specially requested by the parents.

Contact Examination

Total contacts	4,033
Number who stated they had been X-rayed recently	612
Number already under supervision	119
Number of children recently skin tested or previously had B.C.G. ..	272
Number of contacts advised to attend for examination	3,030
Actual number attending—	
X-ray	830
Skin test	256
	<hr/> 1,086
% Attending	35.8

Result of Contact Examination X-ray

No abnormality found	778
Active tuberculosis	1
Signs of past tuberculosis no longer active	43
Miscellaneous—	
Emphysema	3
Bronchiectasis	2
Cardiac abnormality	3
	<hr/> 830

Skin Testing

Total number tested 256.

	<i>Positive</i>	<i>Negative</i>	
Younger sibling	26	163	(66 given B.C.G.)
Older sibling	48	19	(18 given B.C.G.)
	<hr/> 74	<hr/> 182	

Information was already known about a further 272 siblings, who were tested as a result of recent contact examinations on previous school B.C.G. programmes.

	<i>Positive</i>	<i>Negative</i>	<i>Already had B.C.G.</i>
Younger sibling	12	22	91
Older sibling	30	—	117
	<hr/> 42	<hr/> 22	<hr/> 208

Thus out of a total of 1,543 mothers and siblings the tuberculin reaction of 528 (34.2%) was known.

The percentage of contacts responding to advice is still low. Even when those having had a previous recent examination are taken into account, only 51.8% of the total number of contacts is covered. Part of the explanation would seem to lie in the different responses from households

where the source of infection is thought to be known, or who have a family history of tuberculosis, and those where there is no obvious pointer to the source.

	<i>No. of households</i>	<i>Total No. of contacts</i>	<i>No. of contacts covered</i>	<i>% covered</i>
Source known	332	1,117	809	72.4
Family history . .	48	157	124	79.0
Source unknown	885	2,759	933	41.5

A considerable number of those contacts not responding in the 'source known' class had been adequately examined at some time in the past, although not recently, and did not wish further examination especially when the patient originally infected had by that time died. With the 'source unknown' class, one feels that there is perhaps difficulty in striking the delicate balance between offering an adequate stimulus to action and avoiding unnecessary alarm, but this may well be a class where intensified persuasive efforts may be indicated.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

"Prevent us, O Lord, in all our doings."

—(The Book of Common Prayer).

Requests for advice and assistance with regard to the services under this heading continue on an increasing scale. Apart from the day-to-day applications for convalescence, loan of nursing appliances, etc., there is a constant stream of enquiries regarding the many problems that arise in association with ill-health and disabilities.

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, 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 (53, Clarke Grove 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 3,823 articles were loaned from the City Council's depots to 2,289 patients as compared with 3,210 and 2,193 respectively in 1959.

The following are particulars of nursing requisites loaned directly by the City Council and by the voluntary organisations participating in this scheme, during the year 1960 :—

<i>Nursing Requisites</i>	<i>Loaned directly by the City Council</i>	<i>Loaned by Voluntary and Other Organi- sations as Agents of the City Council</i>
Air Cushions and Rings	384	147
Bed Boards	46	—
Bed Cages	84	11
Bed Pans	710	675
Bed Rests	372	122
Bed Tables	31	3
Commodes	257	—
Crutches	105	383
Crutches (Elbow)	27	—
Dunlopillo Mattresses	148	—
Feeding Cups	64	12
Invalid Chairs	334	22
Rubber Sheets	842	694
Sorbo Cushions	3	—
Sputum Cups	10	—
Urinals (Male)	219	151
Urinals (Female)	26	—
Walking Aids	10	—
Walking Sticks	48	242
Walking Sticks (Quadruped)	12	—
Walking Sticks (Tripod)	91	—
Water and Air Beds	—	4
TOTAL ARTICLES	3,823	2,466

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, or to overcome the necessity of admitting them to hospital. 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 1960, 127 beds were loaned. Where necessary, bedsteads with self-lifting attachments are available for patients nursed at home in order to add to their independence, comfort and mobility. During 1960, 24 such beds were loaned. In addition, 18 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. Twelve such extensions were granted during 1960. This service is proving of advantage to aged people and is being used by them on an increasing scale (57 per cent. of the patients admitted during 1960 had reached the age of 65 years and 35 per cent. were 71 years or over).

Admissions during the past five years have been as follows :—

<i>Year</i>									<i>No. of Admissions</i>
1956	..	..	..	..	..	..	..	..	174
1957	..	..	..	..	..	..	..	..	180
1958	..	..	..	..	..	..	..	..	252
1959	..	..	..	..	..	..	..	..	280
1960	..	..	..	..	..	..	..	..	297

Very satisfactory reports have been received from patients regarding the Homes we use, but the organisations administering them are receiving such a flood of requests for admission that a heavy strain is placed upon their accommodation during the summer months.

The admissions to convalescent homes during 1960 are summarised as follows :—

	M.	F.	Total
George Woofindin Convalescent Home, Mablethorpe ..	14	55	69
Yorkshire Foresters' Convalescent Home, Bridlington ..	17	30	47
Tudor House Convalescent Home, Bridlington ..	28	81	109
Bolton & District Hospital Saturday Council's Convalescent Homes (a) Southport	3	23	26
(b) St. Annes	—	19	19
(c) Blackpool	11	1	12
Spero Fund Convalescent Homes for the Tuberculous ..	7	2	9
Sheffield Works' Convalescence Association's Home, Matlock	—	2	2
Sheffield Works' Convalescence Association's Home, Ashover	2	—	2
Dr. Barnardo's Home, Southwood, Derby	1	1	2
TOTALS	83	214	297

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 ..	—	1	—	3	4	14	12	8	15	14	5	7	83
Females ..	—	2	2	5	6	20	28	28	44	45	25	9	214
TOTALS	—	3	2	8	10	34	40	36	59	59	30	16	297

NOTE.—Children of school age are the responsibility of the School Health Service.

The patients referred for convalescence were suffering from the following :—

Bronchitis	50
Diseases of the heart and circulatory system	50
Diseases of the digestive system	38
Arthritis and muscular rheumatism	37
Nervous and general debility	35
Anaemia	15
Pneumonia	15
Neurasthenia	11
Diseases of genito-urinary system	10
Diseases of central nervous system	9
Pulmonary tuberculosis	8
Injuries	6
Asthma	3
Mental subnormality	2
Post-operative debility	2
Shingles	2
Diabetes	1
Influenza	1
Periostitis	1
Whooping cough	1

TUBERCULOSIS

Prevention.—Measures designed to prevent tuberculosis include the examination of contacts, B.C.G. vaccination of contacts and B.C.G. vaccination of children who are approaching school-leaving age.

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 1960 are as follows :—

16 Bedsteads, 17 Mattresses, 10 Mattress Covers, 42 Sheets, 41 Blankets, 43 Pillows and 48 Pillow Cases.

The rehousing of an infectious case of tuberculosis is intended to reduce the risk of infection to other members of the family. During the year 1960, there were 26 cases reported by the chest physician where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 17 such families were rehoused during the year by the Corporation. At 31st December, 1960, there were 486 families living on the Estates under these special arrangements, and there were 31 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 1960, supplies of these cartons were issued on 90 occasions.

Care and After-Care.—Arrangements exist whereby necessitous tuberculous persons may be granted the free issue of either one or two pints of milk per day, and at 31st December, 1960, there were 83 patients in receipt of one pint of milk per day and two patients in receipt of two pints of milk per day.

Where tuberculous patients are able to take up employment, they are referred to the Disablement Resettlement Officer of the Ministry of Labour with a view to finding suitable work. During 1960, 97 patients were referred under this scheme. There is a Remploy factory for tuberculous men in Sheffield and, at 31st December, 1960, there were 45 men employed at this factory.

One man was maintained throughout the year at the Sherwood Village Settlement for the purpose of rehabilitation and he is making good progress.

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.

CHIROPODY SERVICE

During the year the proposals under Section 28 of the National Health Service Act, 1946, were amended to provide chiropody treatment for persons who, in the opinion of the Medical Officer of Health, were in need of such treatment. Treatment is restricted to the elderly, the physically handicapped and expectant mothers, and a charge is made of 1/6d. per treatment. When applications for chiropody are received the normal procedure is for the health visitor to call on the applicant, explain the scope of the scheme and make some assessment of the priority.

Two full-time chiropodists were appointed and arrangements were made for treatments to commence from 4th July, 1960. All the general practitioners in the City were informed that the service was available.

Sessions were organised at Orchard Place on Tuesday, Wednesday and Thursday ; Manor on Monday and Friday ; and Firth Park on Tuesday and Thursday. The remainder of the time was allocated to domiciliary visiting. As could be expected until the service became more widely known, the majority of the earlier applications were received through home nurses, health visitors and domestic helps. A large proportion of these recommendations were for persons requiring a domiciliary visit. For this reason, for the first few months, it was not possible to arrange clinic appointments for all the sessions that had been arranged and additional time was spent on domiciliary visits.

By the end of the year 1,238 applications had been received ; 50 of these were not pursued for reasons such as admission to hospital. At 31st December, 72 applicants were awaiting appointments at clinics and 156 were awaiting domiciliary treatment.

From 4th July to 31st December, 1960, treatments were given as follows :—

	<i>First</i>	<i>Subsequent</i>	<i>Total</i>
Orchard Place	280	430	710
Manor	173	287	460
Firth Park	162	214	376
Total attendances	615	931	1,546
Domiciliary	350	232	582
Total treatments	965	1,163	2,128

The number of applications received has shown the need for a chiropody service for the aged and infirm. Pressure on the service has meant that repeat treatments at the clinics have had to wait from eight to ten weeks, and domiciliary cases are also having to wait long periods before

re-visiting. In the latter case considerably fewer cases can be dealt with in a day, than at a clinic session. A few patients have died and some have discontinued attendance because of the waiting period between treatments.

The majority of cases treated are elderly with some pathological background, *e.g.*, approximately 200 are cardiovascular cases. Many of these elderly patients have previously been treated by other members of the family under duress, the treatment consisting mainly of cutting the nails in an indifferent manner. During the time the service has been in operation some elderly patients have been found who have suffered both mental and physical tortures due to gryphosed or Ram's horn nails, sometimes the condition has progressed to such a state that both patient and family were apprehensive of even allowing the family doctor to see the nails in the mistaken belief that it would mean admission to hospital, with the consequent discomfort of, to them, a major operation to remove the offending nails.

Cases recommended by the home nurses are usually bedfast patients, suffering from chronic arthritis, hemiplegia, cardiovascular diseases and senility. These patients, although lying in bed, can suffer great discomfort due to even moderately long nails catching on the bed coverings.

The majority of handicapped patients have been attending our own centres for the handicapped, and include cases suffering from paraplegia, muscular dystrophy, hemiplegia, parkinsonism, chronic bronchitis and chronic arthritis. In many cases applicants are both elderly and handicapped as, very often, the elderly are unable to bend, or raise the foot sufficiently high to cut nails, as this causes vertigo due to high blood pressure.

There are some patients attending clinics who would prefer to be placed on the domiciliary list. This is postponed as long as possible as it is felt that elderly persons living alone often benefit from having to make the effort to 'put on their Sunday best' to attend the clinic. Added interest is derived from meeting other people on the journey and having a chat, so that the day's experiences provide a much needed change.

Some difficulty is caused by patients failing to keep appointments, sometimes due to bad weather or illness or sometimes because they 'can't be bothered' because the feet are not giving trouble. When a patient does not arrive the half-hour allocated for treatment is often wasted, and cumulatively these broken appointments are an important factor in the building up of waiting lists.

DOMESTIC HELP SERVICE

By Miss D. J. PARKER, Superintendent Organiser

"For I keep his house ; and I wash, wring, brew, bake, scour, dress meat and drink, make the beds, and do all myself."

—William Shakespeare (The Merry Wives of Windsor)

Of necessity this past year has been one of consolidation and systematic overhauling of the service, rather than one of spectacular results from new innovations. The service in accepting a further 1,546 cases during the year reached saturation point and any further development must await the recruitment of additional help. It has been extremely harassing for the organisers to decide on the most urgent cases with such large caseloads. However, it has been a year of respectable accomplishment, and it is hoped that it will be possible to build on this next year when the ideas of earlier years may be allowed to develop.

Maternity Cases.—These have continued to increase steadily during the last few years. In previous years home confinements normally required service for ten full days, but during the past year there has been an increase in requests for part-time help in cases where there is an elderly relative able to give some assistance but who is incapable of carrying out all the duties involved. There has been an increase in the number of requests for help during the ante-natal period, and following the lying-in period.

Care of Children.—Requests for home help for the care of children are becoming more frequent and 17 cases have been attended during the year, four of these continuing from 1959. In all cases the most marked improvement has been shown in the behaviour of the children, but perhaps most noticeably where it is unlikely that the mother will ever return home. In each case the same domestic help has attended for a long period and has been able to establish a beneficial relationship. In eight cases help was provided for a period whilst mothers were in hospital to avoid the children being taken into care and splitting up of the family. In most of these cases there were a number of very small children who were much happier to stay in their own home environment with the friendly care of a capable home help. Husbands were able to continue at work normally. In one case a help attended for two months to look after five small children whom the mother had deserted. The home help worked tremendously hard and eventually the mother was persuaded to return, when considerable improvements had been made in the home, and she could see that she would not be overwhelmed by domestic circumstances.

Evening and Night Service.—Help continued to be given as needed. 24 cases were given assistance during the evening to help patients who were incapacitated to prepare for bed. In some cases it would be impossible

for the patients to do this alone, in others the physical difficulties are so great that there is always a possibility of accident, and a subsequent time-lag before the predicament is discovered. In ten cases help was given throughout the night where patients were critically ill and it was impossible to obtain a hospital bed. Two of the patients died whilst the home help was in attendance.

Aged and Infirm.—As always the aged and infirm have provided the bulk of requests for help. Inevitably such visits are time-consuming and reveal many facets of need. Many cases have been referred to the National Assistance Board, the W.V.S., and other voluntary agencies to meet those needs of the patient which cannot be provided through the Domestic Help Service. Unfortunately as envisaged in the report of last year, it has been necessary to reduce considerably the preventive side of the service and to concentrate on the care of the bedfast and housebound. The helps have worked a large number of split days to give short periods of help for personal care and the lighting of fires in winter. Group systems have been started in two areas, i.e., a small number of helps has been allocated to a specific group of old people living near together. Each day there is a home help in attendance in the group so that she is on call in case of emergency with any patient, and can contact her organiser to arrange immediate increase or decrease of help within the group.

Dirty and Neglected Homes.—A number of extremely dirty and neglected homes are met with where elderly persons have been living in the most insanitary and filthy conditions. In such circumstances two helps may be allocated to give each other moral support in tackling such an assignment. Imagine a house, dirty, congested and thoroughly neglected for years, where five dogs had been shut in for a week after the owner was taken in hospital. On another occasion where it was necessary to prepare for a patient returning from hospital, the house had no running water, no light and all walls and ceilings needed replastering. A half-inch layer of candle-fat had to be scraped off the floor and the lino had to be scrubbed four times before the pattern appeared.

There are many old people living alone, often dirty and unkempt who will not wash, cook or care for themselves, but who still want to stay in their homes to eat or not as they wish, to lie in bed or walk about in the middle of the night, in fact to please themselves. They are not ill in the accepted sense but they do need care and understanding to help to rouse an interest in their home. A home help would be the answer to many such human problems.

In October a further district office (staffed by an organiser, a clerk and a shorthand-typist) was opened at Greenhill in the midst of a new Council housing estate. There are many old people resident there, needing daily help and the benefits of the evening service : a large area of private development nearby produces many requests for help for home confinements.

Recruitment of Helps.—This continued and by the end of the year had reached a total of 353. The more recently appointed home helps have been engaged particularly bearing in mind the need to ensure that as many districts as possible have a number of helps living locally. This reduces cost and saves time, and is much appreciated by helps and patients. However, the Dore, Totley, Beauchief, Ecclesall and Fulwood areas remain very difficult ones for recruitment, and the demand for help is increasing rapidly. An attempt has been made to demonstrate to home helps that they are part of a health team. Talks on nutrition, home safety, etc., have been introduced and have been enthusiastically received. Groups of home helps meet quarterly in each area to discuss ideas for improvements and new procedures. A very interesting development has been that over a hundred articles, including furniture, curtains and clothes, have been given to us by users of the service for distribution to other needy patients.

Home helps cannot be coerced into efficiency and loyal service, neither can a keen spirit and high morale be cultivated overnight, but time will surely be well spent on this aspect to guide the practical sense of home helps to their fullest use. In-training seems a positive approach as the helps are then in a better position to accept guidance by reason of their greater appreciation of what the service is trying to accomplish.

Administratively the service cannot relax in its quest for improved efficiency in day-to-day procedures, but the key figures in the improvement of efficiency and care in the whole service are undoubtedly the organisers, who still need relief from their large case-loads. Adequate supervision and encouragement must be given in order to build up a contented and competent force of home helps and bring about a stable staff situation, free from the embarrassment of a very high rate of turnover.

1960 with its saturation by caseload has also brought another point to the fore. It had previously been possible to accept all cases based on need from a medical point of view. For the time being it has to be accepted that homes badly situated economically must have priority, for it would be a complete negation of social services if the poor were turned away because more fortunate people would not stir themselves to find assistance. But there are of course many who feel that they are entitled to the full benefit of this service, regardless of circumstances, and this is understandable in view of the general shortage of domestic staff at the present time.

DOMESTIC HELP SERVICE

Report for the Year 1960

1. CASES WHERE DOMESTIC HELP WAS PROVIDED

(a) Number receiving assistance at 31st December, 1959	..	2,229
(b) Number of new cases during the year .. .. .	..	1,546
(c) Number ceasing to require assistance during the year	..	1,553
(d) Number receiving assistance at 31st December, 1960	..	2,222

2. TYPES OF CASES

Group	No. of Cases		Help given in Hours		
	Old	New	Daily Service	Evening Service	Night Service
(a) Maternity	13	323	20,834	—	—
(b) Old Age	2,037	1,020	379,580	862	244
(c) Long Term Illness ..	135	64	33,969	—	—
(d) Short Term Illness ..	23	106	5,676	—	—
(e) Care of Children	4	13	2,333	—	—
(f) Tuberculosis	14	18	4,168	—	—
(g) Problem Families	3	2	410	—	—
TOTALS ..	2,229	1,546	446,970	862	244

3. VISITS BY DOMESTIC HELP ORGANISERS

(a) New enquiries :	(i) Maternity	..	..	..	..	..	..	518
	(ii) Others	..	..	..	..	..	..	1,406
(b) Existing cases	..	..	..	..	..	..	..	2,919
(c) Helps seen at work	..	..	..	..	..	..	..	1,126
(d) Helps seen at home	..	..	..	..	..	..	..	384
(e) Miscellaneous	..	..	..	..	..	..	..	219
(f) Ineffective	..	..	..	..	..	..	..	495
							TOTAL	7,067

4. DOMESTIC HELPS

	Full-time	Part-time	Total
(a) Number of staff at 31.12.59	68	249	317
(b) Number commenced duty during the year	25	166	191
(c) Number left service during the year ..	30	125	155
(d) Number of staff at 31.12.60	63	290	354

WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

By A. J. BAKER, Chief Assistant (Admin.) Welfare of Handicapped Persons.

"That which I see not teach thou me."—Job xxxiv, 32

While the services for blind and partially sighted persons were continued along similar lines to previous years, 1960 was a year of constant review and re-examination. Within a period of one month two important announcements were made in the House of Commons.

First, in June, 1960, the Minister of Labour announced the setting up of a Working Party—

"To review the employment facilities currently provided in workshops for the blind ; to consider (a) the role of the workshops in modern conditions ; (b) the measures which may be needed to enable them to fulfil that role as efficiently and economically as possible ; (c) the extent to which it is practicable and desirable to combine the provision of sheltered employment for the blind with similar provision for other seriously disabled persons ; and to make recommendations."

In August a general invitation was issued to all interested parties to submit written evidence to the Working Party and this has been done. Some time will obviously elapse before the report is published.

The second announcement was made in July, 1960, when it was indicated that the Minister of Health had generally accepted the main recommendations of the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services (the 'Younghusband Report') which had been published in May, 1959. This statement obviously called for a review of the existing welfare services including those for blind persons. The Sheffield City Council had assumed its full responsibility for the Blind Welfare Service in 1927—21 years before the National Assistance Act made such provision obligatory on all Welfare Authorities. As this report is being prepared the Ministry of Health has addressed local authorities individually and asked them to consider the Report and its recommendations alongside its existing local services.

The joint action of two of the three Ministries concerned in the welfare of blind and partially sighted persons (the other is, of course, the Ministry of Education) in deciding, almost simultaneously, that the time had arrived for a review and a re-examination of present facilities and services marks 1960 as a date when the 'wind of change' (now mentioned in many fields of activity) was also reaching the welfare services of the country. The next report should record some important developments.

Legislation affected two matters of minor interest during the year of review. Amendments were made in the statistical records maintained in respect of visually handicapped persons to bring them into line with the terminology of the Mental Health Act, 1959. The department also felt the effect of the Restrictive Trade Practices Act, 1956, under which it was necessary to end the arrangement with the British Mat and Matting Association which has operated from 1947 concerning the co-operative purchase and distribution of coir yarn required for the production of coir mats and matting.

During the year there were proposals that a Joint Industrial Council should be set up to deal with Workshops for the Blind and the payments to employees therein. The Association of Municipal Corporations recommended against the suggestion and the Council supported the A.M.C in this matter.

Satisfactory reports were also received in respect of the inspection of the workshops by officers of the Ministry of Labour during the period 3rd to 7th October, 1960, and in respect of the home workers' scheme on 22nd November, 1960.

Reference was made in the last two reports to the annual Handicraft Competition and Exhibition. That held on 23rd March, 1960, was even more successful than its predecessors. The Lady Mayoress of Sheffield opened the exhibition, the entries for which were nearly 50% higher than those for the first one held in 1958. Local handicraft work received further recognition—this time nationally—when a registered blind person, Miss Jennie Caswell, won a Bronze Plaque in the Eighth International Handicrafts and Do-It-Yourself Exhibition held in London 8th—23rd September, 1960. Miss Caswell won the Silver Plaque at the same exhibition in 1958.

REGISTRATION STATISTICS at 31st DECEMBER, 1960

TABLE A.—Classification of Registered Blind Persons by Age Groups

Age Group	Total Register (Age at Dec. 31st 1960)			New Cases Registered during 1960 (Age at Registration)		
	M.	F.	Total	M.	F.	Total
0	—	—	—	—	—	—
1	—	—	—	—	1	1
2	—	1	1	—	—	—
3	1	—	1	—	—	—
4	1	1	2	—	—	—
5—10	9	10	19	—	—	—
11—15	8	6	14	—	—	—
16—20	2	5	7	—	—	—
21—29	13	11	24	—	1	1
30—39	27	16	43	1	—	1
40—49	39	42	81	—	2	2
50—59	59	58	117	7	8	15
60—64	45	31	76	5	1	6
65—69	43	38	81	5	6	11
70—79	88	142	230	7	24	31
80—84	49	110	159	9	17	26
85—89	28	65	93	3	3	6
90 and over	9	20	29	1	2	3
Unknown	3	1	4	—	—	—
TOTALS	424	557	981	38	65	103

TABLE B.—Ages at which blindness occurred

Age Group	Total Register			New Cases Registered during 1960		
	M.	F.	Total	M.	F.	Total
0	36	49	85	—	—	—
1	6	11	17	—	1	1
2	3	2	5	—	—	—
3	2	3	5	—	—	—
4	2	3	5	—	—	—
5—10	15	22	37	—	—	—
11—15	9	13	22	—	—	—
16—20	12	5	17	—	—	—
21—29	31	15	46	—	1	1
30—39	37	38	75	1	—	1
40—49	43	35	78	2	3	5
50—59	48	56	104	5	6	11
60—64	25	25	50	5	—	5
65—69	30	47	77	5	9	14
70—79	62	131	193	9	26	35
80—84	23	51	74	8	12	20
85—89	6	13	19	2	3	5
90 and over	2	5	7	1	2	3
Unknown	32	33	65	—	2	2
TOTALS	424	557	981	38	65	103

**TABLE C—Blind persons age 16 and upwards
not living at home**

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Residential Accommodation provided under Part III of the 1948 Act, Section 21			
(a) Homes for the Blind.. .. .	11	18	29
(b) Other Homes	6	10	16
Other Residential Homes	—	5	5
Hospitals for Mentally Ill	9	11	20
Hospitals for Mentally Sub-Normal	3	4	7
Other Hospitals	15	31	46
TOTALS	44	79	123

In addition, six blind persons (1 male and 5 females) under 16 were patients in Hospitals for Mentally Sub-normal Persons at 31st December, 1960.

TABLE D.—Blind Population Statistics

The following table gives the number of registered blind persons by age groups for the years 1952-1960.

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

Year	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			
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	1,007
1958 ..	—	—	2	3	3	18	14	11	20	53	81	113	77	96	254	158	72	23	4	1,002
1959 ..	—	—	2	2	5	17	15	8	25	46	84	108	78	87	238	157	88	18	3	981
1960 ..	—	—	1	1	2	19	14	7	24	43	81	117	76	81	230	159	93	29	4	981

TABLE E.—Distribution of Local Blind Persons

Children, age under 16

					M.	F.	Total	M.	F.	Total
Under 2	..	..	..	..	—	—	—	—	—	—
Age 2—4+	..	Educable	in	Sunshine	—	1	1			
		Home	..	..	—	1	1			
		At home	..	..	2	1	3			
		Ineducable	In Hospitals		—	—	—			
			for Mentally Sub-Normal		—	—	—	2	2	4
Age 5—15+	..	Educable :—								
		Attending school	..	..	14	5	19			
		Not at school	..	..	—	1	1			
		Ineducable :—								
		In Hospitals for			1	5	6			
		Mentally Sub-Normal								
		At home	..	..	2	5	7	17	16	33
								19	18	37

Education, Training and Employment
Age periods 16 years and upwards

Educable—At school : 16—20	—	1	1	—	1	1
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Employed

(a) *In Workshops for the Blind*

16—20	—	—	—			
21—39	11	2	13			
40—49	14	6	20			
50—59	9	4	13			
60—64	5	1	6			
65 and over	—	1	1	39	14	53

(b) *As Approved Home Workers*

50—59	1	1	2	1	1	2
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(c) *All others*

16—20	1	—	1			
21—39	11	5	16			
40—49	11	4	15			
50—59	11	2	13			
60—64	4	1	5			
65 and over	3	—	3	41	12	53
								81	27	108

Undergoing Training

(a) For Sheltered Employment	..	..	..	..	1	—	1			
(b) For Open Employment	—	1	1			
(c) Professional or University	—	—	—	1	1	2

Not Employed	323	510	833
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TOTALS	424	557	981
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TABLE F.—Registration of Blindness

During the year ended 31st December, 1960, 112 names were added to the local register of blind persons and 112 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st December, 1959	..	..	981
Number registered during 1960	..	..	103
Transfers into area	..	..	7
Re-certified	..	..	2
		<hr/>	112
			<hr/>
			1,093
Deaths..	..	..	94
De-certified	..	..	9
Removals out of area	..	..	9
		<hr/>	112
			<hr/>
Number on register 31st December, 1960	..	..	981
			<hr/>

The source of reference of the 103 new cases was :—

General Practitioner	..	..	2
Medical source other than General Practitioner	..	..	19
National Assistance Board	..	..	42
Lay source other than National Assistance Board	..	..	40
		<hr/>	103
			<hr/>

TABLE G.—Blind Persons with other Disabilities

Of the 981 persons registered as legally blind at 31st December, 1960, 375 were suffering from some other disability. The following table classifies these persons according to the additional disability :—

Mentally ill	..	..	15
Mentally Sub-normal	..	..	20
Physically Defective	..	..	207
Deaf with speech	..	..	15
Hard of hearing	..	..	72
Mentally ill and Physically Defective	..	..	3
Mentally ill and Deaf with Speech	..	..	1
Mentally Sub-normal and Physically Defective	..	..	6
Mentally Sub-normal and Deaf without speech	..	..	1
Mentally Sub-normal and Hard of Hearing	..	..	2
Physically Defective and Deaf without speech	..	..	1
Physically Defective and Deaf with speech	..	..	9
Physically Defective and Hard of Hearing	..	..	22
Mentally Ill, Physically Defective and Hard of hearing	..	..	1
		<hr/>	
TOTAL	..	..	375
			<hr/>

The number of registered persons suffering from some other disability in the seven previous years was as follows :—1959, 378 ; 1958, 395 ; 1957, 345 ; 1956, 335 ; 1955, 324 ; 1954, 309 ; 1953, 300.

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
Year	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1952	—	1	—	—	17	12	3	1	2	7	8	5	22	52	52	78	130
1953	—	—	—	1	19	13	4	2	3	6	10	7	35	70	71	99	170
1954	—	—	—	1	19	16	4	3	7	5	8	12	46	86	84	123	207
1955	—	—	1	1	19	14	2	2	5	4	9	11	48	91	84	123	207
1956	—	—	2	1	19	15	3	2	5	5	8	10	53	103	90	136	226
1957	—	—	1	1	17	18	3	3	12	6	5	14	49	106	87	148	235
1958	—	—	—	1	13	16	5	7	9	6	7	9	50	86	84	125	209
1959	—	—	1	2	13	14	7	7	8	7	9	11	48	78	86	119	205
1960	—	—	1	2	12	12	8	8	6	7	10	11	41	68	78	108	186

EMPLOYMENT

The following table shows the distribution of all employed blind persons from 1952 :—

<i>Year at December 31st</i>						<i>(a) Blind Workshops</i>	<i>(b) Home Workers</i>	<i>(c) Employed elsewhere</i>	<i>Total</i>
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
1958	..	..	..	..	..	56	2	53	111
1959	..	..	..	..	..	53	2	52	107
1960	..	..	..	..	..	53	2	53	108

1. PERSONS EMPLOYED OR UNDER TRAINING IN THE WORKSHOPS.

The number of blind persons employed in the workshops at the 31st December, 1960, is shown in the table below :—

Area	Administration and miscellaneous		Men's Department				Women's Department		Total
	Basket	Boot	Brush	Mat					
Sheffield	2	8	8	12	9	53
Doncaster	—	1	—	—	—	1
Rotherham	—	2	—	4	2	10
West Riding of Yorkshire	—	1	—	3	3	7
Derbyshire	—	1	—	1	—	3
All Areas	2	13	8	20	14	74

The number of blind persons on the Workshop register (74) is one more than at the 31st December, 1959.

Three names were added as under :—

<i>Area</i>			<i>Department</i>		
Sheffield	..	..	Basket	..	1
Sheffield	..	..	Mat	..	1
West Riding C.C.	..	..	Mat	..	1
TOTAL					<u>3</u>

and two were removed :—

<i>Area</i>			<i>Department</i>		
Sheffield	..	..	Boot	..	1
Sheffield	..	..	Mat ..	..	1
TOTAL					<u>2</u>

(One of the above retired, the other left for domestic reasons).

There was one trainee at 31st December, 1960, against four at the previous year end. He was a West Riding C.C. case.

2. THE TRADE POSITION

There was no unemployment during 1960 and in fact the sales for the calendar year period were slightly better than in the corresponding period in 1959. The purchases by those authorities who have employees in the workshops were again reviewed every six months. Further, the contribution which these authorities make towards overhead expenses was revised during the year to meet increased costs.

During the period of review the five members of the staff who attended classes organised by the St. John Ambulance Association all gained the necessary certificate and, it is hoped, this will improve the first-aid facilities in the workshops.

As in 1958 and 1959 the Parks Committee granted free space for the Workshops for the Blind to display and sell goods at the Sheffield Show which was held in Endcliffe Park on 11th—13th August, 1960. The takings were approximately twice the 1959 figure.

During the two week period, August 22nd to September 3rd the Manager of the Gaumont Theatre, Mr. H. Murray, again offered free space in the foyer of the theatre for a display of the products of the workshops and this gave the department some good publicity.

3. THE SCHEME OF PAYMENTS TO BLIND WORKSHOP EMPLOYEES.

This has operated since 1951 and has been amended as necessary.

At 31st March, 1961, the scheme was as follows :—

- (1) That the standard payment rate for blind male workshop employees be £9 9s. 0d. and that the rate for females be 75 per cent. of this rate, viz. :—£7 1s. 9d. 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 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	3 8 0	6 1 0	9 9 0
Brush drawn hands	2 14 8	6 14 4	9 9 0
Basket Department	3 0 7	6 8 5	9 9 0
Mat Department	3 10 6	5 18 6	9 9 0
Boot Department	2 13 8	6 15 4	9 9 0
FEMALES			
Caning and Seagrass Seating workers ..	1 8 11	5 12 10	7 1 9
Flat machine	1 13 8	5 8 1	7 1 9
Round machine (also weaving, netting and light basket work)	1 0 0	6 1 9	7 1 9

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 deals 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 nine 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>
	£	£	£	£	£
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
1958	11,596	44,392	1,568	42,824	9,995
1959	12,005	43,962	1,179	42,783	10,732
1960	11,170	42,649	1,153	41,496	10,447

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, 1960, totalled £6,556 4s. 5d. The value of tickets exchanged for goods in the same period was £6,600 11s. 9d.

5. IN APPROVED HOME WORKERS SCHEMES

At 31st December, 1960, there were two approved home workers and these were employed as under :—

Music Teacher	1
Piano Tuner	1

As from 3rd October, 1960, the Committee approved a revised scale of augmentation payments to Blind Home Workers. Subject to a minimum earnings figure of £1 per week being reached by the worker, a flat rate augmentation payment will be made of £4 13s. 0d. per week to male blind Home Workers and £3 13s. 0d. per week to female blind Home Workers.

6. PERSONS EMPLOYED IN OPEN INDUSTRY AND ELSEWHERE

At 31st December, 1960, 53 blind people were employed outside the local blind workshops. Their occupations are as follows:—Agents ; collectors 2 ; Typists 2 ; Shopkeepers 4 ; Factory operatives 7 ; Gardener 1 ; Home Teacher 1 ; Labourers 5 ; Masseurs 3 ; Hawker 1 ; Packers 7 ; School Teachers 2 ; Telephone operators 10 ; Miscellaneous 8.

OTHER WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

Visitation and Lessons—Owing to illness one of the home teaching staff of eight was absent for nearly nine months during 1960 and one other was on part-time duty for three months. Another home teacher left on 12th June and the vacancy was not filled until 1st August. An additional part-time home teacher was appointed for two periods of three and five months during the period of review.

	BLIND PERSONS		PARTIALLY SIGHTED PERSONS	
	1959	1960	1959	1960
Visits paid for special reasons ..	823	794	107	123
Visits of routine character ..	3,749	3,961	418	499
Individual lessons given	521	693	35	48
Social services rendered	118	92	1	4
TOTALS	<u>5,211</u>	<u>5,540</u>	<u>561</u>	<u>674</u>

In addition to the above, 52 visits were paid to hospitals where 980 blind and partially sighted persons were seen in the year ended 31st December, 1960.

The Committee again approved the attendance, by rota, of the home teaching staff at the various activities arranged by the North Regional Association for the Blind—the usual annual week-end school and the two day conferences.

The Committee also acted as hosts to a meeting of the North Eastern Branch of the College of Teachers of the Blind on the 9th July, 1960, and an Area Meeting of the National Association of Home Teachers on 15th October, 1960. Both meetings were held at Sharrow Lane.

One of the home teaching staff (Miss D. Yorke) joined the Home Teachers' Examination Board of the College of Teachers of the Blind for the 1960 examination. Miss Yorke will also serve for the 1961 examination.

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 :—

		April 1st 1959 to March 31st 1960	April 1st 1960 to March 31st 1961
Volumes issued direct by the National Library ..		4,522	4,262
Volumes issued from Sharrow ..		1,010	1,148
TOTALS		<u>5,532</u>	<u>5,410</u>

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 of this service has brought into line the position of persons with talking books and those using Braille or Moon books from the National Library for the Blind at Manchester.

At 31st March, 1961, 45 persons were using the service, one less than at the corresponding date in 1960.

The Saturday morning Woodwork Handicraft Class, which had not been well attended for some years was closed on October 23rd, 1960.

DISTRICT SOCIAL CENTRES

(a) *Broomhill*

The first centre, which was opened in April, 1949, had 25 fortnightly meetings which were held in the Broomhill Welfare Centre, Taptonville Road, and the average attendance was 13.

(b) *Firth Park*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. 21 fortnightly meetings were held during the year and there was an average attendance of 26.

(c) *Manor*

A third Centre was opened in January, 1954, and this is held at the Manor Welfare Centre, Ridgeway Road. 22 fortnightly meetings were held and there was an average attendance of 28.

(d) *Sharrow*

A fourth Centre was opened in May, 1954. This is held in the Concert Hall at Sharrow Lane. 22 meetings were held and there was an average attendance of 19.

(e) *Darnall*

A fifth Centre was opened in January, 1955, and is held at the Darnall Labour Hall. 19 fortnightly meetings were held and there was an average attendance of 21.

(f) *Hillsborough*

A sixth centre was opened in August, 1956, and meetings were held at the Co-operative Hall, Middlewood Road until April, 1960, after which date the premises were no longer available. From 30th June, 1960, the meetings were held at the Wesley Methodist Church, Bradfield Road.

Nineteen meetings were held during 1960 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, 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.

During 1960 the centre opened 98 times and there was an average attendance of seven.

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. So far as registered blind persons were concerned, this meant the restoration of the free travel concessions which operated up to September, 1954. The restriction in regard to the purpose of travel was removed. At December 31st, 1960, 550 blind persons and 17 partially sighted persons were pass-holders.

In June, 1956, the City Council authorised that Blind Persons' Guide Dogs should be carried free on Corporation buses and trams. At 31st December, 1960 and 1959, there were six persons holding the necessary permits, at 31st December, 1958, seven and at 31st December, 1957, eight.

PROVISION OF HOLIDAYS

This scheme again operated in 1960, in accordance with the following rules :—

- (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 were continued in 1960. The chiropody treatment scheme has been available since 1943. The distribution of comforts (Bovril, Horlicks, Ovaltine, Ribena, etc.) to housebound 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. 463 of these sets were in service at the 31st December, 1960. Maintenance was also carried out on 124 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, 91 sets were returned to the Department owing to deaths or receiver defects. 30 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below :—

	1959	1960
Service visits paid	574	545
Repairs carried out at the Workshops	149	131
Sets issued to blind persons for first time	76	60
Sets issued for replacement purposes	38	30

This service was extended during 1955 to certain persons on the Partially Sighted Register. Nineteen gift sets have now been allocated and are being maintained by the mechanic.

British Relay Wireless, Ltd. has now indicated, through their Sheffield office, that their relay radio service can be supplied to registered blind persons at a reduced rate ; the loudspeaker will be supplied by the firm on loan.

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. 198 Tickets were issued during 1960.

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).

Mr. Cyril Fowkes

The Laughtermakers

The Merry Monarchs Concert Party

Psalter Lane Ladies Social Centre

Southey Methodist Church Choir
St. Oswald's Church (Millhouses) Pantomime Company
Miss Marie Sparling and
The Versatilians.

The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1959-60 for all first and reserve team matches. Sheffield United Football Club also allocated six free stand tickets for use during the same period. Mr. F. Yates kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee, which was formed in 1948, continued its activities, co-ordinating the welfare work of the Royal Sheffield Institution for the Blind which celebrated its centenary in September, 1960, and this Department. The regular features which had proved popular in the past were continued and there was the usual joint outing. The destinations in June, 1960, were Cleethorpes and Derbyshire (Buxton and Matlock).

WELFARE SERVICES FOR THE DEAF

By A. J. DEAN, Deaf Welfare Diploma, Superintendent

*"I envy not . . . the linnet born within the cage
That never knew the summer woods."*

—Alfred Tennyson (In Memorium)

The Deaf.—These people can be defined as those who, because of a severe hearing defect from an early age, have had to be educated at a special school for the deaf. Prior to June, 1955, welfare work for the deaf had been done by a Voluntary Society, and when a direct welfare service was instituted by the authority it was almost the first of its kind in the country. As the local authority service has now been established for over five years, it was felt that a review of each case on the register would enable the officers to ascertain if the service had been of value in individual cases. It would also establish whether they were in fact assisting the deaf to overcome their handicap, or simply providing them with a prop on which to lean.

A long term review of this kind gives a perspective which tends to be blurred if one is making an assessment on a day by day basis. There is, in addition, the danger in work for the disabled, and this is perhaps particularly true of work for the deaf, that one finds it easier to do things for them instead of encouraging them to do things for themselves. There are limitations, of course, and the link—language—which was the theme of last year's report, is always the main hurdle to be overcome, particularly when it is recalled that the majority on the deaf register became deaf before the age of five.

The result of this particular disability in life is that the mode of expression is limited, and the resultant lack of language, and difficulty in communicating and understanding, is the root problem of the deaf person. For example, among the callers at the office during the year have been some who, but for lack of confidence, could have managed to deal with the difficulty themselves because they were able to lip-read or had some speech and would have been able to make themselves understood. When to advise and send the deaf person to deal with the matter alone, or when to accompany him, is always a difficult decision for the officer to make. Those born deaf do not simply suffer from loss of hearing but they suffer from an absence of all the complicated processes of thought and action involved in hearing. Whatever compensatory mechanisms are introduced there will always be a serious gap in the perception and execution of all their mental processes. Even the most intelligent will always be at a disadvantage. A sympathetic realisation of this disability must be an integral part of any welfare service for the deaf.

The number of callers at the office during the year under review was 711 ; the total number of callers over the five years review period was 3,474. In previous reports the point has been made that the number of calls varies considerably with the age of the person and the amount of language and lip-reading ability. The five year review has tended to confirm this. For example a profoundly deaf lady who is an old age pensioner, and who lives alone, has neither speech nor lip-reading ability and depends entirely on manual language. She is very dependent on the welfare officer for advice and assistance and has called at the office on 77 occasions. This lady has also been visited at home 125 times, in attempts to break down the isolation she feels.

The callers in the 16-21 age group come mainly about employment difficulties. The lip-reading ability of this age group is fairly high and in most cases the parents are able to deal with everyday things that occur at home but, when domestic difficulties do arise, they quite often call upon the welfare officer. The world of television, cinema, etc., has widened the outlook of this age group and a number of them mix with hearing friends and in this way pick up information and advice (good and bad), whereas the older group mentioned earlier tend only to mix with other deaf people. There are, of course, quite a number in the younger age group who have some hearing and a few who sometimes wear hearing aids. Nevertheless they find the need arises to seek assistance from time to time. There are also those who after leaving school miss very much the understanding and guidance of the teacher with whom a relationship may have been built up over a number of years. The callers in the 22-64 age group approach us with a wider variety of problems. These people have difficulties in the field of employment, but they are also seriously concerned with the responsibilities and problems of bringing up families.

The need to seek advice and guidance from someone who can understand the problem has brought 146 of the 263 family units on the register to the office at some time or other over the past two years.

Callers at the Office

	1956	1957	1958	1959	1960	<i>Five Year Review</i>
Deaf	423	661	823	856	711	3,474
Hard of Hearing	*	*	*	46	65	111
TOTAL CALLERS PER YEAR ..	<u>423</u>	<u>661</u>	<u>823</u>	<u>902</u>	<u>776</u>	<u>3,585</u>

* Included in figures given for deaf

The hard of hearing have somewhat different problems from the deaf and this group is referred to on p. 114.

The number of visits made to the deaf in their own homes during the year was 806. The importance of domiciliary visitation for this class of handicapped person has already been stressed. In reviewing the visits made over the past five years it has been found that the 4,594 visits have been well distributed throughout the people registered. One can say, however, that on checking individual cases there is considerable variation in the assistance sought by deaf persons—some have been visited on as many as 25 occasions during a year. Some of the older and more infirm deaf are prevented, both physically and financially, from travelling to see old friends and acquaintances and are consequently cut off from normal social intercourse. More frequent visits are made wherever it is felt that the deaf are particularly isolated, for example where there are older deaf persons living alone. It is an essential and integral part of deaf welfare to visit regularly all the deaf on the register so as to gain first hand information about their domestic life, for some accept unsatisfactory conditions from lack of knowledge or incentive. Very often one makes a visit and conversation is restricted to purely everyday things, but the opportunity is there for a deaf person to discuss his or her problems, and indeed it has been found that visitation does encourage this. There have been instances of the officer visiting the home and having purely general conversations during which people are reminded of the service that is provided for them. This has resulted in people realising that they have a problem and that there is assistance available for helping them, but in general the officers do not overvisit, nor overstay the welcome that is almost always extended.

At some of the homes visited the deaf person is an isolated unit living with a family of hearing people. It occasionally happens that the family is unable to communicate freely with the deaf person, and even in the home the welfare officer acts as interpreter. When one is attempting to solve problems it can be a help to know what a person's home background is, and how he gets along with the rest of his family, together with many other insights which frequently can be gleaned during a domiciliary visit.

Visits—Routine and Social

	1956	1957	1958	1959	1960	<i>Five Year Review</i>
Domiciliary Deaf	745	748	1,015	1,280	806	4,594
Other Visits	58	63	313	369	408	1,211
Domiciliary Hard of Hearing ..	*	*	126	227	498	851
TOTAL : ..	<u>803</u>	<u>811</u>	<u>1,454</u>	<u>1,876</u>	<u>1,712</u>	<u>6,656</u>

* Included in figures given for deaf

Visits—Hospitals and Institutions

	1956		1957		1958		1959		1960		Five Year Review	
	Visits	Patients Seen	Visits	Patients Seen	Visits	Patients Seen	Visits	Patients Seen	Visits	Patients Seen	Visits	Patients Seen
Deaf ..	14	14	43	43	20	20	72	72	58	58	207	207
Hard of Hearing	—	—	5	90	42	331	26	315	33	416	106	1,152
TOTAL	<u>14</u>	<u>14</u>	<u>48</u>	<u>133</u>	<u>62</u>	<u>351</u>	<u>98</u>	<u>387</u>	<u>91</u>	<u>474</u>	<u>313</u>	<u>1,359</u>

During the five years 1,211 'other visits' have been made to such places as banks, motorcar dealers, insurance companies, trade union offices, finance companies and solicitors. 408 such visits were made in 1960. In general one can say that these are visits made on behalf of the deaf person rather than with him. Should the deaf person be accompanied, then this would be called interpretation. Different reasons can be offered for deciding that a visit shall be made on behalf, rather than in accompaniment, of a deaf person. Occasions arise where one has 'to plead the cause' of a deaf person, and it is sometimes more convenient for the officer to visit and discuss the position alone thus smoothing the path for later visits made by the deaf person.

During the year under review 157 visits have been made in connection with employment and as a result 23 persons were placed in work. In previous reports mention has been made of the difficulties experienced by the deaf in employment, and instances have been quoted of misunderstandings that sometimes arise due to difficulties of communication.

Visits with a view to a Placement in Employment

	1956	1957	1958	1959	1960	Five Year Review
Visits to works ..	346	197	196	220	132	1,091
Visits to homes ..	63	47	22	12	—	144
Visits to Ministry of Labour	57	26	21	21	14	139
Follow-up visits to works and homes	33	43	13	11	11	111
TOTAL : ..	<u>499</u>	<u>313</u>	<u>252</u>	<u>264</u>	<u>157</u>	<u>1,485</u>
No. of persons placed ..	50	36	22	19	23	150

Over the five year period 1,485 visits have been made in the employment field, and 150 jobs have been found. It is interesting to note that the number of males placed has been fifty, 18 of whom have been found one job and 19 two jobs. The remaining 13 have been placed on three or more occasions, the men in this group being in the main those working in the building trades. On the other hand it should be pointed out that quite a large number of deaf persons have been employed in the same jobs

for thirty years and more. Of the 30 females placed during the five years, 17 have been found one job and eight found two jobs ; the remaining five had three or more jobs.

In general the deaf are no more an employment risk or more prone to change their occupations than any other group of people. This is sometimes a very hard point to get over to prospective employers. Nearly 1,100 visits have had to be made to achieve 150 placements connected with employment ; in addition there have been a further 394 visits. Not only does this occupy a lot of the officers' time, but more important, it means that some of the deaf have to be submitted to a large number of prospective employers without success. This causes the building up of resistance in the deaf person who quite often feels that he is being victimised and passed over because of his deafness and not because of his lack of skill.

The imperfect speech of a deaf person who has learnt to speak but is difficult to understand, may require the services of a welfare officer to interpret. Moreover assistance may be required by those whose lip-reading ability is usually good, but the person speaking to them is not an easy person for the deaf to understand. During the year we have been called upon to act in such a way on 168 occasions, the figure over the five year period being 804. Interpretation on behalf of the deaf enters into all aspects of the transmission of ideas to and from the deaf in order to overcome misunderstanding.

Interpretations							<i>Five Year Review</i>
	1956	1957	1958	1959	1960		
Hospitals, doctors, etc. ..	15	43	109	154	128		449
Ministry of Labour	—	3	10	24	—		37
Court, Police	12	12	17	32	17		90
National Assistance Board ..	2	6	11	17	4		40
Others	32	38	25	54	39		188
TOTAL : ..	61	102	172	281	188		804

By far the largest number of interpretations have been carried out for those attending hospitals, where it is most important that no misunderstandings occur. Whilst we can claim that this part of the service is well used and appreciated both by the deaf and other bodies, there is a tendency for the public to assume that, by talking a little more loudly than usual or trying to communicate by gesture, exaggerated lip-movement and writing, they are able to make themselves understood, completely overlooking the fact that a lack of language (written and spoken) is the main consequence of deafness. In this aspect of the work there is need for an increasing awareness of the service, both by the deaf and others. Indeed

more co-operation is now being sought between the various services as they become increasingly aware of the fact that both time and unnecessary work can be saved if an interpreter is obtained in the first place.

Social and Recreational Centre.—On the 1st October, 1960, the local authority took over the running of the Institute for the Deaf at 57, Psalter Lane, a centre which had been established for a number of years and employed a full-time welfare officer who retired at the end of September, 1960. This social centre has been open three evenings a week between 6.30 and 10 o'clock, and also on occasional Saturday afternoons. A Christmas party for Old Age Pensioners on the register was arranged and they were brought to the centre by bus, where a meal and a gift was given to each member. The whole cost of this party was met by the Sheffield Association in Aid of the Adult Deaf and Dumb.

Christmas gifts, mainly food parcels, were again provided by the Corporation for those who seemed to be in most need during the festive season, and New Year parties were held for all those who were on the deaf register. This year the parties took a different form and the elected deaf committee of the social centre organised the activities and acted as stewards.

The number of persons on the Register during the past five years is shown below :—

	1956	1957	1958	1959	1960
Deaf	356	347	362	364	364
Hard of Hearing ..	199	209	263	265	291
TOTAL : ..	<u>555</u>	<u>556</u>	<u>625</u>	<u>629</u>	<u>655</u>

The Hard of Hearing.—This group is classified for registration purposes as those who have had normal schooling with or without the use of a hearing aid. There were 291 on the register at the 31st December, 1960. It must be noted that there are some on this register who are severely deaf and who are unable to hear for any useful purpose, even with a hearing aid. Many of these people, however, are good lip-readers and have clear speech.

Being hard of hearing of course presents its own problems such as inability to enjoy social occasions, but this depends to some extent upon the attitude of the person, and how determined he is to overcome this disability.

During the past three years 851 visits have been made to hard of hearing people. Many of these have been of a purely routine nature, but the welfare officers have been welcomed, if only as someone to talk to and provide a little company for a short time. Enquiries have been made

about such things as domestic helps, 'meals on wheels,' Pensions and National Assistance, the loaning of fireguards and home nursing equipment.

It is true to say that the hard of hearing person who is able to go out and conduct his own business prefers to do so, rather than call upon the service for assistance. This is encouraged so that they may maintain their independence for as long as possible. Calls at the office are, therefore, fewer than those by the deaf and are usually made in connection with employment problems. The hard of hearing person is more apt to take advantage of the welfare service when an officer visits his home and assures him that the service is available for his benefit.

During the past four years 106 visits have been made to hospitals and institutions and 1,152 patients have been seen. Visits to Middlewood Hospital are made monthly. During the year a welfare officer for the deaf in Rotherham has been appointed and he usually accompanies us on these visits. Social entertainment is provided for the patients, usually in the form of dominoes and whist. During the past year more headway has been made with the female patients, who are now more inclined to join in these activities. The officers feel that the patients look forward to their monthly visits, and take a more active part in what is provided. There are also one or two willing patients who are encouraged to help organise the games.

The Sheffield Club for the Hard of Hearing continues to hold its weekly programme and is well attended by many of the hard of hearing, whilst the Sheffield Association of Deaf People still hold their meetings for those who cannot attend a hearing church, but wish to worship together.

WELFARE SERVICES FOR OTHER HANDICAPPED PERSONS

By JEAN B. PARKER, M.B., Ch.B., Senior Medical Officer

"To climb steep hills requires slow pace at first"

—William Shakespeare (Henry VIII)

The local authority services for the Welfare of Handicapped Persons, other than the blind and deaf, have been in operation since 1952. They provide for persons who, as the result of illness or accident, are so seriously handicapped, that they are unable to undertake employment or to benefit from Ministry of Labour schemes for rehabilitation or training. Notification is made to the Medical Officer of Health by hospital consultants, general practitioners, hospital almoners, health visitors, home nurses, health inspectors and officers of the Ministry of Labour. The scheme is available for handicapped persons of all ages. At the end of 1960 the total on the register was 1,207.

The medical officer with special responsibilities for the welfare of handicapped persons interviews the patient after notification. Visits are made to the home, or to hospital before discharge, and less frequently take place at the Public Health Department by arrangement with the patient. The services are explained, and the disabled person can give a more detailed account of his illness and incapacity. It is important to make contact with the family since difficulties which are consequent upon prolonged illness can be perplexing to the relatives. Once out of hospital and no longer in need of active treatment disabled persons are worried by loss of power to earn, loss of status in the family and society, and limitation of activity which often precludes mixing with others. The first endeavour must be to allay anxiety, restore a measure of confidence within the patient himself and show him how he can return to the community.

Handicraft Centres.—Handicraft centres have been established in various parts of the City. The first centre opened at Manor Maternity and Child Welfare Centre in 1953 and dealt with a small number of men who, although seriously disabled, could use public transport. The registrations increased and the services were extended to meet the growing demand. There are centres catering for handicapped persons at Parson Cross, Firth Park Maternity and Child Welfare Centre, Manor Maternity and Child Welfare Centre, Swinton Street and at Sharrow Lane. Those who attend are encouraged to use public transport if possible, and are taken to a centre by a special bus if the disability is too severe.

The Handicraft Centres at Parson Cross and Manor provide for the very seriously disabled. The majority are brought by special transport once weekly. Patients using public transport may attend on two days weekly.

The centre at Manor is open for women on Thursdays and for a mixed group of men and women on Fridays. At these centres the activities are mainly handicrafts which vary from simple to skilled work. This allows the most gravely handicapped to help in the production of articles. Those who improve in health and skills can be transferred to Swinton Street Centre where they can attend for three days weekly. This centre has some simple machinery and jigs, and equipment used by the home nursing services is made—bath seats, chair commodes, back rests etc. The disabled also produce wire coat hangers for a laundry. Twenty three men are attending Swinton Street from 9.30 a.m.—4.0 p.m. Those who continue to increase in physical strength and who can further their skills are admitted to Sharrow Lane Centre which is open five days weekly from 9.0 a.m.—4.0 p.m. The machinery here, used by patients under supervision, allows for the production of a variety of articles in woodwork. These must be of a high standard to sell in the open market at competitive prices. Some are made to special orders and others are sold in the blind welfare sales shop. There are 14 men attending daily. It is interesting to note that the handicapped who work at Swinton Street and Sharrow Lane are infrequently absent through illness.

The numbers who are able to progress from a handicraft centre to a workshop centre are small and only a few can find employment in industry. During the year, 30 men returned to employment or to Ministry of Labour training schemes. Independence for the handicapped is not easily achieved. The local authority schemes undertake long rehabilitation, often interrupted by physical or mental breakdown. The training undertaken can produce worthwhile results. The liaison between the chief co-ordinating officer of the local authority services for the handicapped and the Disablement Resettlement Officers of the Ministry of Labour is of great help in finding suitable work for disabled persons. It is not easy for employers, however sympathetic and willing, to place them in jobs where they can maintain skills and a good standard of health. Nevertheless the combined efforts of local authority and Ministry of Labour officers are changing the attitudes of employers and employees. This is significant and gives hope for the future of disabled persons being integrated more fully in industry. This will, however, require time and patience to develop.

The large numbers who remain in the handicraft centres require further investigation. The nature of the illness, the severity of the handicap, the attitude of the patient and relatives to the illness and handicap, and in many, lack of mobility, may account for the lack of success in rehabilitation. The groups have been divided into smaller units with the acquisition of more staff, and this has stimulated the more willing into greater activity

and interest. It is felt that, if transport were not so costly and premises were available, attendance at a centre on more than one day could help to break down some of the resistance encountered. The changes made in these centres are producing better results, and it is realised that the problems of transport and premises are not easily solved.

The womens' groups are composed mainly of housewives who have become handicapped by illness. Their interests are mainly social and recreational. Some younger women are willing to try woodwork and painting. Few are desirous of jobs in open employment because of their commitments in the home. Again it is the adolescent girls who challenge our resources for training towards employment, and it remains difficult to find them suitable work which is adequately paid. One girl has been accepted by the Ministry of Labour for assessment at the Industrial Rehabilitation Unit.

Old People.—The aged are included in the Council's schemes for the handicapped. They attend the centres for handicraft or work according to their fitness and desires. The centre for aged ambulant persons opened in 1957 at Firth Park Maternity and Child Welfare Centre is open one day weekly on Fridays. They engage in outwork when it is available and in constructive handicrafts when there is no work. A few younger handicapped persons have been admitted to the group and they have been well accepted by the older members. On Wednesday afternoons the club for old people under the combined auspices of the Council for Social Service and local authority meets weekly. They enjoy social activities—concerts, whist drives etc., and are self supporting under a vigorous committee derived from the members, being advised when necessary by the Secretary and Treasurer. The resignation of Mrs. Powney who had been Treasurer since the club began in 1952 was received regretfully by all who knew the faithful service afforded by her during these years.

Tuberculosis.—The Swinton Street Centre is open on Tuesday and Thursday for patients who suffer from tuberculosis. Some are recovering and almost ready for work. They appreciate the workshop atmosphere which stimulates their interest and tries their physical strength until they are fit for employment. The majority of these have been accepted for jobs in industry suited to their needs, a few require help from the Industrial Rehabilitation Officer. Others are aware that they are not likely to return to employment but, adjusted to this outlook, they enjoy the centre and the work, which is more constructive than the occupational therapy undertaken whilst in hospital. The enthusiasm of the group has never flagged and they absent themselves only when health fails or the weather is

inclement. The helpful friendly co-operation of the Senior Consultant and his staff at the Chest Clinic is invaluable to the patients and to the instructors who supervise this group of men and women.

Mental Illness.—It has been the policy of the Welfare Services for handicapped persons to admit to centres those suffering from or recovering from mental illness. The experience gained during three years preceding the Mental Health Act has shown that acceptance into a community soon after recovery is important. They are afforded long term training, and are allowed to adjust under favourable conditions where patience and tolerance are given by staff and patients. If they return to work suitably chosen they remain in the jobs for long periods and, if it is impossible to place them, they are less difficult to tolerate at home. Wise support from family and society is essential and this entails good social work in the home, in the centres and with the patient. The primary difficulty is to persuade patients who have been mentally ill to enter society, and individual help from instructors is necessary to assure them. Modern treatments of mental diseases ensure that the patient has greater stability before rehabilitation is tried, and this has improved the outlook during the year. Rehabilitation does not prevent breakdown, nor does it guarantee a return to employment but, combined with treatment, it upholds confidence and promises greater success as understanding in society grows. Notifications came in the first place from the mental welfare department and mental hospitals. They now come in increasing numbers from psychiatrists, general practitioners and health visitors. This appears to indicate an increasing awareness of the problems surrounding mental health and illness. Co-operation and interest of all the bodies concerned with these patients increases yearly, which is a hopeful signal for greater success in the future.

Adolescents.—Adolescents are seeking registration for attendance at Local Authority Welfare Services in increasing numbers. They have generally attended special schools and on leaving have been guided by Youth Employment officers into jobs in which they have failed ; a few find work through relatives or on their own initiative. The reasons for breakdown of handicapped adolescents are not clear to Youth Employment Officers nor to the department for the Welfare of Handicapped Persons. Many adolescents who are disabled from birth or by severe illness early in life remain immature in their emotional and mental developments. This may result from the severity of the handicap and probably from the protection afforded them by parents and society. At the end of the year visits to the schools for physically handicapped children were made by the social workers and medical officer for welfare of the handicapped. The co-

operation and advice of teachers and school medical officers who have continuous contact with these children must prove valuable now and in the future. It is hoped that a knowledge of the problems before the children reach school leaving age must show the way to deal with them constructively. The help given by the Youth Employment Officers who notify the cases at present has been, and will continue to be, of the utmost value. This age group presents a challenge in rehabilitation and training which must be accepted by those interested in their difficulties and problems.

Social Work.—The appointment of two social workers for the Welfare of Handicapped Persons has proved beneficial to staff and patients. They have already proved in a short time that frequent home visiting and guidance of relatives is important in this field of work. At first they visited with the medical officer ; recently they have called at the homes and are learning of the problems that follow in the wake of mental and physical illness. They attend at the handicraft centres to see patients after registration. These visits increase the knowledge of the disabilities from which handicapped persons suffer, and lead to understanding of methods of rehabilitation undertaken at the centres. The liaison with general practitioners, hospital almoners and Ministry of Labour officers is excellent. Co-operation with health visitors, mental welfare officers, home nurses and the domestic help service has proved to be of the utmost value towards solving problems concerning disabled persons in the community.

During the year the co-ordinating officers have attended courses of lectures at the University. More recently the Health Education Organiser has arranged discussions concerning day to day problems arising at work, and time is allowed for questions in an intimate friendly atmosphere when exchange of ideas and information can benefit the staff and officers. The regular attendance and enthusiasm of the staff is appreciated since these courses are undertaken at the end of busy strenuous days.

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.

The disabilities of the 1,207 persons on the Register may be classified as follows :—

Amputation—one arm (including partial)	..	..	..	..	..	..	1
Amputation—one leg (including partial)	..	..	..	..	..	..	20
Amputation—both legs (including partial)	..	..	..	..	..	..	4
Arthritis and muscular rheumatism (including fibrositis)	..	..	..	..	..	..	100
Congenital malformation and deformities of the skeleton	..	..	..	..	..	..	104
Diseases of the digestive system—gastric, duodenal and anastomatic ulcers ; hernia, adhesions; diseases of intestines, rectum, liver, pancreas; colitis, rectal prolapse	..	..	..	..	..	..	22
Diseases of the genito-urinary system—nephritis, pyelitis, cystitis, incontinence	..	..	..	..	..	..	8
Diseases of the heart or circulatory system	..	..	..	..	..	..	171
Pneumoconiosis (including silicosis)	..	..	..	..	..	..	4
Asthma, chronic bronchitis, bronchiectasis, emphysema	..	..	..	..	..	..	82
Diseases of the skin	..	..	..	..	..	..	1
Eye defects other than blindness	..	..	..	..	..	..	2
Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk	..	..	..	..	..	..	10
Injuries and diseases (except tuberculosis) of lower limb, upper leg, knee, ankle, foot ; loss of joint function (ankylosis)	..	..	..	..	..	..	13
Injuries and diseases (except tuberculosis) of upper limb, shoulder, upper arm, elbow, wrist, hand ; loss of joint function (ankylosis)	..	..	..	..	..	..	4
Injuries and diseases (except tuberculosis) of spine—curvature, spondylitis	..	..	..	..	..	..	17
Diseases of bones, (Paget's disease, osteomyelitis)	..	..	..	..	..	..	7
Gun-shot wound	..	..	..	..	..	..	6
Disease of ear	..	..	..	..	..	..	1
Psychoses, psychoneurosis	..	..	..	..	..	..	92
Epilepsy	..	..	..	..	..	..	83
Other organic nervous diseases—disseminated sclerosis, paraplegia, etc.	..	..	..	..	..	..	144
Mental sub-normality	..	..	..	..	..	..	152
Tuberculosis (respiratory)	..	..	..	..	..	..	26
Tuberculosis of spine, bones, joints, etc.	..	..	..	..	..	..	25
Poliomyelitis	..	..	..	..	..	..	49
Encephalitis	..	..	..	..	..	..	11
Pernicious anaemia	..	..	..	..	..	..	6
Disorders of nutrition and endocrine glands	..	..	..	..	..	..	3
Meningitis	..	..	..	..	..	..	1
Muscular dystrophy	..	..	..	..	..	..	9
Diabetes	..	..	..	..	..	..	14
Haemophilia	..	..	..	..	..	..	4
Brain tumour	..	..	..	..	..	..	7
Cancer of lung	..	..	..	..	..	..	2
Cancer of tongue	..	..	..	..	..	..	1
Cancer of prostate	..	..	..	..	..	..	1
TOTAL	..	..	..	..	..	..	1,207

This classification of disabilities follows closely that adopted by the Ministry of Labour.

The cases on the previous page have been notified by the following :—

Hospital Almoners	225
National Assistance Board	241
Care and After-Care Service, Health Visitors, Home Nurses, etc.	351
Ministry of Labour	56
Voluntary organisations and social workers	50
Personal applications	65
Social Care Department	3
School Health Service	29
Youth Employment Bureau	15
General Practitioners	66
Ministry of Health	4
City Councillors	11
Hospital Consultants	16
Ministry of Pensions	5
Mental Health Service	61
Other patients	9
TOTAL	1,207

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 ..	15	29	28	88	109	124	163	143	28	7	734
Females ..	18	32	20	70	57	77	96	51	29	23	473
TOTALS ..	33	61	48	158	166	201	259	194	57	30	1,207

The employment or occupation of persons on the Register is as follows :—

(i) Employed in open industry	70
(ii) At Remploy or sheltered workshop	12
(iii) Employed at home	6
(iv) Not employed but capable of and available for :—	
(a) Open employment	113
(b) Sheltered employment	90
(c) Handicrafts	352
(v) Incapable of or not available for work.. .. .	470
(vi) Children of school age :—	
(a) At ordinary schools	13
(b) At special schools	14
(c) Receiving home tuition	5
(vii) Children under school age	33
(viii) Ineducable children	29
	1,207

Housing.—The needs of a seriously handicapped person with regard to housing are not easily assessed. A small number do require special types of houses for the use of wheelchairs, and with bathrooms and

kitchens designed for ease of working. The site for this type of house requires careful consideration. At present designing and siting must be further investigated and until then alteration to existing houses is provided where necessary. Many handicapped persons can become self-reliant with minor adaptations whilst others must be provided with adaptations suited to their individual needs. Co-operation with the hospital authorities where the patient has been treated is the best guide to the modifications demanded to support self-confidence in the home and community. During 1960, alterations and adaptations were provided for 54 patients—this number is the same as for 1959.

(a) Construction of concrete driveways for motor-chairs	..	..	..	18
(b) Provision of handrails to stairs and steps	..	..	..	25
(c) Construction of concrete ramps over steps	..	..	..	3
(d) Provision of handrails in bathroom and/or toilet	..	..	..	3
(e) Fitting of lever handles to doors	..	..	..	1
(f) Alterations to bath	..	..	..	1
(g) Lowering of kitchen sink and taps	..	..	..	1
(h) Provision of extra lighting and power plugs	..	..	..	2

The cost of these was £1,128 10s. 0d. as compared with £1,165 0s. 6d. for 1959

Gadgets and appliances to overcome disability have improved, and many who are disabled find that these ease the difficulties associated with particular types of handicaps. Advice as to where these can be bought is available at the Care and After-Care Section. Some are made by the handicapped attending centres and can be loaned.

Carbrook Welfare Centre for Handicapped Children.—This centre continues to be of great service to parents and children. It relieves the mother of constant attendance upon the child and teaches her how to occupy and train him at home. In the nursery the child learns through play and by associating with others who suffer from physical handicap. The aim is to teach the child to be as independent as possible. Although it is not always possible to achieve in every case, some do succeed with encouragement and help from the staff and through the example of other children.

The group attending on Monday, Tuesday and Thursday suffer from cerebral palsy and other defects of the central nervous system, and some of them are also retarded in intelligence. Those who lack mobility are less easy to train but make great efforts to overcome this handicap. These children mix well together and, after initial emotional upheaval, enjoy the activities at the centre and the journeys getting there and home.

Blind children attend on Wednesday and Friday. This is a very active group who behave like normal children unless they have other handicaps. They appear to derive great pleasure from the activities and quickly learn to be independent.

In May a clinic for handicapped children began at Orchard Place where the medical officer of the welfare of handicapped persons attends. Parents have responded well to the invitation to bring their children. The aim is to discover the types of handicaps which affect babies and infants at an early age. The parents are advised how to deal with the difficulties which a handicapped child presents in the family. The value of this work should increase knowledge of defects, treatment and its effect on the child and parent, and lead to better care and advice. The co-operation of the parents is appreciated since it is from them that so much can be learned. Attendance at the clinic is an added burden to the mother who has to go to hospital with her child for treatment but most undertake this willingly. Some of these children have been admitted to the centre but with increasing demand there is now a waiting list.

The progress in this work is slow and often uncertain. Nevertheless it is important that attendance should continue so that progress can be made in the future.

MENTAL HEALTH SERVICE

(THE FIRST YEAR OF THE NEW ACT)

By J. STEPHEN HORSLEY, M.R.C.S., L.R.C.P.
Senior Medical Officer for Mental Health

"I see you stand like greyhounds in the slips, straining upon the start"

—William Shakespeare (King Henry V)

The Mental Health Act has made this a year of great activity in planning and launching the nucleus of the new comprehensive psychiatric service. Since the Act, the Minister has directed local health authorities to provide services for the care, after-care and prevention of mental disorders.

The first task in planning the new service was to interpret the Minister's direction in terms of economy by making the best use of existing resources. This entailed a critical survey of the routine practices and methods of the Department as it was before the Act, and a rigorous re-orientation of the scope and aims of the service. Hints that senior members of the staff might boggle at the re-shuffle proved to be unfounded, in fact their practical experience and loyalty have been a constant standby during the period of change.

New developments are being achieved in two ways—by the training and disposition of existing personnel, and by the selection of the most important targets. The Act and the Minister's direction are two very different matters. The Act has made changes in procedure, terminology and classification. Its basic purpose has been to make the diagnosis and treatment of psychiatric disorder a purely medical responsibility; and the resultant swing from statutory duties to medico-social care requires a great increase in all the community services.

The Minister's direction leaves considerable freedom for local health authorities to develop their resources according to particular circumstances. But whether one or more aspects of the comprehensive service received special attention, there would remain the same need to secure the fullest co-operation between general practitioners, hospitals and local authorities.

In the past, in many parts of the country, there has been some lack of co-operation between the three sections of the National Health Service. Any such lack has been due largely to ignorance of function, of the part each section had to offer and the service each was competent to provide.

Sheffield and District Mental Health Liaison Committee.—Integration of the various sections of the National Health Service has been strengthened by the formation of the Sheffield and District Mental Health Liaison Committee. This new committee, under the chairmanship of the Professor of

Psychiatry, Sheffield University, includes representatives from Middlewood Hospital, Whiteley Wood Clinic, the Local Medical Committee, the Regional Hospital Board and the Public Health Department. In addition to quarterly meetings of the full committee, there are regular meetings of a subcommittee which deals with immediate problems of mental health administration such as methods of improving the joint scheme for community care and after-care.

Both general practitioners and consultants are able to contribute to this scheme, and their co-operation with the medical officers of the local authority provides a valuable factor in the development of the service.

Preventive Psychiatry.—This year it is appropriate to direct more attention to the long-neglected sphere of preventive psychiatry as applied to child welfare.

Preventive medicine, traditionally the function of the public health service, is expanding to include the field of mental health. In the past, and even since the Mental Health Act, nearly all discussions and considerations have been restricted to the study and treatment of established mental disorder. The importance of the existing hospital and community services is undisputed, but the problem of prevention has been side-tracked by a hiatus in our knowledge of causation and lack of trained personnel. One of the greatest needs in public health to-day is a long-term programme devoted to the study and planning of preventive psychiatry.

Whose Responsibility ?—In putting the question ‘Whose responsibility?’ I have asked two questions in one. Firstly, whose is the responsibility for providing the administrative structure ? Secondly, who, among all those concerned with mental health, is strategically placed and professionally competent to undertake this challenge ? The proper function of a preventive service must be clearly determined. Moreover, adequate direction of this service requires freedom to give the problem priority in every sense including time, money, personnel and continued attention. Preventive psychiatry, which is peculiarly the concern of the public health authorities, must be allowed freedom to develop as an influence for positive mental health, unhampered by the totally different task of the treatment and care of mental disorders.

The purpose of these remarks is to emphasise the essentially different responsibilities of the hospital service and the public health department. The task of the hospital service is, and always will be, the treatment of disease. Most psychiatric hospitals are full and many are overcrowded. Moreover, the medical staff of hospitals are all geared to the constant

demands of actual treatment. The main duty of the public health department, however, is the prevention of illness, and this quite often involves the application of preventive measures to normal healthy people.

Once the general principles are accepted, attention may be turned to two important aspects of prevention. The first and most urgent need is for a great increase in the professional skill of all the medical and social workers concerned. The various members of the health-team who need increased skill if they are to be effective in preventive psychiatry include the doctors, psychiatric social workers, mental welfare officers and health visitors. It is the joint responsibility of all these workers to apply new techniques with special reference to the early recognition of maladjustment and the precursors of mental disorder. The second need is for more effective education of young parents, parents-to-be and all concerned with the care of children. This education should include a much better understanding of the range of normality and of the effects of human relationships on the development of children.

Practical Proposals.—An adequate preventive service in a large town would require the whole attention of a consultant psychiatrist working with a team of doctors, social workers and health visitors. The consultant's primary task would be the in-service training of the team to recognise family tensions and emotionally unhealthy attitudes before stress has had time to affect young children.

Clearly any such plan for preventive mental health work would be the responsibility of the existing service—and the proper sphere of activity for the non-specialist staff already engaged in public health work. This plan is a direct result of a recommendation by the Ministry of Health* which states :—" it is clearly evident that the time has come for maternity and child welfare staff and clinics to undertake more preventive psychiatry than they do at present." The report concludes,† " the maternal and child welfare service has been educational and preventive in character ; it is not and it has never been an extension of the out-patient department for sick children."

Bearing in mind the different requirements of these two distinct and equally important tasks (prevention and treatment) it is clear that there should be close links between preventive psychiatry and child guidance, but it is still plainer that each of these allied services needs the whole attention of an experienced child psychiatrist. The medical director of the preventive service would differ from his colleagues in child guidance only

* Report of the Ministry of Health for 1953, Part II. p.131

† op. cit. p.167

in having less direct contact with parents and children because his main duties would be day to day advice and consultation with the field-workers and the child-welfare staff.

Teamwork.—This year much attention has been paid to the formation of a pilot team of eight selected health visitors working in very close association with the mental health department. The success of this venture has been ensured by the interest and co-operation of Dr. Black and the staff of the maternity and child welfare service, and the help of Dr. Parker who has contributed by careful selection of children referred.

The first consideration was the structure and function of the team as a whole. The scheme began in October, 1960, by making the health visitors, the psychiatric social worker and the senior medical officer for mental health jointly responsible for mental hygiene whilst using the Orchard Place clinic as a base. From the start, emphasis was placed on regular meetings, free discussion and ease of communication between all the members of the team. However, before this group could begin to function as a team, it was necessary to arrange a course of in-service training in the principles of mental hygiene.

Mental Health Course for Health Visitors.—The scheme of training began with twenty-four weekly seminars on the principles of mental health. The emphasis in this course was on the normal problems of emotional development and on every child's need for security. Special attention was given to child psychology and to the origin and development of personality. The effect of separation from the family and of emotional deprivation was studied with reference to relieving these threats by better use of the medical and social services. Emotional disturbances in parents were studied both with regard to their effect on children and with reference to the measures available for correcting them.

In the early stages of their training many members of the team expressed anxiety and uncertainty over their ability to recognise the parents and children who might need special advice. They were anxious about the probable attitude of parents to whom psychiatric treatment was recommended. These anxieties have been resolved gradually by the health visitors themselves as they have learned during case-conferences how to apply psycho-dynamic principles to the teaching of emotional and mental health.

Although at first in-service training must be intensive with regular weekly seminars and case-conferences, there will be a continued need for psychiatric supervision long after the end of the formal course. It would

be unwise to regard the course as a qualification to practise social psychiatry. There must be a permanent relationship on a team basis between the clinic doctors, the health visitors, the psychiatric social worker and the psychiatrist.

Mother and Child Clinic for Mental Hygiene.—The mental hygiene clinic has been developed in close association with the maternity and child welfare service. This link between the two services is the logical result of our recognition that maternal care is vital in the preservation of mental health and that a child's future mental health often depends upon the quality of parental care he receives during his early years.

The mental hygiene clinic works mainly with mothers and indirectly with children under five. This service is not in competition with child guidance. It is a preventive service planned to diagnose and correct early emotional stresses before they ever reach the stage at which they are usually referred to child guidance. In fact, the aim is to prevent disordered parent-child relationships by educational methods before a child actually undergoes certain developmental experiences.

The number of patients seen at the clinic is small for two good reasons. Firstly, the work is so time-consuming that it is advisable to allow a full hour for every new appointment. Secondly, the mental hygiene clinic is being developed as an in-service training unit in which the existing staff can learn from intensive casework to apply their knowledge to other families who never come to the clinic.

Although this clinic was introduced experimentally as a special mother and child unit, it has expanded spontaneously into two parts—one for child welfare, and one specifically for ante-natal psychiatric care.

The clinic has been held twice weekly on Wednesday and Friday mornings. Because of the time necessarily allowed for each consultation, every patient is seen by appointment. In practice it has been found convenient to see two new patients each day, reserving the remaining time for follow-up visits. As this service becomes more widely known there will be an obvious need for additional sessions to provide similar training for the non-specialist staff working in other centres in the City.

Ante-Natal Psychiatric Care.—Clinical care during pregnancy should include more attention to the emotional and mental health of the expectant mother. Every expectant mother with any past history of puerperal psychosis or other mental or nervous disorder is referred to this clinic by the senior medical officer for maternal and child welfare. Most of this work is purely prophylactic and the mothers express evident appreciation

of the extra care which is continued at regular intervals throughout pregnancy. The majority of these patients are fit, but many have been helped by advice about marital stresses and other anxieties.

In addition, immediate appointments are given to any ante-natal patients showing signs of emotional instability or other indication of incipient illness. In this way it has been possible to suggest treatment before the onset of break-down and so to allow pregnancy to continue uneventfully. One patient with acute depression was referred to Whiteley Wood Clinic for special treatment.

Mental Health Education.—Preventive psychiatry would be impossible without a campaign in mental health education. The general public needs to be taught the principles of positive mental health and its effect on bodily health, on work records and on human relationships.

Even a single lecture on mental health arouses some interest, but more than this is needed to give any real understanding of the problem. Mental health education should begin within the department and should then expand to include leaders in medicine, teaching, religion and industry. Conferences of leaders should prepare the way for regular conferences of field workers and, in due course, to the formation of study groups of parents and teachers, including in each group one qualified social worker or health visitor.

A beginning has been made in the department to teach not only what psychiatry can do, but also what it should not attempt and when other agencies should participate. Skill in appropriate referral to other agencies is dependent upon better understanding of the respective functions of different categories of social worker both in and outside the department. All social workers and mental welfare officers should receive further training in the use of health education techniques and their application to relatives and employers.

In-Service Training for Mental Welfare.—A two years' course of weekly seminars and case-conferences for mental welfare officers began in August.

This course was planned to cover the whole range of psychiatry and mental hygiene for social workers, and the actual syllabus was arranged after a series of group discussions with the staff who indicated their individual problems and needs.

Formal lectures were reduced to a minimum and replaced by seminars to encourage the full participation of the staff. Mere acquiescence to the idea of participation was supplemented by a plan whereby every mental welfare officer in turn was allotted an hour in which to present a new case at the weekly training conference.

The new syllabus differs from previous ones in paying much more attention to normal development and to the influence of family harmony in personal relationships. Another large part has been allotted to the effect of family life on a person's future attitude to work, marriage and society. Throughout the course mental welfare officers have been encouraged to express their personal views on human behaviour and to suggest how they might attempt to deal with the causes of family failure.

The teaching of psychiatry has changed from the routine description of the common mental disorders to a much wider field of child psychiatry, maladjustment, juvenile delinquency and psychopathy. Changes in the child psychiatric services and comments on them are included in the following section.

Child Psychiatric Services.—Parts of this service have been in existence for many years. These well-rooted parts include the services for handicapped children, and the school psychological service with the child guidance clinics. More recently assistance has been given by the senior medical officer for mental health at Moorside, the new Approved School for senior girls. The public health branches of the child psychiatry service may be given under three headings :—

- (i) *Mental Hygiene Clinic* (see page 129).
- (ii) *Special Service for the Educationally Subnormal.*—The three senior schools for educationally subnormal children were visited by the psychiatric team who saw each school leaver individually in consultation with the Head and the school medical officer. The purpose of these consultations was to agree about the form of care and guidance which the local health authority should offer. This new service takes the place of the former 'statutory supervision' and parents are encouraged to make informal personal arrangements for the social supervision of children when they leave school.
- (iii) *Children Unsuitable for Education at School.*—The Mental Health Act places a duty on local health authorities of making provision for children who are classified as unsuitable for education even at special schools. Many of these children are, however, capable of benefiting from other forms of training.

Occupation and Training Centres.—All four training centres are working to capacity and all are performing a valuable social service, not only in training handicapped persons, but also in relieving pressures in particular

families. The numbers attending the respective centres at 31st December, 1960, were as follows :—

Cradock Road	..	..	..	..	..	33
Langsett Road	..	..	..	..	..	26
Pitsmoor—						
Boys under 12	..	..	..	..	..	21
Girls under 16	..	..	..	..	..	13
Girls over 16	..	..	..	..	..	97
'The Towers'—						
Boys under 16	..	..	..	..	..	30
Boys and men over 16			..	..	..	77

Every child receives general training in the simple necessities of cleanliness, obedience and usefulness. Moreover, some of the senior trainees benefit greatly by special industrial training. This not only provides a more satisfactory occupation for long-stay patients but also serves as a preparation for eventual employment in the outside world.

Special reference is made to the building of a large greenhouse at 'The Towers.' The importance of this project, which will be completed during 1961, is something more than the obvious material worth. Its special value has been the enthusiasm and the sense of personal pride felt by the voluntary workers who are doing this task under the supervision of the woodwork instructor.

Plans for the new training centre at Norfolk Park have been approved and building is expected to begin during 1961. The extra accommodation provided by this centre will simplify the process of classification and will facilitate more specialised treatment and training of suitable patients. In addition to accommodating some 140 day patients, there will be a short-stay residential block for 8 children. This will be of great value in relieving family stresses at times of domestic crisis.

Community Care and After-Care.—One of the main objects of the Act was to improve community care and after-care services by developing the resources of the local health authorities. Under the Lunacy and the Mental Deficiency Acts there were duly authorised officers and mental health visitors who performed quite distinct statutory duties. Now, all these men and women work together in teams as mental welfare officers. The new arrangement is based on a plan in which five teams are responsible for covering the mental work for the whole City.

Although it is envisaged that each team will comprise a psychiatric social worker and two mental welfare officers, at present, owing to the nation-wide shortage of psychiatric social workers, the teams are working

in pairs. Since this scheme has been in operation, owing to the death of one psychiatric social worker, the only remaining worker has had to split his duties into selected tasks in any of the five areas.

Out-Patient Clinics at Town Hall Chambers.—Psychiatric clinics were held by Dr. Esher on Monday and Thursday afternoons, when in 78 clinic sessions he saw a total of 321 patients, of whom 144 were subnormal. Much of Dr. Esher's time was devoted to psychotherapy of individual patients.

Dr. Whyte's clinic was in operation for a full year for the first time. Approximately 650 patients attended, most of whom were recently discharged from hospital. The liaison between Dr. Whyte and the mental welfare officers has developed so satisfactorily that consultations between the mental welfare officers and Dr. Whyte are now an integral part of the departmental work.

The aims and scope of mental after-care are well known but it is worth stressing the value of integration of all three branches of the National Health Service in providing a truly comprehensive service. The climate of public opinion seems more favourable than ever before to the expansion of psychiatric care and after-care services in the community. But any expansion is dependent upon the recruitment of suitable staff, and this in turn is dependent upon improved public relations.

Public Relations.—Good public relations require more than conscientious medico-social work. Dingy waiting-rooms and gloomy offices do nothing to help the ordinary person to feel sympathy for public health. Public relations are directly dependent on the dynamic factor of communication which could be improved beyond recognition by more attention to the reception of patients and their relatives. Communication is a two-way process requiring comfort, personal attention, careful recording and skilled interpretation. Warmth, colour, light and movement with the sound of friendly voices can change despair into lively co-operation.

Southey Hill House.—The building, which was opened as a district nurses' home in 1940, is being adapted as a hostel for twelve male patients.

It is planned to appoint as resident staff, a married couple to act as superintendent and housekeeper, also a single man as assistant superintendent.

The hostel will provide accommodation for recovering patients who, on discharge from clinic or hospital, are not quite ready to return to normal life and who require a period of social rehabilitation. Selection of patients

will be the joint responsibility of the referring consultant and the senior medical officer for mental health. It is thought that the length of stay in the hostel should be from one to three months but a close liaison with the hospitals will be maintained so that in the event of relapse or of failure to improve, the patient could be re-admitted to hospital.

SUMMARY OF STATISTICS FOR THE YEAR 1960

1. Routine work of mental welfare officers :—	
(a) Domiciliary visits	1,215
(b) Other visits (police, hospital, works, etc.)	1,042
(c) Care and after-care	1,410
(d) Enquiries at the office	3,225
2. Work of mental welfare officers outside office hours :—	
(a) Removals	175
(b) Visits	506
(c) Enquiries	977
3. Patients referred to mental welfare officers and action taken :—	
(a) Admitted to Middlewood Hospital	482
(b) Referred to psychiatric clinics	25
(c) Referred to general practitioners or other welfare services	194
TOTAL	<u>701</u>
4. Analysis of admissions to Middlewood Hospital :—	
(a) Certified	5
(b) Informal via mental welfare officers	65
(c) Informal via general practitioners	402
(d) Discharged not in need of treatment	10
TOTAL	<u>482</u>

GENERAL PUBLIC HEALTH INSPECTION

*"A little house, whose humble roof
is weatherproof
Under the spars of which I lie
both soft and dry"*

—Robert Herrick (A Thanksgiving to God for his house)

In this section of the Report information is provided which illustrates the many various duties performed by the public health inspectors. During the present year new legislation, e.g., the Caravan Sites and Control of Development Act, 1960, has brought about certain changes in that it places responsibility on the owner of a caravan site to provide satisfactory arrangements for this class of dwelling. The Noise Abatement Act, 1960, has also placed additional duties upon the Department, and complaints of noise may now be dealt with as statutory nuisances under the Public Health Act, 1936. The Offices Act, 1960, though not coming into operation until 1962 will present new problems and responsibilities.

The following are the main Acts and Regulations that govern the work of the public health inspector :—

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

Caravan Sites and Control of Development Act, 1960

Diseases of Animals Act, 1950

Factories Acts, 1937-1959

Foods and Drugs Act, 1955

Food Hygiene (General) Regulations, 1960

Housing Acts, 1925-1957

Housing (Financial Provisions) Act, 1958

House Purchase and Housing Act, 1959

Milk and Dairies Regulations

Noise Abatement Act, 1960

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

Rent Restrictions Acts, 1920-1939

Sheffield Corporation Acts, 1918, 1928 and 1937

Shops Act, 1950

Water Acts, 1945 and 1948

Local Byelaws

The shortage of qualified staff still continues, but the training scheme for public health inspectors has reduced the number of vacancies in the Department.

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>		1959	1960
Complaints and enquiries in person		4,927	3,798
Complaints and enquiries by telephone ..		4,025	3,998
Correspondence, including Ministry, Inter-departmental and General ..		15,794	16,452
TOTALS :..		24,746	24,248

<i>Types of Complaint</i>			
Drainage defects		1,521	1,351
Paving defects		165	116
Housing defects		4,662	4,643
Watercloset defects		1,125	622
Verminous houses		584	449
Requests for inspector to call		1,381	1,291
Overcrowding cases and requests for priority rehousing		927	505

<i>Other correspondence</i>			
Town Clerk's Department—Property Enquiries		7,485	7,449
Rent Act, 1957 and Housing Repairs and Rents Act, 1954—			
Applications for Certificates of Disrepair		278	82
Undertakings received from Landlords		194	58
Applications for Cancellation of Certificates		94	61
Miscellaneous (includes correspondence from property owners, agents, builders, other Corporation Departments etc., appli- cations for licences for sale of milk, ice cream, pet animals etc.)		5,920	7,880

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 1959 and 1960 :—

TABLE XVI.—Summary of Work done by the Public Health Inspectors during the years 1959 and 1960

1. NUISANCES		1959	1960
(a) Dwelling-houses (not Condemned)			
No. found affected		9,973	9,068
No. of Initial Visits		8,124	7,309
No. of Re-inspections		13,954	11,953
No. where Abated		7,568	6,080

(b) Dwellinghouses (Condemned)							1959	1960
No. found affected	..	..	..	..	..	..	922	875
No. of Initial Visits	..	..	..	..	..	..	790	670
No. of Re-inspections	..	..	..	..	..	..	1,195	1,095
No. where Abated	..	..	..	..	..	..	585	609
(c) Other Premises								
No. found affected	..	..	..	..	..	..	171	165
No. of Initial Visits	..	..	..	..	..	..	203	226
No. of Re-inspections	..	..	..	..	..	..	258	225
No. where Abated	..	..	..	..	..	..	93	83
(d) Notices Served								
Statutory	..	..	..	..	..	..	1,996	1,887
Informal	..	..	..	..	..	..	4,514	4,447
2. NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES	..	..	..	..	..	..	1,779	1,704
3. DRAINAGE AND BUILDING WORK								
(a) No. of Inspections	..	..	..	..	..	..	5,641	6,844
(b) No. of Smoke Tests applied	..	..	..	..	..	..	383	419
(c) No. of Water Tests applied	..	..	..	..	..	..	357	383
(d) No. of Colour Tests applied	..	..	..	..	..	..	1,320	1,152
4. HOUSING								
(a) No. of Initial Inspections	..	..	..	..	..	..	196	126
(b) No. of Additional Inspections	..	..	..	..	..	..	943	1,002
(c) Visits <i>re</i> Improvement Grants	..	..	..	..	..	..	1,410	2,007
(d) Visits <i>re</i> Overcrowding	..	..	..	..	..	..	323	164
(e) New cases of Overcrowding found	..	..	..	..	..	..	30	17
(f) Visits <i>re</i> Certificates of Disrepair	..	..	..	..	..	..	576	212
(g) Visits <i>re</i> Applications for Loans on Mortgage	..	..	..	..	..	..	—	815
5. FOOD PREMISES								
(a) Visits to Dairies	..	..	..	..	..	..	39	28
(b) Visits to Milk Distributors	..	..	..	..	..	..	455	550
(c) Visits to Ice Cream Manufacturers	..	..	..	..	..	..	70	72
(d) Visits to Ice Cream Retailers	..	..	..	..	..	..	206	848
(e) Visits to Fried Fish Shops	..	..	..	..	..	..	41	86
(f) Visits to Bakehouses	..	..	..	..	..	..	111	186
(g) Visits to Other Food Preparation Premises	..	..	..	..	..	..	596	656
(h) Visits to Food Salesshops	..	..	..	..	..	..	971	1,287
(i) Visits to Licensed Premises	..	..	..	..	..	..	32	84
6. SHOPS								
Visits <i>re</i> Shops Act	..	..	..	..	..	..	496	587
Other Visits	..	..	..	..	..	..	—	376
7. VISITS <i>re</i> ZYMOTIC DISEASES	..	..	..	..	..	..	1,285	3,450
8. FOOD POISONING								
(a) No. of visits	..	..	..	..	..	..	443	563
(b) No. of food specimens taken	..	..	..	..	..	..	11	11
9. VISITS FOR OFFENSIVE TRADES	..	..	..	..	..	..	40	25
10. VISITS <i>re</i> RAG FLOCK AND OTHER FILLING MATERIALS ACT	..	..	..	..	..	..	10	6
11. VISITS TO WORKPLACES	..	..	..	..	..	..	37	17
12. VISITS <i>re</i> RATS AND MICE INFESTATION	..	..	..	..	..	..	179	154

13. VISITS RE VERMIN	1959	1960
(a) Private Houses	3,496	2,634
(b) Corporation Houses	2,736	2,770
(c) Other Premises	56	76
14. VISITS TO COMMON LODGING HOUSES	27	22
15. VISITS TO HOUSES LET-IN-LODGINGS	54	60
16. NO. OF DEPOSITED PLANS EXAMINED	3,431	3,559
17. DISEASES OF ANIMALS ACTS		
(a) No. of Visits	754	610
(b) No. of licences issued	165	221
18. VISITS TO PET SHOPS	33	59
19. NO. OF PROSECUTIONS TAKEN	65	66
20. NO. OF ATTENDANCES AT COURT	60	51
21. NO. OF MISCELLANEOUS LETTERS	4,694	5,461
22. NO. OF MISCELLANEOUS VISITS	10,597	8,976
23. RE PROPERTIES ETC.—No. of Town Clerk's Property Enquiries dealt with	7,613	7,448
24. PUBLIC HEALTH ACT, 1936—Section 23		
(a) No. of Public Sewers cleansed	231	208
(b) No. of Houses affected	939	764
25. VISITS RE POULTRY PENS, FITTINGS AND RECEPTACLES (DISINFECTION) ORDER, 1952	110	99
26. VISITS RE WATER SUPPLIES (other than Corporation Mains Supplies)	14	128
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	195	179
28. VISITS TO BATHING POOLS	41	23
No. of samples to Public Health Laboratory	28	23
No. of Orthotolidine tests by public health inspectors	238	27
29. CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960, VISITS RE	—	120

Sewerage and Sewage Disposal.—In accordance with the Ministry's request a brief account is given of the arrangements for sewerage and sewage disposal in the City based upon information supplied by the City Engineer and the General Manager and Engineer of the Sewage Disposal Works :—

The sewerage system of the City is adequate to deal with all but high intensity rainfall which may cause trouble in a few isolated and limited areas. A number of large relief sewer schemes are under construction at present to deal with this type of problem and to serve areas of new development. Building development is proceeding all over the City and infilling is taking

place in areas which have been sewered for many years, but such development may at any time overload systems which have hitherto been adequate. When such overloading occurs or is anticipated the Corporation provides relief as quickly as possible within the resources available.

Some of the City's main sewers are eighty years old and part are of rubble construction. There is a need for a gradual replacement of these sewers, and this will be done as staff and labour permit.

The problem of houses served by privies or soil closets is reviewed from time to time. At present these represent only about 0·09 % of the total number of dwellings in the City and about two-thirds are situated in rural areas remote from the nearest part of the City's sewerage system. Opportunity is, of course, always taken to serve undrained properties when extensions of sewers to deal with areas of new development approach within reasonable distances of such properties.

With regard to sewage disposal the system functions adequately at present. However, an extensive scheme to completely re-organise the Blackburn Meadows Sewage Disposal Works which was sanctioned by the Ministry of Housing and Local Government in 1956 is still in progress. Equipment is being brought up to date and new processes are being introduced for the effective neutralisation of effluent. When completed the total capacity of the sewage disposal works in the City will be in the region of 30 million gallons daily. The present works are dealing with approximately 26 million gallons daily (dry weather flow) comprising 15 million gallons domestic effluent and 11 million gallons trade effluent.

Sanitary Accommodation.—There are still a number of dwelling-houses in the City (apart from those in Clearance Areas) which are without pedestal waterclosets. A total of 152 houses still have the use of either privies (88) or pail closets (48), and it is not yet practicable for various reasons to do the necessary work of conversion to pedestal waterclosets, e.g. properties not within 100 feet of a public sewer. These houses are scattered in the outlying parts of the City. During the year one pail closet was converted into a pedestal watercloset and there were 13 additional closets provided on properties where it was necessary to bring the number up to the standard of one for each house. There are still a large number of houses in Clearance Areas which have to share the use of sanitary accommodation but, as these houses may be expected to be demolished within the next few years, it would not be reasonable to ask the owners to provide additional waterclosets.

Testing of Drainage Systems.—Tests using smoke and colouring materials are applied to drainage systems suspected of being defective and, where drains are found to be defective, the usual legal procedure is used to secure the repair of the defective drain as soon as possible.

The public health inspectors supervise the work of repair or reconstruction of such drains, soilpipes, etc. In the case of new or reconstructed drains, water tests are applied to ascertain that the drains are satisfactory. During the year 419 smoke tests, 1,152 colour tests and 383 water tests were applied.

Choked Drains and Public Sewers.—The provisions of Section 52 of the Sheffield Corporation Act, 1937, authorises the Council to clear private drains in default or by arrangement with the owners. This procedure ensures the clearing of drains in a relatively short period by the owner or by the Department. When the work is carried out by the Department, a small charge is made to cover the cost.

As a result of notices served under this Section, there were 245 drains which were cleansed in default and 201 drains were cleansed by owners. The cleansing of certain public sewers is undertaken by the Department without charge and there were 208 such cases during the year.

Rehousing of Priority Cases.—During the year 505 applications were received for priority rehousing. These came from hospitals, doctors, church organisations, social workers and private individuals—some were from other Corporation Departments, including the Housing Department, from Members of the Council and M.P.'s.

These cases were concerned with old age, infirmity and various medical disabilities such as nervous and mental disorders, rheumatism, heart disease, blindness, respiratory infections, cancer, epilepsy, poliomyelitis and post operative complications ; there were some in respect of overcrowding and unsatisfactory housing conditions.

Each case received careful consideration and, although many were very deserving, it was only possible to recommend the most serious, a total of 70, and these were referred to the Housing Committee for their deliberation.

All cases were, in the first instance, investigated by a public health inspector, and those referred to the Housing Committee were visited by the Medical Officer of Health and a Superintendent Public Health Inspector.

Thanks are expressed for the assistance of the Housing Committee and the Housing Manager in dealing with these cases.

Houses let-in-Lodgings.—These continue to be a problem in the City, and the numbers appear to be increasing steadily. As and when larger Victorian houses in certain parts of the City, e.g. Broomhall, Crookesmoor and Pitsmoor, come on the market they are being bought and let in lodgings, often without any attempt at conversion to make them self-contained or even the provision of such essential amenities as separate water supply, sink, cooker, food store or adequate waterclosets, etc.

Section 36 of the Housing Act, 1957, in practice, is not particularly helpful since the landlord, in possession of a local authority notice, is enabled to gain legal possession on the grounds that it is necessary for him to have possession to comply with the terms of the notice. Any formal action by the local authority, therefore, might well mean that unfortunate tenants who are dispossessed would turn to the authority for alternative accommodation.

The Housing Bill before Parliament at the time of writing suggests that amendments to the Housing Act, 1957, may soon be on the Statute Book giving local authorities wider powers to enforce the improvement, proper management and prevention of overcrowding in houses of multiple occupation.

Many larger industrial towns and cities where the problem exists will, no doubt, welcome such legislation.

Common Lodging Houses.—During the year, the hostel at West Bar was closed, but it is understood that it is the intention to re-open this hostel at a later date when various improvements have been made. This leaves only two small lodging houses still in use, one at Attercliffe and the other at Brook Hill, both catering for male lodgers only, and which accommodate 15 and 18 lodgers respectively.

Visits were made by public health inspectors during the year particularly with regard to hygiene and vermin.

Caravans.—The Caravan Sites and Control of Development Act, 1960, became effective in August. Previous powers to control caravans contained in Sections 268 and 269 of the Public Health Act, 1936, and Section 162 of the Sheffield Corporation Act, 1928, had proved difficult to enforce, due to the long continuous periods of use of the land which were required to be proved before the caravan site became subject of a licence under the Act of 1936 or to local authority consent under the Sheffield Corporation Act.

The new provisions are a more realistic approach to the problem posed to local authorities by the increase in the use of caravans as dwellings and their indiscriminate siting. The occupier of land used as a caravan

site is required to have in the first instance the benefit of planning permission under Part III of the Act of 1947 and, secondly, a licence issued by the local authority. The Local Planning Authority and the Licensing Authority through its Health Committee, are both involved and their decisions closely related and dependent one on the other. Where planning consent is given, the Licensing Authority are required to issue a licence but may lay down conditions controlling numbers on the site, repair and size of caravans, positioning, erection of other buildings and structures, preserving and enhancing the amenity of the land, including planting of trees and shrubs, fire precautions, and for securing adequate sanitary facilities. The Ministry has made Model Standards as a guide to local authorities when making their licence conditions.

At the passing of the Act there were 15 existing sites within the City (two of which were within the Peak Park Planning Board area) involving a total of 88 caravans and 41 huts, the majority of the latter probably being outside the legal definition of a caravan and, therefore, not subject to licence. Of this total, only 19 caravans were being used as permanent residences, the remainder, including the huts, being sited on the rural outskirts of the City, usually in small groups, and used only at holiday times and summer week-ends.

The site occupiers were informed of the provisions of the Act. A copy of each application received was immediately forwarded to the Planning Authority concerned and, by the end of the year, joint visits of Planning Officers and Superintendent Public Health Inspectors had already been made, and close liaison and consultations were being maintained between these officers in preparing recommendations to their respective Chief Officers and Committees early in 1961.

Nuisance from Pigeons.—An extension to the Pest Control Service is the destruction of pigeons where these birds are causing a nuisance and damage to property.

Unfortunately at the present time this service cannot be offered to the public by reason of administrative difficulties and must be confined to properties owned by the local authority. It is, however, hoped that in the near future the law will allow this service to become as much a part of the work of the Public Health Department as that of rodent and insect pest control.

It was reported in the 1959 Annual Report that up to the end of December of that year 343 pigeons had been destroyed. By the end of December 1960 the number had risen to 706.

Shops Act, 1950, Section 38.—As a result of action taken under this Section during the year, a total of 26 premises were dealt with in respect of facilities for sanitary accommodation, for ventilation, heating and for taking meals. In 18 cases the necessary requirements were complied with, whilst in the remaining cases the work was still proceeding at the year end.

Improvement Grants.—Applications for Improvement Grants, both Discretionary and Standard, continue to be received but very few enquiries are received other than from owner-occupiers. The applications are usually for the provision of internal sanitation, bathrooms, wash bowls, hot water systems and ventilated food stores, but in many cases the replacement in attics of flat skylights by dormer windows is included.

Since the coming into force of the Housing Repairs and Rents Act, 1954, and more recently the Housing (Financial Provisions) Act, 1958, and the House Purchase and Housing Act, 1959, 2,593 enquiries with regard to grants have been received ; 745 applications have been approved ; 1,848 have not yet been proceeded with for various reasons and in 456 cases the work of improvement has been carried out.

Deposited Plans.—3,559 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.

Erection of Dwelling-Houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

During the year, 1,046 new dwelling-houses were erected, and 178 additional housing units were provided by the conversion of existing buildings into flats, or by new flats.

The approximate total number of houses on the Rate Books at 31st December, 1960 was 163,916

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 inspected during the past two years is as follows :—

	1959	1960
(a) Private Houses	3,496	2,634
(b) Corporation Houses	2,736	2,770
(c) Other Premises	56	76

Work has also been undertaken in the cleaning up of homes occupied mainly by elderly people and included the removal of rubbish, offensive and verminous articles. Some elderly people find themselves, at times, unable to do routine cleaning or they lose interest in their homes. Relatives are not

always prepared or able to undertake responsibility for the cleaning of such premises, and the result is that conditions deteriorate fairly quickly. The initial removal of such refuse is necessary before routine cleaning, either by the occupiers themselves or by domestic helps can be resumed. Details regarding work carried out at Osgathorpe Disinfecting Station are given on p. 166.

Tenancy transfers and re-housing—Houses inspected for vermin on behalf of the Housing Department :—

	1959	1960
<i>Corporation and Private houses inside the City</i>		
Houses inspected by the public health inspectors	4,267	3,494
Houses found to be verminous and sprayed with D.D.T. ..	242	181
Corporation houses sprayed with D.D.T. prior to tenant moving in	247	221
<i>Corporation houses only outside the City :—</i>		
Houses inspected by public health inspectors	177	202
Houses found to be verminous	Nil	1

Offensive Trades.—There are 22 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	6
Rag washing	1
Fat melting and Tripe boiling	3
Rag collecting and sorting	7
Fat and Bone collecting	1
Bone boiling	1
Gut scraping	1
Rag and Bone dealing	1
Fat melting and extracting, Blood boiling and drying and Bone boiling	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 13 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.—The intention of this Act is to control the conditions under which pet animals are kept before sale from pet shops and with particular regard to the welfare of the animals. The Act provides for a system of licensing and inspection by officers of the local authority.

During the year 34 licences were granted and four premises ceased business as pet shops.

Rent Act, 1957.—This Act became operative on the 6th July, 1957, and continues to be implemented by tenants, although there has been a reduction in the number of applications as compared to previous years. During the year there were 82 applications from tenants for Certificates of Disrepair and in the same period 90 Certificates of Disrepair were issued, some relating to applications carried over from the previous year.

The following statement gives particulars of the work done since the inception of the Act in 1957 until 31st December, 1960.

Total applications on Form I received from tenants	..	..	..	..	2,773
„ Undertakings on Form K received from Landlords	..	..	..	..	1,850
„ Certificates of Disrepair issued to tenants	..	..	..	..	862
„ Applications for Certificates of Disrepair withdrawn by tenants	..	..	..	..	36
„ Applications for Certificates of Disrepair refused by local authority	..	..	..	..	11
Total applications from landlords for cancellation of Certificates of Disrepair	..	..	..	..	367
„ objections to cancellation received from tenants	..	..	..	..	105
„ objections upheld	..	..	..	..	77
„ Certificates cancelled	..	..	..	..	289

Where a landlord has given an Undertaking on Form K to remedy defects complained of by the tenant within six months, he (the landlord) can ask the local authority to certify that all the defects listed in the Undertaking have been remedied. Similarly the tenant can ask the local authority to certify that all the defects listed in the Undertaking have not been remedied.

Up to 31st December, 1960, the particulars of applications for such Certificates are as follows :—

Total applications received from landlords	..	..	..	..	127
„ Certificates granted to landlords	..	..	..	..	127
„ applications received from tenants	..	..	..	..	138
„ Certificates granted to tenants	..	..	..	..	136

Note :—two applications from tenants were withdrawn

Factories.—The City Council is required to keep a register of factories, and this contains particulars of 178 factories where no mechanical power is used and 2,768 factories with mechanical power. As well as keeping such a register, the Council also has the responsibility to carry out the provisions

of Sections 1, 2, 3, 4 and 6 in relation to factories which have no mechanical power with regard to cleanliness, overcrowding, securing and maintaining reasonable temperatures, ventilation, drainage of floors and sanitary conveniences. In the case of factories where mechanical power is used, and in Sheffield this is the great majority, it is the duty of the Council to enforce the provision and maintenance of suitable and sufficient sanitary conveniences.

The following table gives particulars which are required by Section 128(3) of the Factories Act, 1937, an analysis of the defects which were found and the action taken.

TABLE XVII.—Inspections under the Factories Acts, 1937-1959

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 in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	178	31	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	2,768	675	92	—
(iii) Other Premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	38	9	4	—
TOTALS	2,984	715	100	—

2. Cases in which defects were found.

Particulars	Number of cases in which defects were				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ..	6	7	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	2	—	—	2	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	2	1	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	4	5	—	2	—
(b) Unsuitable or defective ..	93	67	—	33	—
(c) Not separate for sexes ..	—	5	—	—	—
Other offences under the Act (not including offences relating to outwork)	—	—	—	—	—
TOTALS	107	85	—	43	—

In addition to the factories registered there were 38 other premises in which Section 7, relating to the provision of sufficient and suitable sanitary conveniences and their maintenance, is enforced. These consist mainly of sites where building and engineering construction is proceeding.

Outworkers.—In the case of persons employed in certain classes of work as specified by the Secretary of State, the occupier of every factory and every contractor employed by such occupier, are required by Part VIII of the Factories Act, 1937, to send to the Council twice yearly, lists of names and addresses of persons employed by them in the business of the factory, outside the factory. During the year there were six such cases notified, and these were visited by the public health inspectors to ascertain if the conditions under which such outwork is done satisfied the requirements of the Act and Regulations.

Diseases of Animals Act (Non-Veterinary Functions)

The non-veterinary functions under the Diseases of Animals Acts are administered by the local authority, and the public health inspectors appointed for this purpose made 610 visits during the year 1960.

Regulation of Movement of Swine Order, 1959

This Order requires that all swine which are exposed for sale at markets are subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences to move the swine are granted by inspectors at the Corporation Abattoir and at Wadsley Bridge Cattle Market and Live Weight Certification Centre, and there is systematic visiting by inspectors to ensure that the requirements of the Order are observed.

Transit of Animals Order

It is the responsibility of the local authority to ensure that vehicles used for transporting animals to the Corporation Abattoir and to and from Wadsley Bridge Cattle Market and Live Weight Certification Centre are maintained in such a condition as to comply with the terms of the Order, and are cleansed and disinfected after being used for carrying animals and before being used again. Facilities for such cleansing and disinfection are provided by the Corporation at the Abattoir and at Wadsley Bridge Cattle Market and Live Weight Certification Centre.

Swine Fever

There were 24 case of suspected Swine Fever reported to the Ministry of Agriculture, Fisheries and Food during the year, including 21 cases at the Abattoir. None of these cases were confirmed.

Anthrax Order, 1938

2 cases of suspected Anthrax were found at the Abattoir and reported. Neither case was confirmed.

Foot-and-Mouth Disease

Owing to animals which had been in contact with infected animals being brought into the Sheffield Corporation Abattoir, Form D was served on the Abattoir on three occasions to prevent animals being moved to or from the premises. The necessary cleansing and disinfection of the premises was carried out after all animals on the premises had been slaughtered.

There were no outbreaks of Foot-and-Mouth Disease found at the Abattoir during the year.

Sheffield was included in two areas subject to Foot-and-Mouth Disease (Controlled Areas) Special Orders Nos. 5 and 9, during November, 1960, and the necessary action required by the Orders was put into operation.

Fowl Pest

A Fowl Pest Infected Area Order which was made during the latter part of 1959 and affecting Sheffield, was modified during January, 1960, excluding Sheffield along with other places from that Infected Area Order.

During the year no further Special Orders were made affecting Sheffield.

A Fowl Pest Campaign was sponsored by the societies whose members had businesses affected by the incidence of this disease, and a County Committee to organise the campaign was set up in the West Riding of Yorkshire in common with other County areas. Close consultation with the Divisional Veterinary Inspector of the Ministry of Agriculture, Fisheries and Food was maintained by the Committee.

Superintendent Public Health Inspector Robinson was selected to serve on this Committee which met on two occasions.

The campaign appeared to achieve a reasonable degree of success and the County Committee is to be kept in being to repeat the campaign during 1961.

Warble Fly (Dressing of Cattle) Order, 1948

During the year 1960, 93 farms within the City boundary were visited by public health inspectors and 1,824 cattle inspected for evidence of infestation by the maggot of the Warble Fly.

Evidence of infestation was found in 58 cattle and instructions were given to the farmers in each case on the treatment recommended by the Ministry. Further visits indicated that the necessary dressings had been carried out as required by the Order.

Diseases of Animals (Waste Foods) Order, 1957

Under this Order substantial collectors of waste foods other than local authorities must obtain a licence authorising them to use an approved boiling plant for boiling the waste food.

Two licences were granted during the year and 3 licences were revoked, and at 31st December, 1960, there were 73 licence holders in the City.

The Poultry Pens, Fittings and Receptacles (Disinfection) Order, 1952

This Order requires that fittings and receptacles used in connection with poultry shall after use, and before being re-used, be cleansed and disinfected. The local authority is responsible for the enforcement of this Order and public health inspectors make regular visits to the live stock section of the Sheaf Market.

FOOD HYGIENE

One aspect of food hygiene is the occasional outbreak of food poisoning, which is often due to the lack of care, cleanliness and knowledge on the part of the persons preparing the food. During the year a number of lectures have been given by the Superintendent Public Health Inspectors on food hygiene to food handlers in shops, hospitals, institutions, etc.

An interesting case of food poisoning occurred in which a housewife prepared a meal in connection with her silver wedding celebration. Out of 25 people attending, 18 were affected with symptoms after consuming home prepared brisket and tongue. It was found that the contamination was from the hands of the hostess. Fortunately all the affected persons recovered satisfactorily within two or three days.

The sale of hot dogs from inferior stalls which were serviced from unhygienic and sub-standard premises has been a source of concern to the Health Committee for the past two years. Over this period the public health inspectors spent many hours in the late evenings and sometimes Sunday mornings accumulating evidence with a view to prosecution of the proprietor and his staff under the Food Hygiene Regulations. One difficulty was that the proprietor switched the ownership of the business from himself to his wife and then to members of his staff. Increasingly heavy fines were exacted until ultimately the Magistrates sentenced the original proprietor to six months imprisonment. An appeal against this sentence to the Quarter Sessions was withdrawn part way through the evidence. The Recorder commented on the disgusting conditions both of the premises where the hot dogs were prepared and of the stalls. The view was expressed that, having regard to the several heavy fines imposed for previous offences, the Sheffield Magistrates had had no other course than to impose a prison sentence.

The business was then taken over by a new proprietor carrying on a similar business in another City. Prompt action by the public health inspector resulted in heavy fines on this person and his staff, after which the business finally closed down.

Food hygiene includes the supervision and registration of premises used for the manufacture and sale of fried fish, ice-cream, potted meats, sausage and other preserved foods.

Food Preparation or Manufacture.—During the year there were three new applications received for the registration of premises under this heading, and registration was granted in each case. Five premises ceased to be used for the purpose for which they had been registered. At the end of 1960 there were 237 premises which had been registered under this heading.

Fish Friers' Premises.—At the end of the year there were 370 premises in the City. During the year three new applications for registration were received and after investigation registration was granted in each case. 23 premises ceased to be used for fish frying.

Ice-Cream—Sale, Manufacture etc.—During the year 106 premises were registered for the sale only of ice-cream and one premises was registered for the manufacture for sale or sale of ice-cream. 16 premises ceased to be used for the purpose for which they had been registered, viz., 5 for manufacture and sale, two for manufacture only and nine for the sale only or storage of ice-cream. At the end of 1960 there was a total of 27 premises registered for the manufacture or sale of ice-cream and 1,953 premises registered for the sale only or storage of ice-cream.

The Food and Drugs Act, 1955.

The Milk and Dairies (General) Regulations, 1959

At 31st December, 1960, the total numbers on the register were as follows :—

Milk Distributors residing inside the City	..	..	..	..	..	891
Dairy premises	..	..	..	..	..	65
Milk Distributors residing outside the City	..	..	..	..	..	33

During the year the following changes were recorded :—

Milk Distributors residing inside the City, new registrations	..	..	..	107
Milk Distributors residing inside the City who have ceased business and have been removed from the register	..	..	..	115
Dairy Premises removed from the register	..	..	..	5

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953

The Milk (Special Designation) (Raw Milk) Regulations, 1949-1954.

At 31st December, 1960, the following licences had been granted for the year :—

Dealers Pasteurisers' Licences	..	..	..	..	..	..	5
Dealers Sterilisers' Licence	..	..	..	..	..	..	1
Licences to use the Special Designation " Pasteurised "	..	..	..	..	..	..	582
Licences to use the Special Designation " Sterilised "	..	..	..	..	..	..	866
Licences to use the Special Designation " Tuberculin Tested "	..	..	..	..	..	..	278
Supplementary Licences to use the Special Designation " Pasteurised "	..	..	..	..	..	..	47
Supplementary Licences to use the Special Designation " Sterilised "	..	..	..	..	..	..	6
Supplementary Licences to use the Special Designation " Tuberculin Tested "	..	..	..	..	..	..	46

Public Swimming Baths.—The following tables set out the details of source of water supply, methods of treatment and frequency of changing of the water, together with results of bacteriological, etc. examinations. In addition, Baths Managers make and record daily tests for chlorine content and acidity, and on 23 occasions the public health inspectors visited and carried out 27 orthotolidine tests, all of which were satisfactory.

Group "A"—Cleansing Department

Bath situated at	Capacity in gallons	Source of Water Supply	Turn-over in gallons per hour	Turn-over period	Amount of average make-up water per day in gallons including washing out	Period of Emptying	Method of Filtration	Method of Sterilisation	Public Health Lab., Service Reports	
									Date	Free Chlorine p.p.m.
ATTERCLIFFE ..	60,000	Mains	12,000	5 hours	1,000—3,000 gals.	As and when required	Bell's Filter	Patterson's Chlorinator	21-6-60	0.8
BRIGHTSIDE ..	61,500	Mains	15,000	4 hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	4-7-60 4-7-60 11-7-60	0.3 0.2 0.8
CORPORATION ST.	45,000	Mains	9,000	5 hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	4-7-60 4-7-60	0.9 0.5
GLOSSOP ROAD (1ST CLASS)	103,729	Mains	23,000	4½ hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	28-7-60 28-7-60	0.4 0.1
GLOSSOP ROAD (GENTS.)	60,555	Mains	13,000	4½ hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	28-7-60 28-7-60	0.5 0.2
GLOSSOP ROAD (LADIES)	52,566	Mains	12,500	4½ hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	28-7-60 28-7-60	0.4 0.1
HEELEY ..	72,000	Mains	18,000	4 hours	Do.	Do.	Patterson's Filter	Patterson's Chlorinator	—	—
HILLSBOROUGH	76,500	Mains	17,000	4½ hours	Do.	Do.	Bell's Filter	Patterson's Chlorinator	4-7-60 4-7-60 12-7-60	0.1 0.1 0.2
PARK ..	61,500	Mains	12,000	5 hours	Do.	Do.	Bell's Filter	Patterson's Chlorinator	21-6-60	1.6
UPPERTHORPE..	55,000	Mains	14,000	4 hours	Do.	Do.	Royle's Filter	Patterson's Chlorinator	4-7-60 4-7-60	0.1 0.1

Group "B"—Education Department

Bath situated at	Capacity in gallons	Source of Water Supply	Turn-over in gallons per hour	Turn-over period	Amount of average make-up water per day in gallons including washing out	Period of Emptying	Method of Filtration	Method of Sterilisation	Public Health Lab., Service Reports		
									Date	B. Coli	Free Chlorine p.p.m.
KING EDWARD VII ..	100,000	Mains	25,000	4 hours	1,000 gals.	Annually	Horsley-Piggott Pressure Filter	Wallace & Tiernan Chlorinator	—	—	—
WOODTHORPE ..	98,000	Mains	24,000	4 hours	1,000 gals.	Annually	Bell's Filter	Bell's Chlorinator	21-6-60	Nil	0.9

Group "C"—Municipal Parks, etc., Department

LONGLEY ..	153,750	Mains	15,000	12 hours	1,000—10,000 gals.	Annually	Pressure Filters	Wallace & Tiernan Chlorinator	14-6-60 14-6-60 14-6-60 14-6-60	Nil Nil Nil Nil	0.15 0.1 0.55 0.55
MILLHOUSES ..	1,356,800	River Sheaf	8,000	7 days	Unknown	Annually	Gravity sand filters	Wallace & Tiernan (Chloramination)	14-6-60 14-6-60 14-6-60 14-6-60	Nil Nil Nil Nil	0.6 0.8 0.7 0.7

WATER SUPPLY

*"Fair H₂O, long may you flow,
We drink your health (in wine)."*

—Oliver Herford (Toast : Adam's Crystal Ales)

Premises without Mains Water.—During the year the Council's policy to provide a mains water supply, wherever practicable, to every house in the City, was further implemented although not completed, as anticipated, for reasons stated below.

The approved scheme provides :—

- (a) The Water Department will provide a mains supply of water within a reasonable distance of the various isolated farms and cottages in the rural outskirts of the City ;
- (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.

The Council have viewed with concern the unsatisfactory water supplies to certain isolated farms and cottages on the rural outskirts and, during the last five years particularly, in accordance with the terms of this scheme, the numbers have been reduced considerably.

During 1960 Section II of the Rud Hill Zone Scheme involving 14 farms and cottages was completed together with one isolated farm at Redmires and another at Bingley Lane. The Birley Edge and Midhurst Scheme involving 15 properties has again been held up since a proposal to redevelop this area privately is the subject of a Town Planning appeal to the Minister. Should the outcome of this appeal assure the properties of a reasonable ' life ', the necessary pipelines will be laid and a further 14 properties will be connected to a mains supply.

The following is a summary of the works carried out during 1960 :—

No. of mains extensions	..	..	..	..	..	..	..	2
Total length of mains laid	..	..	..	..	..	..	..	2,400 yds.
" " „ service pipes laid	..	..	..	..	..	..	..	925 yds.
No. of statutory notices served on owners	..	..	..	..	..	..	..	16
No. of appeals against requirements of notices	..	..	..	..	..	..	..	Nil
No. of house connections done in default	..	..	..	..	..	..	..	10
No. of house connections done privately	..	..	..	..	..	..	..	7
No. of houses found converted to other use, derelict, demolished and not now required to be connected	..	..	..	..	..	..	..	3

The following shows the reduction in the number of houses without mains water supply over the past 25 years :—

1933	316
1940	228
1950	145
April 1956 (Scheme commenced)	125
Dec. 1956	113
„ 1957	76
„ 1958	70
„ 1959	44
„ 1960	24

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued co-operation is appreciated :—

“The water supply provided by the Corporation to the City and district, and in bulk supplies to outside authorities, has been satisfactory both in quality and in quantity. There was no curtailment at any time during the year.

The water supplied to Sheffield is derived 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 average permanent hardness is 33 parts per million, total hardness 48 parts per million, pH value 8.5.

The total number of samples of fully treated water examined bacteriologically during the year ended 31st March, 1961, was 2,359. Of this number 2,292 (97.2%), were free from coliform organisms in 100 ml., and 2,321 (98.4%), were free from E. Coli, Type I (typical faecal organisms) in 100 ml.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 1,175. Of these, 1,134 (97.4%), were free from coliforms in 100 ml. and 1,165 (99.1%), free from E. Coli, Type I in 100 ml.

158 samples taken from consumers' taps were examined for lead. Of these, 155 (98.1%) contained no lead. The average concentration of lead in the remaining three samples was 0.03 ppm as Pb.

As a first line of defence before treatment, 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.”

RODENT CONTROL

"How now! a rat? Dead, for a ducat, dead!"

—William Shakespeare (Hamlet).

This service is one of the least spectacular aspects of the work of the Public Health Department and its importance does not become apparent to the majority of the public until they become directly affected by the presence of rats or mice in or around their individual premises.

The day of the rat catcher with his dogs and ferrets has long since passed. Rodent Control has become a technical operation which has been carefully calculated after extensive research. The present day rodent operative receives special training in these modern methods of pest control.

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.

Applications dealt with by the Rodent Control Service in the years 1958 to 1960 are given below, together with the numbers of baiting points positioned and the estimated numbers of rats and mice exterminated :—

	<i>Year</i> 1958	<i>Year</i> 1959	<i>Year</i> 1960
Number of applications dealt with (Rat Infestation)	629	1,107	1,077
Number of applications dealt with (Mice Infestation)	966	963	1,030
Approximate number of baiting points laid ..	37,423	31,678	40,077
Estimated number of rats exterminated	7,672	11,905	15,193
Estimated number of mice exterminated	35,982	27,311	35,024

In addition, during 1960, the rodent operatives made 474 visits to premises where it was found that the complaints arose from sources other than the presence of rats or mice.

Sewer, River and Watercourse Disinfestation.—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 12,494, and the estimated number of rats killed totalled 19,903.

Owing to a series of complaints it was found necessary to carry out extra investigation and treatment of sewers and water course in the Owlerton area and this involved the placing of 247 baiting points. This figure is included in the general statement.

The investigation did show that the water course between Niagara Grounds and the river Don was more liable to infestation by reason of the nature of the banks and undergrowth. Extra treatment may have to be extended for an indefinite period.

Details of work carried out during the year are given in the statements below.

Completion of 26th Maintenance Treatment—Year 1960

<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	2,186	566	4,220
Areas from 'Pilot' test ..	115	38	284
TOTALS	2,301	604	4,504

27th Maintenance Treatment—Year 1960

<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	3,948	889	6,622
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook, Badley Brook, Tottle Brook, Old Hay Brook and Carbrook	2,441	393	2,937
TOTALS	6,389	1,282	9,559

Part of 28th Maintenance Treatment—Year 1960

<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	1,293	335	2,489
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook, Badley Brook, Tottle Brook and Carbrook ..	2,511	448	3,351
TOTALS	3,804	783	5,840

EXHUMATION

By C. F. CHALLENGER, M.A.P.H.I., M.R.S.H.,
Superintendent Public Health Inspector

"My lord, stand back, and let the coffin pass."

William Shakespeare (King Richard III)

One of the lesser known and unobtrusive duties of the public health inspector is the supervision of the exhumation of human remains, a duty which fortunately he is not often called upon to perform. This is an odious task both for the person who actually carries out the operation and for the public health inspector and other officers who supervise the work. The operation must be carried out with reverence and regard to public decency ; special precaution must be taken to protect the health of the operator and the general public.

This aspect of the public health inspector's work has come more to the front in recent years by reason of town planning, redevelopment and road widening requirements. It was found necessary in 1960 to remove the remains in 290 graves in the church yard of St. Mary's Church, involving 1,084 bodies interred between the years 1833 to 1881.

Due to the absence of accurate records and war damage, the work involved was rendered very difficult. Fortunately the weather was kind and the nature of the ground was such as to obviate strutting of the excavations. This certainly saved a considerable amount of both time and expense, but the absence of records substantially increased the responsibility of the persons who supervised the work.

The whole of the human remains were placed in coffins before being re-interred in Abbey Lane Cemetery.

The removal of human remains is, of course, an objectionable and somewhat repulsive procedure and it is only the persons undertaking or supervising this work who fully realise that the re-interring of human remains in the state they are found is far removed from the modern idea of hygiene and public health. The Medical Officer of Health has strongly advocated cremation in these circumstances, especially having in mind the more frequent need in recent years to abolish burial grounds, but apparently there are still certain objections which prevent cremation being accepted as a general policy.

The principal objections appear to be that the person before death may have been against cremation and that descendants may be of the same opinion. However, most of the internments concerned took place before cremation was a recognised method of disposal and experience does not

suggest that surviving relatives are interested in the technicalities of procedure. The Medical Officer of Health will continue to press for powers to be given to local authorities to cremate exhumed human remains wherever possible.

The Medical Officer of Health wishes to assure the Council that, in view of the serious nature of the task and the reverence and regard to public decency demanded, the arrangements and work involved were carried out with meticulous care and attention by the officers and the workpeople concerned.

CANAL BOATS

By FREDERICK TRUELOVE TWELVES, M.A.P.H.I.
Canal Boats Inspector

*"And I will convey them . . . in floats unto the place that thou shalt appoint me,
and will cause them to be discharged there"—I Kings, V, 9.*

Transport of goods along canals and rivers in this Country has been carried on for several centuries and, although our City is many miles from the sea, it has a connecting link with some very busy ports.

We have, no doubt, whilst travelling by road or rail crossed a bridge over a stretch of water and seen canal boats discharging cargo or sailing smoothly along, not realising that this may be the artery along which travel boats between the ports and our City.

The course of the canal serving the City is through Rotherham, Mexborough, Doncaster, Stainforth, Keadby and along the River Trent to the Humber and is called 'The Sheffield Canal'.

History reveals that the valleys of the Rivers Don and Trent were in use as navigable rivers as long ago as the year 1600 and that serious flooding of the surrounding land occurred, necessitating extensive drainage schemes; up to 1697 the Don was navigable as far inland as Doncaster and by 1726 to West Tinsley, but it was not until 1819 that the last section from Tinsley to Sheffield was opened, thereby completing the link from port to City.

There are four main wharves in the City at which canal boats discharge their cargo, the principal one being the terminal point of the canal at Wharf Street near the Corn Exchange and very close to the centre of the City. Here are large grain and flour warehouses and in addition to these a very varied type of cargo is brought, comprising timber, metals, sugar, coconut and canned foods. Return loads consist of steel, machinery, etc. for use in other parts of the Country and for export.

The wharf at Blackburn Meadows is used solely to receive coal for use at the power station ; Tinsley Wharf receives mostly cargoes of sulphur, sand and metals for use in the works at the East End of the City, and at the Canal Street wharf at Attercliffe only grain is discharged.

The weight of the load conveyed by a canal boat varies between 80 and 100 tons. The mode of propulsion has changed with the years; horses walking along the towpath were previously very frequently used for towing the boats and in some cases the boats were pulled along by the occupants making use of a wind sail to assist them. However, so far as this part of

the Country is concerned the days of these types of propulsion have now passed, and all boats arriving in Sheffield are either engine propelled or towed by an engine propelled boat.

The main concern of the local authority regarding Canal Boats is in respect of those which are used as dwellings and prior to 1877, apart from powers for dealing with nuisances, there was no legislation dealing with such dwellings.

Canal boats used as dwellings are a special type of dwelling and as such have to be registered; this was made compulsory by the Canal Boats Act of 1877 which also imposed a duty upon the Local Government Board to make Regulations for the following purposes:—

- (1) For the registration of canal boats including certificates of registration, and the fees in connection with such registration.
- (2) For the lettering, marking and numbering of such boats.
- (3) For fixing the number, age and sex of the persons who may be allowed to dwell in a canal boat, having regard to the cubic space, ventilation, provision for the separation of the sexes, general healthiness and convenience of accommodation of the boat.
- (4) For promoting cleanliness in and providing for the habitable condition of canal boats.
- (5) For preventing the spread of infectious disease by canal boats.

The Regulations for these purposes were made in 1878 and they also listed the names of 129 Sanitary Authorities deemed to be 'Registration Authorities', being Sanitary Authorities having districts abutting on a canal.

In subsequent legislation there were minor amendments to the Act of 1877, also to the Regulations of 1878, and now the whole of the duties of the supervision of canal boat dwellings are carried out under the provisions of the Public Health Act 1936, and the Canal Boats Regulations 1878—1931, by the canal boats inspectors, who are specially authorised to carry out the necessary duties.

One can imagine that with the introduction of the Canal Boats Act of 1877 and the Canal Boats Regulations in 1878, the officers of the authorities responsible for carrying into effect the legislation would have some problems—boats had to be inspected and measured, and the necessary action taken to see that they were made to comply with the legal requirements.

So far as our own City is concerned, during the twelve months following the inspection of the first boat on 29th November, 1878, 166 boats had been inspected and had been registered by the Sheffield Registration Auth-

ority. New boats are normally registered at the place where they are built and only a further 16 canal boats were registered at Sheffield. No boat has been registered since the 21st February, 1916. The last occasion that a boat originally registered in Sheffield was seen in Sheffield was during 1935. Over the years efforts have been made to trace the boats and some have been found to have been wrecked, broken up, converted into boats not used as dwellings, or re-registered with other registration authorities ; the whereabouts of many are not known and it would be safe to assume that the majority will now be extinct. On occasions an upturned canal boat has been used to form the upper portion of a dwellinghouse, and an example of this is still to be found in the City.

The days when whole families lived aboard canal boats fortunately seem to be passing and nowadays boats are usually manned by one or two men, with the odd family aboard at holiday periods.

As the older boats disappear and as some are refitted and new ones built, much improvement is noticed in the accommodation provided for living purposes ; in most cases the aft end of the boat is fitted out as an engine room and the fore end as living quarters.

The cabin is usually lined or panelled with good quality polished hardwood. Bunks may be fitted either in the cabin or in a separate part of the cabin partitioned off as a sleeping space, and the cabin is ventilated either by moveable deck lights or by ventilating ducts. Cupboards are provided for the storage of food; drinking water is stored in a tank and heating of the cabin and cooking of food is effected by either a solid fuel or oil burning stove. Many cabins are now fitted with electric lighting.

The canal boats inspector follows a routine procedure and on boarding asks for the Certificate of Registration to be produced. An inspection of the boat is then made and additional information is obtained from the Master so as to ascertain whether the boat is being maintained in the condition which was required for the purpose of registration, and whether there are any contraventions of the legal requirements.

During the year the canal boats inspectors paid 93 visits to the canal and made 77 inspections of boats and, as a result of these inspections, they found 30 infringements relating to 22 inspections of boats. Details of the infringements are given below.

Incorrect particulars on Certificate	..	..	..	..	1
Absence of Certificate	..	..	..	..	8
Want of marking, lettering or numbering of boat	..	..			4
Repairs required to cabins	..	..	..	..	11
Dirty and insanitary cabins	..	..	..	..	2
Defective fireplaces	..	..	..	..	3
Defective drinking water tank	..	..	..	..	1

Following appropriate action it was found on subsequent inspections of the boats that the matters had, in most cases, been remedied and it was not necessary to institute any legal proceedings.

At the time of the inspections altogether 135 persons were living aboard the boats, 132 being over 15 years of age. 127 were males and 5 females, and there were 3 children between the ages of 5 and 15 years. The average number of occupants per boat was 1.75.

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 the school attendance of such children, there is close liaison between the canal boats inspectors and the Education Department. When a child of school age is found aboard a boat, unless this be during a school holiday, a notification is sent to the Director of Education. During 1960 3 children of school age were found to be living on canal boats, but in two of these instances it was during a school holiday period.

No cases of infectious disease were found upon any of the canal boats in the City, nor was it necessary to detain any boats for cleansing or disinfection.

Most of the boats visiting the City are owned by large transport companies, but a few are still owned by private individuals, sometimes manning the boat themselves. On the whole relations between the Masters of the boats and the inspectors are of a cordial nature and one has to go back just 29 years before finding any case of obstruction. It is interesting to note that on this occasion, whilst the canal boats inspector was making a routine inspection of a boat, the Master cast off the boat, became very violent, seized hold of the inspector and attempted to throw him into the canal. During the following uneasy moments the resistance of the inspector in the struggle saved him from what might have been an even more uncomfortable situation, but the stormy utterances from the Master continued, and so did the journey of the boat along the canal basin. It was not until the boat arrived at the narrow exit of the basin that the inspector was able to jump to safety ; needless to say this incident resulted in the Master of the boat being convicted of several offences.

Life aboard a canal boat is not just 'plain sailing' and, having decided that it would be helpful in the duties of a canal boats inspector to see just what the job of manning a canal boat entailed, I embarked one morning about 7 o'clock for a twenty mile trip. The boat was one of the newer types and was fitted with a 30 h.p. engine, and I chose this boat so that I could get an insight into the mechanical intricacies, how the occupants lived and what duties were entailed.

Breakfast was cooked on an oil burning stove and partaken of by the two members of the crew and myself before sailing, so that on the journey all 'hands' would be available for the various duties. My first job was to attend to the operating of the locks, of which there are many between Sheffield and Rotherham. A lock consists of a section of the canal, slightly longer than the boat and enclosed at each end by large wooden or iron gates. The purpose of a lock is to retain water in the canal at different levels according to the levels of the surrounding land through which the canal is passing. The boat is manipulated into the lock and the gates operated gradually to allow the water level in the lock to alter, thereby raising or lowering the boat to the general level of the canal along which the boat is to proceed. To ensure the minimum of delay, the one who is to operate the locks walks on the path at the side of the canal well in advance of the boat and operates the locks by hand, turning a geared wheel. Once clear of the locks the canal opens out into more level country and I was able to take over a more interesting task, the steering of the boat. Following a few brief instructions from the Master I soon got the job well in hand and apart from negotiating a few further locks I did most of the steering, making sure to keep to the centre of the canal so as to avoid contact with submerged articles and debris. During the trip the other member of the crew was preparing lunch which we ate when we arrived at our destination. Before disembarking my final 'stint' was to clean down the woodwork of the cabin and the walls of the engine room. I really felt that I had obtained an insight of life aboard a canal boat during a most interesting trip.

OSGATHORPE DISINFECTING STATION

by E. M. LEWIS, A.M.I.R.T.E., A.I.M.I.,
Transport Officer and Disinfecting Station Superintendent

"One keep clean, better than ten make cleans."—Proverb.

The new Station planned long ago to replace old and unsuitable premises in Plum Lane was officially opened by the Lord Mayor, Alderman Harold Slack, M.B.E., J.P., on the 7th November, 1960.

Even before the last war it was recognised that the disinfecting station at Plum Lane had become inadequate, and as the area was congested there was no possibility of expansion. During the heavy raids in December, 1940, the building suffered severe damage and, in fact, parts have been unusable since.

The Health Committee repeatedly sought alternative premises and eventually, in 1956, completed the purchase of Osgathorpe House and the surrounding grounds. By this time it was becoming increasingly evident that not only was a new depot required as a disinfecting and cleansing station, but the transport commitments of the department had become such that modern repair facilities and adequate garage accommodation were essential and these varied functions are catered for at the new station.

The site was originally occupied by Osgathorpe House, a nineteenth century mansion which had been unoccupied for some years. This building, which had become very dilapidated, was demolished in 1959 to make way for the present building.

Work on construction of the new building commenced in July, 1959, being carried out by a general contractor under the supervision of the City Architect's Department. Although as previously stated the opening date was in November, 1960, it was not until March, 1961, that construction work was finally completed.

The main accommodation consists of a disinfecting block and stores area, boiler house with large capacity storage for oil fuel, lock-up garages for 28 vehicles, repair shop with basement workshop and an administration block. There is also a caretaker's lodge.

The disinfecting block and stores area, garages and repair workshop are grouped around a large tarmacadam vehicle yard. The disinfecting unit is divided into 'dirty' and 'clean' sides, and into the dividing wall are placed the two disinfectors transferred from the old premises in Plum Lane together with a disinfecting cupboard. One of these disinfectors was originally fitted in 1904 but still gives good service. On the 'clean'

side of this wall is a drying cabinet with four drying horses where bedding, etc., is dried off thoroughly after disinfection by steam. A blanket store is situated adjacent to the 'clean' side of the disinfecting unit.

All steam, heat and hot water services are supplied through a Cochran Series II vertical boiler with an output of 4,950 pounds of steam pressure per hour at 100 pounds per square inch pressure.

The lock-up garages for 28 vehicles are in four units and link the main stores with the repair shop to form two sides of the vehicle compound.

The main repair workshop has five pits *viz.*, a pit for greasing and four pits for vehicle repairs, the pits being entered from the basement workshop. Associated with the repair workshop are grease and spare parts stores, toilets, men's locker room and foreman's office. The general heating of the main repair shop is provided by means of four large 'Biddle' forced air heaters. There will ultimately be a total of 80 vehicles to maintain including those for collection and return of disinfected bedding, disinfestation of premises, ambulances from the Corporation Ambulance Station, Central Motor Garage vehicles as well as cars used by nurses.

The administration block is a detached unit at the western end of the station site. The offices are on the ground floor and have an internal telephone system with other units of the station. Also on the ground floor are toilets and wash-room, a staff mess room together with a small laboratory and waiting room. On the first floor there is a waiting room, separate changing rooms, showers and bathrooms for males and females as well as staff showers. It is in these rooms that cases of scabies or persons infested with vermin receive treatment and cleansing baths. The interior of this block is tastefully decorated in modern style.

The main stores area is divided by patent adjustable metal shelving, and it is now possible to collect and supervise under one roof various scattered stores for supplies and equipment relating to Day Nurseries, and the Care and After-care and Maternity and Child Welfare Services. A part of the main store is kept as a disinfectant store from which supplies of disinfectant are issued to various sections of the Public Health Department.

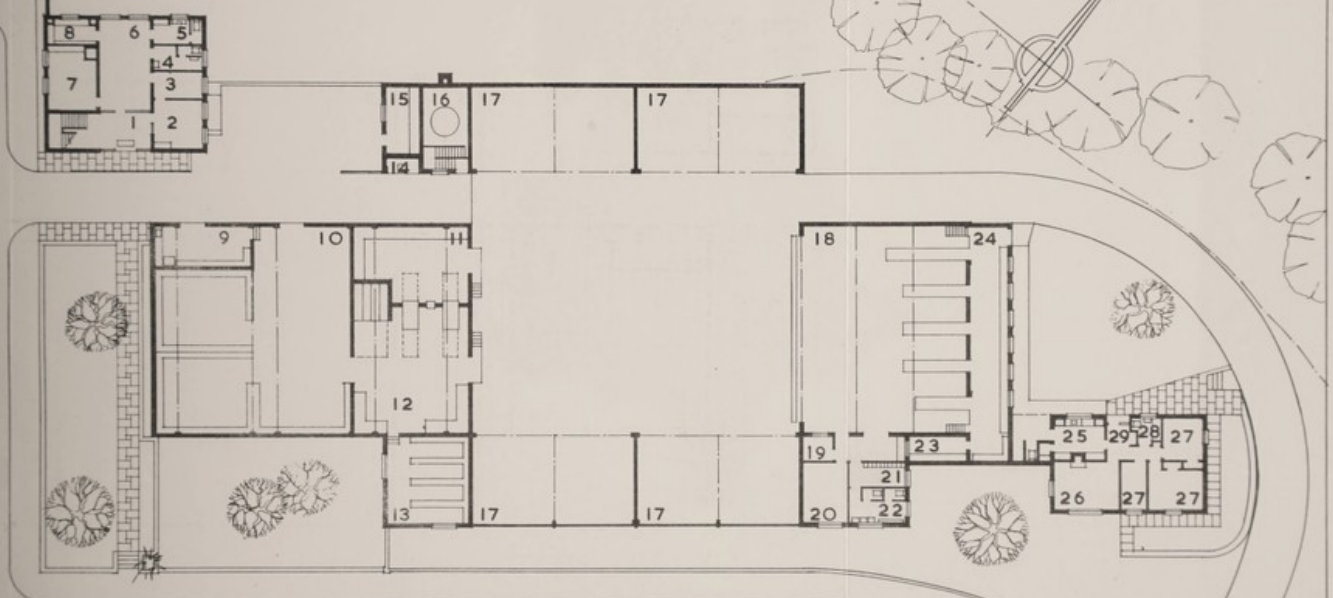
One of the principal functions of the station is the disinfection of beds and bedding and articles which have been in contact with patients suffering from certain infectious diseases. Bedding is also collected from hospitals on request and disinfected.



OSGATHORPE DISINFECTING STATION — STORES



OSGATHORPE DISINFECTING STATION



1. Entrance Hall
2. General Office
3. Office
4. Male Toilets
5. Female Toilets
6. Waiting Space
7. Mess Room
8. Laboratory

9. Disinfectant Store
10. Main Stores Area
11. Disinfecting Dirty Side
12. Disinfecting Clean Side
13. Blanket Store
14. Petrol Pump
15. Tyre Store

16. Boiler House
17. Lock-Up Garages
18. Repair Shop
19. Office
20. Spare Parts Store
21. Locker Room
22. Male Toilets

23. Grease Store
24. Basement Workshop
25. Kitchen
26. Living Room
27. Bedroom
28. Bathroom
29. Entrance Hall

J. C. WHEATLEY, FRANK, BH. 10, 2001
 CITY ARCHITECTS
 TOWN HALL, SHEFFIELD

Apart from the work of cleansing and disinfection, etc., transport facilities are provided by the station to other sections of the Department as follows :—

Daily transport in specially constructed vehicles of children to training centres at Cradock Road and Carbrook, and of handicapped adults to the Parson Cross and Manor Centres.

Distributing disinfectant from the main store to various centres.

Transport for public health inspectors, including food sampling equipment.

Transport for the ' Meals on Wheels ' Service.

Transport of films and equipment for the Health Education Service.

Transport of Welfare Foods to Maternity and Child Welfare Centres.

One van with driver and operator is fully engaged on disinfestation of premises, while another van is employed whole time on cleansing choked drains and sewers. A third van is supplied daily for the use of rodent operatives.

Transport is supplied for the delivery of goods from the Welfare of the Blind Workshops to outlying areas such as Conisbrough and Doncaster, and six vehicles are provided every Thursday to enable the City Treasurer to pay wages to outside Departments.

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.

	1959	1960
Adults who attended for treatment either as patients or contacts	33	49
Children	84	138

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 47 families during 1960.

After treatment, all cases are followed up at the home by health visitors.

Infectious Diseases—Disinfection.—Beds and bedding, patients' clothing and any articles in contact with the patient are taken away to the station for disinfection by steam. There were 1,188 occasions when houses were disinfected or where beds, bedding, etc., from institutions were disinfected by the staff during the year.

Cleansing of Verminous Persons.—A 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 disinfesting station during the past five years :—

1956	..	..	..	..	..	62
1957	..	..	..	..	..	33
1958	..	..	..	..	..	41
1959	..	..	..	..	..	27
1960	..	..	..	..	..	27

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 :—

Premises	1959	1960
Corporation houses	114	198
Other Corporation premises, including schools, etc.	31	44
Private houses	210	137
Miscellaneous premises (shops, warehouses, works canteens, hospitals, etc.)	37	58
TOTALS	392	437

Tenancy transfers and re-housing—Houses inspected for vermin on behalf of the Housing Department—

	1959	1960
Corporation and private houses inside the City—		
Houses found to be verminous and sprayed with D.D.T.	242	181
Corporation houses sprayed with D.D.T. prior to tenant moving in	247	221

Home Bathing Cases.—A number of elderly men and women are regularly bathed at home in response to requests by health visitors, home nurses and the Care and After-care Section.

	1959	1960
Total number of cases bathed	73	67

CLEANER AIR

By J. W. BATEY, D.P.A., M.I.Mar.E., M.R.S.H.,
Superintendent Smoke Inspector

" You k'n hide de fire, but wat you gwine do wid de smoke?"

—Joel Chandler Harris (Plantation Proverbs)

Last year we looked at the past, and considered how the Victorians tackled the very serious problem of Air Pollution. There is no doubt that even in their day and age, they had the knowledge which could prevent air pollution, but it is only today that this knowledge is being applied.

The five year programme for the formation of Smoke Control Areas, adopted by the Council, is now well under way and its effects are, for the first time, being understood and acknowledged. Vistas which were obscured by a cloud of smoke are becoming discernible and the people of Sheffield are now seeing their City for the first time.

It may appear providential that so much re-building is taking place simultaneously with the Council's programme of smoke control—the fact is that forward planning is now showing results. The No. 1 (Central) Smoke Control Order, which came into operation at the beginning of December, 1959, includes the Netherthorpe Redevelopment Area. On 1st November, 1960, No. 6 (Gleadless) Smoke Control Order became effective. The Greenhill-Bradway estate, which includes many Corporation houses built before the war, fits into the Western part of the picture and will become smokeless by 1st October, 1961. No. 2 Smoke Control Order comes into force 1st December, 1961, while—probably most important of all—Hallam Ward will become smokeless the following summer. This large and complex sector of the City includes moorland, densely populated built-up areas and better class residential neighbourhoods.

Concentration of effort is being made by working on the west and south-west of the City as the wind blows most frequently from this direction. Every house which is made smokeless in this area benefits those living in every other part of the City. In a few more years half of Sheffield will be within a Smoke Control Area, and there seems no doubt that the programme will then be extended.

The Volumetric Pollution gauges, which measure smoke, are already showing a reduction in smoke readings and, as the years go on, there is little doubt that the figures will show a steady decline. It must always be borne in mind that there is the ever-increasing use of fuel in one form or another, and there is no doubt that, if active steps were not being taken today, the population would be engulfed in a miasma of smoke and smudge. More houses are being built ; more factories are being built ; more fuel is

being burnt. Yet in spite of all this, smoke is becoming less. Industry is still playing its part in this drive towards clean air and, although there are many difficult problems to solve, it is hoped that the citizens of Sheffield will breathe air which is as free from smoke and grit as any industrial city in Europe.

Gleadless Smoke Control Order.—The following detailed account of the Gleadless follow-up campaign has been submitted by the Health Education Organiser.

The Gleadless Valley was the second of the Smoke Control Areas designated in the City. The zone consists of a large natural valley situated some four miles from the centre of the City. Most of the houses are of the modern type, the majority of which have been built by the municipality since 1955 and were fitted with 'approved' solid fuel appliances during the original construction. In view of this it was decided that the approach should be somewhat different from Smoke Control Areas where a large number of conversions was required, as it was not only necessary to show the public the various 'approved' appliances, which were available, but also to show how smoke production could be avoided using existing solid fuel grates. A survey carried out in various parts of the City had also indicated that there was a lack of knowledge on the correct use of solid fuels. Many people experienced difficulty in lighting these fires and in gaining maximum efficiency and economy because of incorrect stoking methods. It was agreed that the principal aspects of this particular campaign should be the provision of information on solid smokeless fuels and the most efficient means of using them. Where possible 'live' demonstrations would be provided. For the benefit of householders in privately owned dwellings who had not yet converted to smokeless forms of heating, demonstrations of 'approved' appliances using gas, electricity and solid fuels were arranged. It was also decided that an opportunity should be given for manufacturers to show 'approved' appliances which could be used to provide additional background heating in bedrooms, bathrooms, etc.

Six months before the Order became operative a meeting was convened to which invitations were extended to leading local citizens. These included members of the City Council, Chairmen and Secretaries of voluntary organisations, clergy, headmasters, etc. At the meeting proposals for the campaign were outlined and offers of lectures and film shows were made to the various organisations. Representatives attending the meetings offered much useful advice and information on the types of problems likely to be met and the questions that would be asked by local residents. Following this, arrangements were made with the

fuel and appliance manufacturers who agreed to co-operate in the campaign by participating in a Clean Air Exhibition and also by arranging for home service demonstrations to advise any individual householder in the area about special needs, particularly those related to the use of smokeless fuels. The solid fuel manufacturers also agreed to supply samples of their products so that householders would have the opportunity of finding the one most suitable to their needs. As no adequate exhibition site existed in the area the City Housing Management Department agreed to provide a house for demonstration purposes during the month of October. In the demonstration house rooms were made available to the gas, electricity and solid fuel organisations who provided displays of appliances. In the case of the solid fuel firms continuous demonstrations of the types of fuel available and the methods of ignition were arranged. There was also an enquiry bureau staffed by members of the Department. In the room used by the Public Health Department a display showing 'The Meaning of Clean Air' was provided.

To meet the needs of any members of the public who had a special problem, a further information service was provided. Enquirers were asked to complete a form, on receipt of which an immediate follow-up visit was made to the householder.

During the months preceding the exhibition, visits were made to householders by members of the staff who offered information and advice. At the same time a letter was addressed to all municipal tenants in the area by the Manager of the Housing Department. The letter informed them of the smoke control arrangements and told them how further information could be obtained. The various fuel industries undertook their own canvassing and information programme.

Approximately two months before the exhibition there was a build-up of the campaign in intensity, and publicity was begun by means of literature and visual information including posters and leaflets. These were supplied to householders direct with correspondence and through the local clinic, hotels and shops. Members of the staff of the Public Health Department and other organisations likely to come into contact with citizens in the area were asked to mention the subject.

Following preliminary press announcements the exhibition was opened by the Lord Mayor, Alderman Harold Slack, M.B.E., J.P., who was accompanied by the Lady Mayoress and members of the Health Committee. Full press and television coverage of this event was arranged and led to widespread interest in the project both in the Gleadless district and other areas in the City.

The exhibition was open from 1.0 p.m. to 9.0 p.m. each day for a whole week. Throughout the course of this period each organisation had a representative on duty to advise the public. Arrangements were also made to site a seventy foot trailer van on the opposite side of the estate to the main exhibition. This display was open for the first three days of the exhibition week. The van had facilities for fire lighting and fuel demonstrations. Unfortunately the whole of the week was marred by very bad weather. In view of this and the fact that there was a lack of direct transport between the two exhibition units, attendance can be regarded as good, some 1,500 people coming to the main exhibition, the majority of whom were drawn from the area, although there were instances of visitors coming from some twenty miles away to see the displays and demonstrations. An analysis of the questions asked during the exhibition gave valuable information on the interests of the public. 60% were concerned with the use of solid fuels, appliances and fire lighting. The remainder of the questions were divided between questions on conversion grants and other points concerning 'Clean Air.'

Sheffield and District Clean Air Committee.—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. Steady progress has been maintained in the efforts to produce a cleaner atmosphere, and the gauges which measure smoke show an encouraging trend.

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)	..	..	8,468
Number of minutes smoke emitted	..	..	3,120
Average minutes of smoke emission per half hour	..	..	·36
Number of Abatement Notices served	..	..	35
Number of Intimation Notices served	..	..	144
Number of Advisory Visits	..	..	803
Number of complaints dealt with	..	..	180
Number of Legal Proceedings instituted	..	..	6
Letters sent to firms regarding smoke emissions	..	..	113

The average smoke emission per half hour observation has been steadily falling over the past ten years, although too much cannot be read into this figure. The slight rise shown this year is not significant when compared with the overall trend.

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 1956-1960, together with the highest monthly deposit at each station in those years.

TABLE XVIII.—Solid Matter deposited at three Sheffield Collecting Stations during the five years 1956-1960

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>
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
1958 ..	29.8	45.8	21.2	33.4	9.6	16.2
1959 ..	22.9	34.7	18.8	26.6	7.1	10.3
1960 ..	27.0	35.2	21.4	40.4	9.1	17.7

The highest monthly deposit figure for these three stations occurred in January for Attercliffe, October for Fulwood, and in March for Surrey Street. The slight increases shown in 1960 are almost certainly accounted for by the large number of wet days which occurred throughout the year.

The following table summarises the monthly records of solid matter deposited per square mile in the year 1960 at the seven stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XIX.—Solid Matter Deposited at the Sheffield Collecting Stations during the year 1960.

Month	Tons per square mile						
	Surrey Street	Attercliffe	Sewage Works	Firth Park	Fulwood	Bernard Street	Weston Park
January	36·96	35·27	21·08	14·93	9·37	29·26	16·47
February	30·81	32·79	13·54	17·88	N.R.	35·07	16·91
March	40·41	25·41	17·73	16·80	9·54	24·26	16·41
April	20·64	23·45	13·67	13·29	8·61	22·28	11·89
May	24·42	24·51	16·30	12·27	8·39	20·51	12·47
June	15·12	24·87	18·92	6·63	9·48	27·62	9·97
July	11·42	23·68	16·03	10·61	7·28	20·37	6·50
August	11·07	24·31	16·61	10·30	5·69	17·35	6·81
September	9·99	20·57	14·54	8·26	N.R.	20·20	6·37
October	23·75	34·51	23·54	20·88	17·69	28·26	17·86
November	14·66	27·36	23·33	15·10	7·17	18·53	8·36
December	17·12	28·09	17·79	11·12	8·00	29·77	N.R.
TOTALS	256·37	324·82	213·08	158·07	91·22	293·48	127·02
AVERAGES	21·36	27·07	17·75	13·17	9·12	24·46	11·50

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 1956-1960 at seven stations, were as follows:—

TABLE XX.—Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years 1956-60

Year	Daily Average Milligrammes of SO ₃ per 100 Square Centimetres						
	Attercliffe	Bessemer Road	Fulwood	Firth Park	Surrey Street	Wincobank	Weston Park
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
1958 ..	4·7	9·8	0·9	3·2	3·3	2·9	2·1
1959 ..	4·4	9·3	0·9	3·3	3·2	3·1	1·9
1960 ..	4·6	9·9	0·9	3·2	3·6	2·8	2·0

The Bessemer Road gauge is sited in such a way as to register the effect of an adjacent sulphuric acid works. 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.

In 1960 the daily averages in milligrammes of sulphur per 100 square centimetres of area (*i.e.*, surface area of the instrument) were as follows :—

TABLE XXI.—Sulphur Determination by the Lead Peroxide Method at Sheffield Stations during the year 1960

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY

Month	Attercliffe	Bernard St. Park	Firth Park	Weston Park	Fulwood	Jordan Locks	Limpfield Road	Bessemer Road	Sewage Works	Surrey Street	Tinsley	Wincobank
January ..	6.45	3.29	4.01	3.10	1.28	3.29	3.83	10.88	3.94	4.92	4.05	3.05
February ..	6.56	3.55	4.63	3.47	1.22	4.22	4.69	9.50	5.01	4.53	4.70	3.83
March ..	3.82	2.28	3.92	2.57	1.27	2.95	3.55	8.96	3.37	4.66	2.99	3.07
April ..	5.13	2.49	2.93	1.90	1.02	N.R.	2.91	7.92	4.33	3.23	4.07	2.84
May ..	3.80	2.14	2.57	1.57	0.77	2.54	2.47	10.60	2.89	2.71	2.74	2.16
June ..	4.01	1.83	2.08	1.22	0.63	2.39	2.03	11.81	2.95	1.62	3.52	2.01
July ..	3.30	1.58	1.68	0.95	0.49	2.34	1.96	8.89	2.43	1.81	4.27	1.73
August ..	3.47	1.42	1.85	0.75	0.31	2.23	1.84	9.61	2.43	1.88	2.42	1.63
September	3.92	1.86	2.47	1.42	0.71	2.45	2.27	11.24	3.42	2.52	2.61	2.19
October ..	4.92	2.51	3.68	2.42	0.85	3.11	2.66	6.98	4.56	4.68	2.79	2.85
November	4.78	2.48	4.48	2.21	0.93	N.R.	3.99	10.81	6.37	4.71	5.54	4.39
December	N.R.	3.58	4.25	2.76	1.34	N.R.	2.90	12.22	4.78	6.58	5.90	3.87
TOTALS	50.18	28.96	38.55	24.34	10.83	25.52	35.10	119.42	46.98	43.75	45.60	34.12
Averages	4.56	2.41	3.21	2.03	0.90	2.83	2.92	9.95	3.91	3.64	3.80	2.84

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 XXII.—Monthly Averages of SO₂ (Volumetric) at eight Stations during the year 1960

PARTS PER 100 MILLION PARTS OF AIR

Month	Surrey Street	Park Co.	Newhall Road	Ellesmere Road	Stanley Works	St. Stephen's	Milton Street	Sharrow Lane
January ..	13.7	13.6	14.6	7.8	9.8	8.0	15.3	8.8
February ..	14.0	13.2	16.6	4.1	9.5	10.5	15.0	9.9
March ..	13.3	8.8	14.5	8.2	7.2	7.4	11.0	6.4
April ..	28.3	12.2	12.2	6.5	6.2	5.7	8.0	5.0
May ..	27.9	6.6	11.1	6.1	5.8	5.7	6.5	4.1
June ..	12.7	5.1	7.4	4.7	5.0	3.7	3.9	2.9
July ..	5.3	4.1	3.4	3.7	3.8	3.2	5.5	2.1
August ..	5.5	4.5	4.7	2.6	4.1	3.0	N.R.	2.6
September ..	6.8	5.6	5.3	5.9	6.5	4.2	6.6	3.7
October ..	10.2	8.7	5.8	5.0	7.5	6.8	10.7	6.4
November ..	11.2	8.6	8.6	5.0	8.2	7.7	11.5	N.R.
December ..	17.2	15.9	8.7	8.6	12.6	11.8	19.0	N.R.
TOTALS	166.1	106.9	112.9	68.2	86.2	77.7	113.0	51.9
Averages	13.8	8.9	9.4	5.7	7.2	6.5	10.3	5.2

TABLE XXIII.—Monthly Averages of Smoke (Volumetric) at eight Stations during the year 1960

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 ..	40	49	60	56	30	50	60	60
February ..	32	43	49	55	25	40	50	48
March ..	19	23	38	36	22	25	35	38
April ..	13	32	32	27	14	20	24	26
May ..	13	19	26	22	10	15	16	19
June ..	6	10	16	11	6	7	4	9
July ..	4	9	16	11	7	7	17	9
August ..	8	14	19	14	8	9	N.R.	14
September ..	11	19	26	23	15	15	26	23
October ..	12	29	39	38	22	26	38	36
November ..	21	29	41	41	26	28	42	N.R.
December ..	33	52	58	63	34	48	60	N.R.
TOTALS	212	328	420	397	219	290	372	282
Averages	18	27	35	33	18	24	34	28

These volumetric gauges have now been in use for a sufficient length of time to show yearly trends as follows:—

TABLE XXIV.—Smoke and Sulphur Determination by the Volumetric Method at eight Sheffield Stations during four years 1957-1960

	<i>Year</i>	<i>Surrey Street</i>	<i>Park County</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>
SMOKE	1957	15·8	21·1	26·3	26·2	27·0	30·0	28·8	24·8
	1958	16·2	21·0	29·0	28·0	25·0	24·0	28·0	30·0
	1959	22·0	31·7	38·3	33·3	27·9	29·5	34·4	37·0
	1960	16·8	26·1	35·0	33·1	18·2	24·1	33·8	28·2
SULPHUR	1957	10·6	8·5	12·3	9·0	8·7	8·6	9·8	7·3
	1958	12·8	9·7	12·8	9·2	9·5	8·5	10·3	8·9
	1959	11·4	9·1	12·4	8·0	9·2	8·2	9·5	7·5
	1960	13·8	8·4	9·3	5·7	7·2	6·5	10·3	5·2

HOUSING AND SLUM CLEARANCE

By W. CURTIS, M.A.P.H.I.

Superintendent, Slum Clearance Section

"The bricks are fallen down, but we will build with hewn stones"

—Isaiah, IX, 10.

The first five year phase of the present national and local effort to clear away the unfit dwelling houses in this country of ours has now been completed. The scheme was inaugurated by the Housing Repairs and Rents Act, 1954, which was later superseded by the Housing Act, 1957.

This City like many other local authorities had a legacy from the last slum clearance campaign of a large number of unfit houses which, although represented at that time, were not confirmed by the Minister. Most of these houses were of the back-to-back type and, even after five years of concentrated effort, there are still many houses of this character in occupation. Those parents who have to raise a family in a back to-back dwelling have to face up to the deficiencies of this type of housing and its effect upon the family unit. The back-to-back dwellings are generally three storeys in height, with dark, narrow, winding stairs giving access to a bedroom on the first and second floors. There is only one living room containing the sink, setpot, cooking range and storage cupboard. It is in this room that the food has to be prepared and cooked, and crockery and clothes cleansed. The family have no privacy for personal ablution, nor adequate room to relax after the day's work. Such houses are built in blocks of four or more houses with the sanitary conveniences sited in a communal yard and at some considerable distance from the houses. Two or more families generally have the joint use of one watercloset and the inconvenience at weekends can well be visualised. Having only two bedrooms, there is difficulty with sleeping accommodation in the case of families with adolescent children of different sexes. The design of the houses with the stair-well terminating at floor level of the second floor bedroom makes mothers reluctant to sleep young children in this room for fear of them falling down the stair-well. The layout of this type of property presents a serious difficulty in case of fire, especially to those houses entered from the court yard. The narrow entrance passage to the court yard is too narrow for fire fighting appliances and, with the congested layout of the surrounding property, could prove a hazard with serious results.

There are, however, many other houses of a different character which fall short in many respects of the standard of housing acceptable today as suitable and proper accommodation.

Although the Minister has intimated that local authorities should endeavour to clear away the worst houses first, there are other factors which have to be taken into consideration. In 1957 the Minister of Housing and Local Government approved a development plan which indicates the broad basis of the Council's intention relating to the future use of land within the City boundary (excluding the area of the Peak District National Park). It is obvious and essential that land cleared as a result of slum clearance action should be redeveloped, especially as the vacant land zoned for Corporation housing development has been almost exhausted.

As the development plan was receiving consideration at the time slum clearance was resumed, precedence was given to the redevelopment of four congested areas, Parkhill, Netherthorpe, Woodside and Burngreave, which contained many worn out and unfit houses. In order to clear the land of buildings, the occupants of the houses affected by the earlier part of the redevelopment had to be rehoused in new dwellings erected near the City boundary.

The Council has also adopted a programme under the provisions of the Clean Air Act, 1956, which will bring approximately one half of the City within Smoke Control Areas by 1965. Houses scheduled for demolition within the current five year programme are usually exempted from a Smoke Control Order, so as to avoid the expense of fireplace conversions on property with a very short life. Similarly applications for Discretionary and Standard Grants have to be checked to ensure, as far as possible, that properties improved will have a further life of fifteen years.

During the year consideration was given to Circular 2/60 issued by the Ministry of Housing and Local Government, and in reply the Council indicated that they expected to have demolished or closed 5,000 unfit dwellings between the date of commencement of their post-war slum clearance programme and the 31st December, 1960. In the second five-year programme, commencing 1st January, 1961, it is proposed to deal with 8,000 unfit dwellings. During the same period it is estimated that 3,000 dwellings will be patched and retained for temporary accommodation. The Council also indicated that they propose to deal with a further 29,800 unfit dwellings in the City over a period of 20 years commencing 1st January, 1961. In the meantime the proportion of new houses allocated for rehousing the occupants of unfit dwellings was increased from a half to two-thirds. Progress in the clearance of unfit houses is dependent upon the supply of new houses which in turn is related to the labour force available for this work. The slum clearance section of the Public Health Department is, as a result of some re-organisation, making representations some way ahead of the

rehousing programme. Therefore, advantage is being taken of the opportunity to carry out a systematic survey under the provisions of Section 3 of the Housing Act, 1957. The information obtained and the plans prepared will be found useful when further phasing of clearance is considered.

During the year representations were made affecting 19 Clearance Areas with a total of 961 houses. Eleven Clearance Orders, 28 Compulsory Purchase Orders and one Deferred Clearance Order, containing a total of 906 houses, were confirmed by the Minister of Housing and Local Government. Objections were received in the case of six Areas and 16 Orders were unopposed.

The areas represented at the commencement of the slum clearance campaign are now being developed with new buildings, and the face of the City has changed considerably.

As public health officers we are conscious of the large number of houses in this City which fall short in many respects of the accepted standards of today.

We continue our efforts with energy and confidence so that at some future date every house in the City will be not only in good repair, free from damp, adequately lighted and ventilated and in a good structural condition, but will be provided with proper means for the storage of food and have a domestic hot water supply, internal watercloset and a bathroom—in other words, a building in which a family can be brought up in decency and where people can live in comfort.

FOOD AND DRUGS

By G. A. KNOWLES, F.R.S.H., F.A.P.H.I.,
Superintendent Food and Drugs Inspector

"Let it serve for table-talk."

—William Shakespeare (Merchant of Venice).

It is gratifying to be able to report again that there was an increase during the year in the amount of work done by the section. The staff had a full complement for most of the year and the work done reflects this position. Unfortunately one of the staff obtained another post in November and the vacancy has not yet been filled. The number of visits made by the food inspectors and the number of samples taken are the greatest for some years. The proportion of unsatisfactory samples showed a decrease as did the number of cases taken to legal proceedings. The regular inspection of all butchers' shops and fish shops in the City continued and again proved the value of routine visits of this character. Sheffield can truly claim to provide a one hundred per cent. meat inspection service. Not only is the slaughtering of food animals concentrated at one set of premises, with a full inspection of the meat so provided, but the shops inspection enables a sight to be obtained of all meat sold in the City. When the new wholesale food market is opened at Darnall a similar facility will exist for food other than meat. Horseflesh sales continue to decline and there was only one horseflesh shop open in the City during the year. This shop derived its supplies solely from the slaughterhouse attached to the Abattoir and all the meat sold had been examined and passed fit for human consumption.

GENERAL FOOD INSPECTION

During the year the food inspectors made 11,393 visits to inspect food supplies at the wholesale fish and fruit and vegetable markets, wholesale and retail provision and food stores, cold stores, retail markets, butchers' shops and fish shops. Possession was taken of all food unfit at the time of inspection. The condemned food was taken to the Corporation Destructor at Penistone Road and destroyed by burning. 55 visits were made to the one horseflesh shop open during the year.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	..	..	..	8,190
Visits to retail food shops	..	..	..	965
Visits to horseflesh shop	..	..	..	55
Visits to butchers' shops	..	..	..	1,517
Visits to wet fish shops	..	..	..	461

TABLE XXV.—General Food Inspection—Food condemned as unfit for human consumption during the year 1960

<i>Description</i>	<i>Quantity</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Description</i>	<i>Quantity</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Canned Goods ..	31,134	—	—	—	—	Nuts ..	—	—	—	1	14
Bacon and Ham ..	—	—	16	—	18½	Peanut Butter ..	—	—	—	—	—
Biscuits ..	—	—	1	2	18½	Pickles and Sauces	480 jars	—	—	—	—
Bread, Cakes and Pastry ..	—	—	2	1	10½	Poultry and Game	—	2	—	3	7½
Butter ..	—	—	1	1	17	Preserves ..	—	—	10	—	15½
Cereals ..	—	—	—	1	4½	Puddings ..	—	—	—	—	2
Cheese ..	—	—	10	—	27½	Rabbits ..	—	—	2	2	27
Chicken ..	84 jars	—	—	—	—	Rhubarb ..	—	14	2	2	—
Coffee ..	26 bottles	—	—	—	—	Rice ..	—	—	1	—	18
Confectionery	—	—	—	—	—	Salad Cream ..	34 jars	—	—	—	—
Filling ..	—	—	4	1	24	Salt ..	—	—	—	1	8
Cooking Fat ..	—	—	—	—	3	Shellfish ..	—	—	19	1	18
Cream ..	69 jars	—	—	—	—	Shellfish ..	3 galls.	—	—	—	—
Dried Milk ..	—	—	—	2	5	Shellfish ..	18 jars	—	—	—	—
Eggs (in shell) ..	120 doz.	—	—	—	—	Soft Drinks ..	5 bottles	—	—	—	—
Fish ..	—	4	10	—	2½	Soft Drinks	—	—	—	—	—
Flour ..	—	—	1	1	22½	Tablets ..	104 pkts.	—	—	—	—
Frozen Liquid	—	—	—	—	—	Soup ..	2 pkts.	—	—	—	—
Egg ..	—	—	—	2	16	Soup Powder ..	—	—	—	2	—
Fruit ..	—	3	14	2	—	Sugar ..	—	—	—	2	26½
Fruit (Dried) ..	—	—	4	2	1½	Sweets ..	—	—	—	1	6½
Ground Almonds ..	—	—	—	—	1	Tea ..	—	—	—	1	10
Margarine ..	—	—	—	3	25½	Vegetables ..	—	12	17	—	16½
Meat and	—	—	—	—	—	Vinegar ..	10 bottles	—	—	—	—
Fish Paste ..	215 jars	—	—	—	—	Watercress ..	—	—	5	1	26
Meat and Meat	—	—	—	—	—	Yeast ..	—	—	—	—	26
Products ..	—	2	3	3	14½	Miscellaneous	—	—	—	—	—
Noodles ..	—	—	—	1	12	Articles ..	31 jars	—	—	—	—

The total weight of food condemned and destroyed was 72 tons, 16 cwts., 2 qrs., 1½ lbs.

Details of Canned Goods Condemned

<i>Commodity</i>	<i>Number of Cans</i>
Fish	1,575
Fruit	16,672
Meat	6,536
Milk	1,403
Soup	1,106
Vegetables	2,225
Miscellaneous	1,617
TOTAL	31,134

Self Suppliers' Pigs

One pig slaughtered at private premises for consumption by the owner was inspected and passed fit for human consumption.

FOOD AND DRUGS ACT, 1955

It will be seen from the table which follows that, of the 1,489 formal and informal samples of milk and other food commodities which were taken during the year, there were 50 or 3·36 per cent. which proved to be unsatisfactory.

TABLE XXVI.—Results of analyses of samples taken under the Food and Drugs Act, 1955, during the year 1960

	<i>Formal</i>			<i>Informal</i>		
	<i>No. Submitted</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>No. Submitted</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk	652	647	5	66	54	12
Apples	—	—	—	1	1	—
Baking Powder and Golden Raising Powder	—	—	—	14	14	—
Butter	68	68	—	7	6	1
Cheese Spread	—	—	—	21	21	—
Coffee and Chicory	—	—	—	4	4	—
Confectionery Filling	—	—	—	20	20	—
Crab Paste	—	—	—	1	1	—
Cream	21	21	—	22	22	—
Cream Confectionery	—	—	—	9	9	—
Curry Powder	—	—	—	5	5	—
Dressed Crab	—	—	—	2	2	—
Dried and Preserved Fruit	—	—	—	13	13	—
Dried Milk	—	—	—	2	2	—
Drugs	1	1	—	33	32	1
Evaporated Milk	—	—	—	1	1	—
Fish Cakes	13	13	—	2	2	—
Fish Pastes	10	10	—	1	1	—
Flour and Flour Confectionery	—	—	—	18	18	—
Frosting Mix	—	—	—	1	1	—
Ice Cream	75	72	3	13	13	—
Ice Cream Powder	—	—	—	1	1	—
Ice Lollipops	—	—	—	4	4	—
Jam and Preserves	—	—	—	26	26	—
Lard	4	4	—	4	4	—
Malt Vinegar	2	2	—	5	5	—
Margarine	—	—	—	7	7	—
Meat Pies	—	—	—	85	72	13
Milk Shake Orange Syrup	—	—	—	1	1	—
Minced Beef	5	5	—	1	1	—
Non-Brewed Condiment	16	15	1	2	2	—
Oranges (Tinned)	—	—	—	3	3	—
Pepper	—	—	—	6	6	—
Pickles and Sauces	—	—	—	34	34	—
Pork Dripping	—	—	—	1	1	—
Potted Beef	7	6	1	1	1	—
Potted Meat Paste	49	47	2	1	1	—
Rice Pudding (Tinned)	—	—	—	1	1	—
Rum Butter	—	—	—	1	1	—
Sage and Onion Stuffing	—	—	—	1	1	—
Sausages	30	24	6	13	11	2
Shellfish	—	—	—	1	1	—
Soft Drinks	—	—	—	28	28	—
Soup and Soup Powder	—	—	—	3	3	—
Stewed Steak with Gravy	—	—	—	1	1	—
Suet	—	—	—	6	5	1
Sweets	1	—	1	24	23	1
Table Jelly	—	—	—	17	17	—
Tomato Paste (Concentrated)	—	—	—	1	1	—
TOTALS	954	935	19	535	504	31

Examination of Milk Samples by Inspectorate.—During the year 336 samples of milk were examined by the staff of food and drugs inspectors, and the Gerber fat and slide rule solids figures of the milks obtained. These samples were in addition to the samples submitted to the Public Analyst ; this method has effected a definite saving in expenditure on samples and at the same time allowed more samples to be taken.

Legal Proceedings.—Legal proceedings taken during the year for offences against the Food and Drugs Act and its Regulations resulted in penalties totalling £57 13s. 0d. being imposed.

The prosecution taken in relation to ice cream was against a small manufacturer, whose ice cream was deficient in fat content. He had been previously prosecuted for a similar offence.

The need for the taking of routine samples of normal articles of food is well illustrated by the conviction secured in the case of potted meat which contained a preservative. Thirty-five years have passed since the Preservative Regulations were made and it is nearly that period of time since this type of offence was commonplace. The vendor-manufacturer in this case was unable to account for the presence of preservative in his product.

Extraneous matter in food is a not uncommon happening today and each year many prosecutions are taken in this country for this type of offence. In the two cases prosecuted in the City during the year, one was a lollipop which a young child found to contain a sharp piece of metal (it was in fact a broken piece of a metal sieve) and the other was crab meat which contained a cigarette end. The convictions in each case were recorded against the manufacturer of the product. Our experience shows that most cases of this type of offence are due to the neglect of one of the workpeople, and reinforces the view held that modern premises and equipment alone are not sufficient but need supplementing with correct methods and constant supervision.

Details are given in the following statement :—

<i>Offence</i>	<i>Penalties Imposed</i>		
	£	s.	d.
Selling ice cream deficient in fat	10	0	0
Selling potted meat paste containing preservative.. .. .	4	14	0
Selling a lollipop containing a piece of metal	15	0	0
Selling dressed crab containing a cigarette end	27	19	0
TOTAL	57	13	0

In addition to the cases taken to prosecution, warnings were given in the cases detailed below :—

- Milk deficient in milk fat (1 case).
- Milk containing a trace of added water (2 cases).
- Dairy Ice Cream slightly deficient in milk fat (1 case).
- Meat Paste deficient in meat content (1 case).
- Meat Pies deficient in meat content (5 cases).
- Pork Sausages deficient in meat content (6 cases).
- Potted Meat containing excess water (1 case).
- Canned Sausage containing preservative (1 case).
- Rose Hip Syrup slightly deficient in Vitamin C (1 case).

THE MILK SUPPLY

The daily amount of milk consumed in Sheffield in 1960 was 44,770 gallons, which is equivalent to 0.72 pints per head of population. This figure has remained fairly constant since 1951.

The average quality of the milk consumed, as judged from the 718 samples of milk examined during the year, was 3.56 per cent. of milk-fat and 8.78 per cent. of milk solids other than milk fat. This compares favourably with the minimum standard for genuine milk, laid down by the Sale of Milk Regulations, 1939, of 3 per cent. of milk fat and 8.5 per cent. of milk solids other than milk fat.

The average quality of the 31 samples of Channel Island Milk taken during the year was 4.51 per cent. of milk fat and 9.14 per cent. of milk solids other than milk fat. The quality standard for this milk is a minimum milk fat content of 4 per cent.

Samples of milk are taken daily from the milk distributors as they are delivering in the City, and at the dairies where milk is processed for sale. Milk adulteration is not common today but continual vigilance is necessary. Because Sheffield is a Specified Area only designated milk may be sold, and Pasteurised Milk, Tuberculin Tested Milk (Pasteurised), Sterilised Milk and farm bottled Tuberculin Tested Milk are the only designations of milk sold in the City. On retail sale, the majority sales are of bottled milk but the installation of several refrigerated milk vending machines outside retail premises, on factory premises and at one railway station has introduced the milk carton to the public. These vending machines are popular and appreciable sales of cartonned milk are being made.

594 samples of designated milk were examined bacteriologically during the year. The Methylene Blue Test, which indicates the keeping quality of milk, was applied to all samples, except those of Sterilised Milk. The Phosphatase Test was applied to all the Pasteurised Milk samples. This test indicates whether the milk has been efficiently heat treated. The Sterilised Milk was tested by the Turbidity Test. As in the previous three years, tests on pasteurised and sterilised milks showed, in every case, that the milk had been efficiently heat treated.

MILK AND DAIRIES REGULATIONS

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The inspectors made 53 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 1960. The estimated daily average consumption of milk in the City during the year was 44,770 gallons, the whole of which was designated milk.

TABLE XXVII—Daily Sales of Designated Milk in the City during the year 1960

<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	30,526	68·19
Channel Island Pasteurised ..	2,463	5·50
Tuberculin Tested Milk Pasteurised	9,541	21·31
Sterilised Milk	1,729	3·86
TOTAL	<u>44,259</u>	<u>98·86</u>
RAW MILKS		
Tuberculin Tested	496	1·11
„ „ Channel Island	15	0·03
TOTAL	<u>511</u>	<u>1·14</u>
TOTAL (all types) ..	44,770	100·00

The sales of Pasteurised Milk and Sterilised Milk again represented practically 99 per cent. of the total milk sold. Channel Island Milk Pasteurised sales are still increasing and amounted to 2,463 gallons daily.

Farm bottled Tuberculin Tested Milk was the only raw milk sold in the City, and the daily sales totalled 511 gallons or just over 1 per cent. of the total milk sold daily. 15 gallons of this milk was Channel Island Milk derived from one City farm. The whole of the Tuberculin Tested Milk was derived from five farms in the City and eleven farms in the adjoining areas of the West Riding of Yorkshire.

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 in another dairy, which was also licensed to pasteurise milk by the " Holder " method. This latter plant was not used during the year.

528 samples of Pasteurised Milk and Tuberculin Tested Milk (Pasteurised) were taken during the year. The Phosphatase Tests and Methylene Blue Tests were all satisfactory.

17 samples of Tuberculin Tested Milk (Raw) were subjected to the Methylene Blue Test and one was unsatisfactory.

The 49 samples of Sterilised Milk taken all satisfied the Turbidity Test.

The Sterilised Milk sold in the City was processed at three dairies, two 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.

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	269	269
Pasteurised Milk	Phosphatase	269	269
Pasteurised Milk	Bacillus Coli	268	259*
Tuberculin Tested Milk (Pasteurised) ..	Methylene Blue	259	259
Tuberculin Tested Milk (Pasteurised) ..	Phosphatase	259	259
Tuberculin Tested Milk (Pasteurised) ..	Bacillus Coli	258	239*
Sterilised Milk	Turbidity	49	49
Tuberculin Tested Milk (Raw)	Methylene Blue	17	16

* No Bacillus Coli in a millilitre of the milk.

ICE CREAM

Bacteriological Examination.—48 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
48	37	6	3	2

**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.

Bacillus Coli Test		
Total number of samples	Satisfactory	Unsatisfactory
48	*21	27

* No B.Coli in one millilitre.

CLASSIFIED SUMMARY

HEAT-TREATED ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
Grade 1	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory
34	5	3	2	18	26

COLD MIX ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
Grade 1	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory
3	1	—	—	3	1

During the year 75 samples of Ice Cream, 10 samples of Dairy Ice Cream, 2 samples of Double Dairy Ice Cream and 1 sample of Milk Ice were taken.

The average fat content of the 75 ice cream samples was 8·52 per cent. and the fat content of the samples varied from 4·74 per cent. to 13·00 per cent. One sample, with a fat content of 4·74 per cent., resulted in the manufacturer being prosecuted and a fine of £7 10s. 0d. and £2 10s. 0d. costs were imposed.

The average milk fat content of the 10 samples of dairy ice cream was 8·13 per cent. and varied from 4·86 per cent. to 12 per cent.

The average milk fat content of the 2 samples of double dairy ice cream was 10·19 per cent.

The one sample of milk ice contained 3·88 per cent. of milk fat.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

The following foods were submitted for bacteriological examination :—

Baby Food	..	..	..	..	..	..	..	1
Butter	..	..	..	..	..	..	..	11
Desiccated Coconut	..	..	..	..	..	..	..	5
Dressed Crab	..	..	..	..	..	..	..	1
Fowl Carcase	..	..	..	..	..	..	..	1
Frozen Egg White	..	..	..	..	..	..	..	6
Ice Cream Mix	..	..	..	..	..	..	..	3
Milk	..	..	..	..	..	..	..	2
Processed Peas (Canned)	..	..	..	..	..	..	..	6
TOTAL								36

MEAT INSPECTION BYELAWS

These byelaws were made under the Sheffield Corporation Act, 1937. Their effect is to require meat from areas outside the City, when brought into the City for sale, to be first taken to the Corporation Abattoir for inspection. The food inspectors are continuously keeping under observation the meat exposed for sale in shops and the meat in food preparation premises to ensure that it has not escaped proper inspection.

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 119 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, 1960) ..	617
Premises added to the list of persons during the year	43
Number of routine visits and inspections in the year 1960	88

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, four samples were taken of the foodstuffs which were in the premises during the fumigation, and these were analysed to ensure their freedom from hydrogen cyanide. All the samples were satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926

13 samples of fertilisers and 8 samples of feeding stuffs were taken during the year.

The results of the analyses are listed below and the action taken in regard to the samples reported as unsatisfactory is also given.

<i>Article Sampled</i>	<i>Formal Samples</i>		<i>Informal Samples</i>	
	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
General Fertiliser	—	—	4	2
Steamed Bonemeal	—	—	1	—
Raw Bonemeal	—	—	1	—
Chrysanthemum Fertiliser	—	—	—	1
Tomato Fertiliser	—	—	2	—
Flower Special Fertiliser	—	—	1	—
Rose Fertiliser	—	—	1	—
Hen Layers Pellets	—	—	3	—
Layers Mash	—	—	1	—
Layers Meal	—	—	1	—
Chicken Food No. 2.. .. .	—	—	1	—
Battery Meal	—	—	1	—
Pig Meal No. 2	—	—	1	—
TOTALS	—	—	18	3

Action taken in respect of unsatisfactory samples

Chrysanthemum Fertiliser.—This sample was deficient in Water Soluble Phosphoric Acid and contained an excess of Insoluble Phosphoric Acid. The manufacturers were notified and were of opinion that the Soluble Phosphoric Acid had 'reverted' to Insoluble Phosphoric Acid in storage.

General Fertiliser.—Two samples were found not to comply with the statutory statement ; one sample had an excess of Potash and Soluble Phosphoric Acid ; and the other sample contained an excess of Soluble Phosphoric Acid and a deficiency in Nitrogen.

The stocks were withdrawn from sale.

SLAUGHTERHOUSE REPORT

The Sheffield Corporation were required to review the slaughterhouse facilities in the City and report to the Minister of Agriculture, Fisheries and Food on their suitability and capacity for present and future use. This entailed a complete review of the slaughtering facilities available at the Corporation Abattoir and at the one private slaughterhouse used, on premises adjacent to the Abattoir, for the slaughtering of horses. It was necessary to include in the report information about these two slaughterhouses to satisfy the Minister that the facilities existing were satisfactory in every way for the existing and probable future requirements of the City. The report was accepted by the Minister who made the appropriate

Order for the City, fixing October 1st, 1960, as the date when all provisions concerning construction, layout and equipment for slaughterhouses would apply to Sheffield. The effect of this acceptance of the report by the Minister is to continue in being the Corporation's power to concentrate all the slaughtering of food animals in the City at the Corporation Abattoir.

FOOD HYGIENE

The Food Hygiene Regulations and their amendments were consolidated during the year and re-issued as the Food Hygiene Regulations, 1960. The requirements of these regulations are now becoming well known to food traders. The public are equally alive to the necessity for clean food, and both complaints and enquiries were received from food purchasers.

Particular attention is paid to any infraction of the regulations noticed by the food inspectors whilst they are carrying out their normal duties at food premises.

Every year requests are received for lectures and talks on food hygiene and associated matters, and during the year the Superintendent Food and Drugs Inspector spoke to a variety of meetings. These included food trade organisations, staffs of food firms, licensed houses staff course, nurses, hospital catering staffs, and community and religious associations. In addition the Superintendent Food and Drugs Inspector gave lectures at the courses arranged by the Department's Health Education Service.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1960

Visits

Number of visits made by the Food Inspectors—

To Markets and Food Premises	..	..	..	..	..	9,155
To Butchers' Shops	..	..	..	..	..	1,517
To Wet Fish Shops	..	..	..	..	..	461
To Horseflesh Shops	..	..	..	..	..	55
Re Merchandise Marks Act	..	..	..	..	..	119
Re Milk and Dairies Regulations	..	..	..	..	..	53
Re Pharmacy and Poisons Act	..	..	..	..	..	88
					————	11,448

Sampling

Number of samples taken—

Food and Drugs Act, 1955—for analysis by Public Analyst	..	1,489
Milk samples informally examined by Food and Drugs Inspectors		336
Ice Cream—for bacteriological examination	.. ..	48
Food for bacteriological examination	.. ..	36
Fertilisers and Feeding Stuffs Act—for analysis by Analyst	..	21
Hydrogen Cyanide Regulations—foodstuffs after fumigation	..	4

Designated Milk samples—for bacteriological examination—

Pasteurised..	..	..	..	..	..	269
Tuberculin Tested Milk (Pasteurised)	..	..	..			259
Sterilised	..	..	..	..	..	49
Tuberculin Tested Milk (Raw)	..	..	..	..		17
					————	594
					————	2,528

Meat Inspection

Number of pigs inspected	..	..	..	..	..	..	1
TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED—72 tons, 16 cwt., 2 qrs., 1½ lbs.							

MEAT INSPECTION

By G. WHITELEY, M.A.P.H.I., M.R.S.H.

Superintendent Meat Inspector

" You may eat anything sold in the meat-market without raising questions of conscience."

—1 Corinthians, 10, 25. (New English Translation).

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. Live animals 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 is at once informed of any instance where an animal is suspected to be suffering from a notifiable disease.

272,293 animals of all kinds were slaughtered and inspected at the abattoir during the year, as against 271,114 in 1959. 268,380 of them were slaughtered by electrical or mechanical stunning as against 267,305 in 1959. 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 1960.

TABLE XXVIII.—Animals slaughtered and inspected in the City in the year 1960

<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 ..	53,569	3,808	117,238	93,650	—	268,265
Do. (Jewish Method)	750	6	2,181	—	—	2,937
Do. (Mohammedan method) ..	—	—	976	—	—	976
Isolation Slaughterhall	62	5	42	6	—	115
Totals (Abattoir)	54,381	3,819	120,437	93,656	—	272,293
Totals (Private Slaughterhouses)	—	—	—	—	130	130
Grand Totals	54,381	3,819	120,437	93,656	130	272,423

Of the 272,293 animals slaughtered and inspected in the Abattoir in the year 1960, there were 1,177 whole carcasses found to be in a diseased condition and condemned, and a further 51,306 carcasses, some part or organ or part organ of which was condemned. In the private slaughterhouse at the Abattoir, of the 130 horses slaughtered and inspected no carcasses were totally condemned, but in 18 carcasses there was evidence of disease

which necessitated condemnation of the part affected. 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 XXIX.—Carcases and Offal inspected and condemned, in whole or in part, in the City during the year 1960.

<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 ..	54,381	3,819	120,437	93,656	130	272,423
<i>All diseases except Tuberculosis and Cysticercosis—</i>						
Whole carcasses condemned ..	60	25	728	295	—	1,108
Carcasses of which some part or organ or part organ was condemned ..	23,858	11	11,487	13,261	18	48,635
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	43.98	0.94	10.14	14.47	13.85	18.26
<i>Tuberculosis only—</i>						
Whole carcasses condemned ..	50	—	10	9	—	69
Carcasses of which some part or organ was condemned ..	2,074	2	8	605	—	2,689
Percentage of the number inspected affected with tuberculosis ..	3.91	0.05	0.01	0.66	0.00	1.01
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned ..	39	—	—	—	—	39
Carcasses submitted to treatment by refrigeration ..	39	—	—	—	—	39
Generalised and totally condemned ..	—	—	—	—	—	—

TABLE XXX.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1960.

	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>							
	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>
Cattle ..	11	16	1	9	17	9	1	1	25	13	3	5	134	4	3	14	189	4	1	1
Calves ..	—	—	—	3	—	11	1	27	—	—	—	10	—	5	1	13	—	16	3	25
Sheep ..	—	4	1	24	12	18	3	18	—	2	1	25	28	6	3	18	41	12	3	1
Pigs ..	2	18	1	24	14	8	—	25	—	15	—	10	33	15	3	23	51	17	2	26
Horses ..	—	—	—	—	—	1	—	14	—	—	—	—	—	1	3	20	—	3	—	6
TOTALS ..	14	19	1	4	45	9	—	1	26	11	1	22	106	15	—	4	283	14	3	3

T—Tons. C—Cwts. Q—Qtrs. L—Lbs.

The proportion of meat affected with tuberculosis showed a favourable trend during the year due to the action taken by the Ministry of Agriculture, Fisheries and Food under the Tuberculosis (Area Eradication) Order, 1950. There were no animals slaughtered under the Tuberculosis Order during the year.

Since 1st October, 1960, when the Tuberculosis (England and Wales Attested Area) Order came into operation, all dairy cattle found on post mortem inspection to be affected with tuberculosis, however slight, are reported to the Ministry of Agriculture, Fisheries and Food. The herds from which these animals come are then traced with a view to examination by the Ministry's Veterinary Officers. 41 carcasses were found to be affected with tuberculosis and reported to the Ministry. These figures do not include imported animals licensed to the slaughterhouse from the Imported Animals Landing Places.

TABLE —Percentage of Carcasses of Oxen, Calves and Pigs inspected and found to be affected with Tuberculosis, 1950-1960.

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
1958 ..	54,301	14·82	3,724	0·13	96,112	0·93	154,137	5·81	3
1959 ..	49,454	13·64	2,731	0·15	90,045	0·89	142,230	5·31	4
1960 ..	54,381	3·91	3,819	0·05	93,656	0·66	151,856	1·82	—

Cysticercus Bovis.—39 carcasses were found to be affected with localised infestation. Where the infestation is localised, the carcase is put into cold storage for three weeks at the required temperature, and then checked out and passed as fit for human consumption. If, however, the condition is found to be generalised, the whole carcase and all the offal are rejected and destroyed.

Meat Inspection Byelaws.—Under a local byelaw all meat from animals killed outside the City, which is for human consumption in Sheffield, must be brought to the Corporation Abattoir for inspection. Bacon, ham, canned meat, sausages or any part of a carcase bearing an official stamp approved by the Ministry of Agriculture, Fisheries and Food are exempt,

as is meat to which the Public Health (Imported Food) Regulations apply. Particulars of the meat which was so brought to the Abattoir in 1960 are as follows :—

				Number	Weight			
PIGS—					Tons	Cwts.	Qtrs.	Lbs.
Carcases	..	..		9,179				
Sides	..	..	..	46				
Legs	..	..	..	—	19	16	1	6
Plucks	..	..	..	3,790	12	10	2	20
Meat and Offals			..	—	63	18	2	10
CATTLE—								
Carcases	..	..		309				
Sides	..	..	..	247				
Quarters	..	..		1,349	81	18	3	18
Meat and Offals			..	—	52	9	2	12
CALVES—								
Carcases	..	..		203				
Offals	..	..	..	—	—	10	3	12
SHEEP AND LAMBS—								
Carcases	..	..		11,418				
Offals	..	..	..	—	18	19	3	17

Of the above meat, inspected as required by the byelaws, a total of 1 ton 16 cwts. 0 qrs. 26 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 19 tons 6 cwts. 1 qr. and 21 lbs.

Export Meat Trade.—Beef casings from the Abattoir and horse casings from the Horse Slaughterhouse were exported to the Continent during the year. Certificates of inspection were issued as required.

Disposal of Condemned Food.—All meat found on examination to be unfit for human consumption is disposed of in the By-Products Plant at the Corporation Abattoir by processing into animal feeding meals, fats, etc.

Diseases of Animals Acts (Non-Veterinary Functions).—A full account of the part played by the Public Health Department in the detection and control of diseases of animals was given in the report for 1957. A summary of work during 1960 is given on page 147.

HEALTH EDUCATION

By F. ST. D. ROWNTREE, M.R.S.H., M.R.I.P.H., M.I.P.R.,
Health Education Organiser

"Knowledge is of two kinds. We know a subject ourselves or we know where we can find information upon it."

—Boswell's Life of Johnson

Today we have reached a turning point in the history of medicine when the responsibility for the prevention of illness and the promotion of health no longer lies in the hands of the full-time health or medical specialist alone, but is now shared between health workers and the layman, each making their own contribution to the promotion of both personal and community health.

Whilst the diagnosis and cure of disease will always remain the province of the highly trained specialist, the prevention of illness and the promotion of a state of personal health and well being must become increasingly a shared activity of the community as a whole. To this end the creation of an enlightened public possessing a positive attitude towards health and capable of co-operating in both their own and the community's well being, is essential. Health Education is the principal means whereby this end may be achieved, and a considerable expansion of Health Education activities is essential if progress is to be achieved. The many minor debilitating conditions which prevent the attainment of full and positive health can often only be avoided by the actions of the individual during his normal everyday life. For this reason education of the public in matters of health is becoming an increasingly important part of the work of the staff of the Public Health Department as every effort is made to encourage the public to avoid those actions likely to destroy health, and by encouraging those which will lead to all-round well being.

The City of Sheffield has long been to the fore in realising the need for public participation in activities affecting health. Nevertheless the emphasis given to this aspect of their work by all officers has grown in recent years and reflects the value attached to the need for an enlightened public.

In matters affecting health, what the individual does or does not do is of greater importance than what is known about health and, whilst an informed and knowledgeable public is highly desirable, the communication of health information alone is not the sole purpose of the Health Education carried out. Personal action stems from in-built attitudes and feelings about things rather than from academic knowledge. Consequently the Health Education provided is concerned not only with informing the

intellect of the public, but also with affecting the deeper levels of the personality of the individual wherein lie the attitudes which motivate behaviour. The Health Education carried out is more than an academic discipline and may be defined as :—

“a continuous process whereby all the forces affecting human knowledge, attitudes and behaviour in matters of health are utilised in a sustained, organised and co-ordinated way to promote attitudes and patterns of behaviour conducive to the promotion and maintenance of both personal and community health and well-being, together with the proper acceptance and use of the health and medical services available.”

Properly applied this process creates not only an enlightened public but also a public who feel ‘involved’ in personal and community health promotion. It is with a view to fostering this feeling of mutual responsibility that much of the Health Education carried out by the Department includes opportunities for mutual discussion of health problems either with individuals or groups of the public, as it has been found that this approach is more likely to succeed than one which relies entirely on impersonal publicity or formal teaching. The value of this approach is indicated by the favourable attitudes shown by the public not only towards the officers of the Department, but also to the Public Health activities carried out during day-to-day work.

Health education is at present being considered by a Committee of the Central Health Services Council under the Chairmanship of Lord Cohen. Bearing in mind this special interest at a national level, a description is given of the developments which have taken place in Sheffield since the inception of the Health Education Service in 1959. By way of illustration some of the facilities and activities are referred to in greater detail than is customary in an Annual Report. Even so much has been left unsaid, and no mention has been made of a number of interesting fields for future development.

WORK OF THE HEALTH EDUCATION CENTRE

During the latter half of 1959 premises were adapted to serve as the Health Education Centre which is now the focal point of the Health Education work of the Department.

The accommodation includes administrative offices, a technical workshop, an artist's studio, a dark room and storage facilities. There is also a lecture and preview room which is used for training purposes.

The Centre acts as a reservoir of technical information and teaching materials for use by sections of the Department for the furtherance of their Health Education activities. The initial amenities built up were

administrative and technical in character. In addition, facilities were made available for the In-service training of staff in the special methods of Health Education.

During the year under review the facilities originally provided at the centre were developed still further, particularly those concerned with the production of teaching media and the general In-service training programme. The appointment during the year of Technical and Visual Aids Officers who possess both technical and artistic abilities gave considerable impetus to the production of display, exhibition and teaching materials.

The work now carried out from the Health Education Centre falls into the following categories :—

1. ORGANISATION AND CO-ORDINATION OF THE HEALTH EDUCATION PROGRAMME

The comprehensive programme of Health Education for all sections of the public is offered by the staff of the Public Health Department. This is provided by means of both personal and impersonal methods. The impersonal methods include the use of leaflets, posters, public notices, exhibitions and displays, all of which provide information on specific topics and stimulate interest in health matters generally. The controlled use of impersonal media provides a useful background of knowledge against which the personal health education given during interviews, lectures, talks, discussions and film shows takes place. In addition to the literature and other visual media used during specific large-scale campaigns such as "Clean Air" or "Food Hygiene", other material is made available through the staff during their routine visits to the homes of the public, or in connection with individual talks or courses of lectures and film shows which are carried out as part of the general Health Education programme.

Monthly Topic.—A particular health subject is selected for special attention each month, during which period posters, displays and small exhibitions are arranged in clinics and other premises of the Department. Material is also supplied to a number of outside organisations for display in their own premises.

Leaflets and other literature relevant to the topic are also supplied. During routine health talks and discussions, attention is drawn by the speaker to the subject of the monthly topic. Where possible special film shows are also arranged. During the year topics dealt with in this way included :— "Home Safety", "Dental Health", "Foot Health", "Vaccination and Immunisation", "Food Hygiene", "Mental Health", "Prevention of Infection", etc.

Health Information Service.—Information on a wide range of health subjects is available to the staff of the Department and other professional workers for use in the preparation of lectures and talks. Enquiries from

the public are also dealt with by telephone, letter, or by visits of individuals or groups to the Health Education Centre. Use has also been made of this service by the press for the preparation of feature articles for publication in local newspapers.

2. PRODUCTION OF AUDIO VISUAL MEDIA

Health Education audio visual media and teaching aids of all types are available from, or obtained through, the Health Education Centre. These are supplied on loan to any person participating in the Health Education programme. The material is primarily available for the use of the staff of the Department or to other members of the local authority including teachers and youth leaders. Loans are also made to professional training establishments such as schools of nursing, university departments and professional associations. In the case of aids requiring special medical or public health knowledge, use is restricted to officers appropriately qualified. Where requests are received from persons not qualified to use the aids, arrangements are made for a suitable officer from the staff of the Department to attend the meetings where the aids, particularly films, are used. A comprehensive reference collection of audio visual media which is available from 'outside sources' is maintained.

As new material becomes available it is evaluated by a panel of appropriate specialists, and either accepted or rejected for use in the programme. Frequently the aids are evaluated under field conditions with groups of the public. In the case of literature including leaflets and posters, actual specimens are retained for permanent reference. Film evaluation based on the findings of preview panels is useful in assessing the value of particular films. These evaluations are frequently used by national journals for the purposes of review. In many cases, no suitable aids are available from outside sources; this is particularly true of exhibition and teaching materials which refer to specific local services and conditions. Facilities are, therefore, available for the production of special exhibitions and displays, photographs, sound recordings, films, film strips, models and puppets. There are also facilities for general art work including the production of drawings, charts, posters, leaflets, etc.

During the year a number of clinics were fitted with special permanent display boards and stands which are used in connection with the monthly poster topic and small health demonstrations and displays.

Where audio visual aids are likely to have regular use they are purchased for retention at the centre. A library of sound films, film strips, flannelgraphs, tape and disc recordings, together with many other types of audio visual media has been built up. Constant additions are made as

new materials become available. Stocks of expendable materials such as posters and leaflets which are likely to be in constant demand are also held, and are supplied on request to individuals and organisations requiring them. A comprehensive collection of visual aids and teaching materials from overseas countries has been gathered together and is available for reference purposes. This collection has been found useful for work with foreign language groups in the City, also as a source of ideas for the production of local media. The collection includes posters, leaflets, slides, children's health games, colour transparencies and films.

In addition to evaluating media for use in the programme, evaluation of health education needs, together with the means whereby they may be most effectively satisfied is undertaken. Information is gathered by means of surveys, questionnaires, examination of statistics, etc. When specific areas of need are determined the most suitable means of fulfilment are discussed with the appropriate specialist members of staff. Post evaluation of campaign work is also carried out to determine the effectiveness of methods used in a particular part of the programme.

3. IN-SERVICE TRAINING

Many of the staff of the Public Health Department, all of whom are highly qualified in their own professional fields, were undertaking group teaching prior to the inception of the Health Education Service. It was realised, however, that an extensive programme of In-service training in the specialised techniques of Health Education would be required if the teaching potential of these officers was to be fully exploited. In consequence, In-service training became one of the principal functions of the Health Education Centre. Special attention was given to the staff of the Personal Health Services, particularly midwives and health visitors dealing with ante and post-natal parents. A course of training was devised covering various aspects of the methods and media of Health Education. On completion of the basic course, further short sessions on particular techniques were arranged.

A natural development of the In-service training in Health Education methods was the growth of the Post Graduate and Refresher programme. The facilities of the Health Education Centre are regularly used for meetings, discussions and the showing of films of a purely professional nature which are a useful means of enabling members of staff to keep in touch with recent development. In many instances invitations to these meetings are extended to the staffs of other local authority departments and outside organisations such as hospitals, special clinics, university departments etc., thus providing further opportunities for liaison and interchange of ideas.

In addition to the programme of In-service and Post Graduate Training for the medical and nursing staffs of the Department, similar arrangements are made for groups from outside organisations to visit the Health Education Centre. These groups include teachers, staff supervisors, youth leaders etc., all of whom have opportunities in their day to day work to influence the health attitudes and habits of the public. Whilst providing information on the methods and media of Health Education, opportunities are also given for instruction in general health matters. Non-professional groups with limited, but nonetheless valuable opportunities for health teaching, are also given training. These include domestic helps, supervisors of food premises, etc. The In-service training for outside groups is usually arranged at the Health Education Centre although in certain circumstances visits are made to the group concerned.

“ Health Education and Information Bulletin ”.—Not all members of the professional staff have access to the latest information in their own professional work or on related topics. With a view to stimulating general interest and also to providing a digest of the large volume of material which appears in journals and other publications, a “ Health Education and Information Bulletin ” is published every month. Articles are obtained from a wide variety of sources both at home and abroad. Many of the articles are specially commissioned for inclusion in the “ Bulletin ”. Information is also included on the work of other Departments of the Corporation and on new visual aids and teaching materials. Some issues are devoted to one particular topic, e.g. “ Dental Health ”, “ Mental Health ”, “ Foot Health ”, “ Radiation ”. Others are classified as ‘ mixed issues ’ and include material on a wide variety of health subjects. Circulation is normally limited to medical, nursing and senior administrative staff of the Public Health Department, a number of general practitioners, nurse training schools and hospitals within the City. Copies are also sent to the libraries of the World Health Organization and other national professional bodies. Occasionally symposia on special subjects are produced for wider circulation.

Liaison with Other Organisations.—Continuous liaison is effected with a wide range of agencies and organisations dealing with health and welfare matters at local, national and international level for the purpose of interchanging ideas, information and views on Health Education practices. In certain cases media for use in the Health Education programme is obtained from the national and international organisations. During the year extensive local contact has been built up with youth and adult groups, educational establishments, church and community organisations, nurse training schools, university departments and organisations dealing with

particular aspects of health or welfare. In a number of cases meetings have been held with representatives of voluntary organisations in the City. Descriptions of the work of the Health Education Service and the facilities available from the Health Education Centre have also been widely circularised to the different groups who are now taking advantage of the offers of lectures and film shows.

Evaluation of Programme.—Continuous pre-evaluation of the Health Education needs of the community and post-evaluation of the programmes carried out, takes place with a view to ensuring maximum effectiveness and impact. Prior to the commencement of any specific project the main objects are clearly defined together with the best means whereby these may be achieved. During and following particular campaigns, assessment of the work undertaken and the extent to which the objects have been satisfied is carried out by both formal and informal means. These include the observation of changes in attitudes and practices, direct comment from members of the general public or community groups during discussions and interviews, questionnaires and surveys, and the increase in the use of a particular service. In some instances immediate evaluation is possible, e.g. the acceptance of vaccination and immunisation ; conversion rate in Smoke Control Areas ; increase in health knowledge ; reduction of tension in ante-natal parents etc. Other aspects of the programme can only be assessed in the light of many years experience, and in observing the changes in patterns of community behaviour and the general health index of the population.

ENVIRONMENTAL HEALTH

A considerable amount of Health Education is given by the officers of the Public Health Inspectorate during routine visits of inspection to shops, factories, premises for the preparation and sale of food, dwelling-houses, etc. Discussions take place with individual proprietors or groups of employees on all types of health problems including such subjects as : " Prevention of Infection " ; " Water Supply " ; " Drainage " ; " Housing Conditions " etc.

There has been an increasing number of requests from groups of the general public for lectures, discussions and film shows on various aspects of the work of the Inspectorate, which have provided opportunities to give education on a wide range of environmental health matters, as well as stimulating interest in this part of the work of the Department.

Two aspects of environmental health have received special attention during the year :—

1. Food Hygiene.—Individual education in matters concerning " Food Hygiene " is undertaken as routine practice by the inspectors during

visits to food premises. It was felt, however, that formal courses of instruction would be of value in supplementing this work. In consequence discussions took place with members of the inspectorate on the content of a formal course on "Food Hygiene" for food handlers which could be offered to the catering and distributive sides of the food industry. The course formulated consisted of four lectures followed by a film show and included : "The background to Public Health" ; "Causes of Food Infection" ; "Prevention of Food Infection" ; and a final discussion and question session.

During the year courses of this type were given to the food handling staff of all the hospitals in one of the Hospitals Groups in the City, also to a number of the large multiple shops. In the case of the multiple firms, a rota system was arranged for the employees and the lectures took place at the Health Education Centre.

Further courses are proposed for other large organisations. It is hoped that it will also be possible to make arrangements for courses at the Health Education Centre for workers drawn from a number of individual firms whose smaller staffs do not warrant courses on their own premises.

Background notes, leaflets and other literature were supplied as part of the course, together with posters and notices for display in appropriate parts of the premises of the particular organisation. There was also a demand for individual talks on "Clean Food" from community organisations, particularly women's groups.

2. Clean Air.—Following the commencement of a 'Clean Air Campaign' which was being carried out in conjunction with the Smoke Control Area Programme, there was considerable interest shown by groups in all parts of the City in this aspect of the Department's work. Requests for lectures and film shows are continually received from community groups, which are undertaken by members of the Smoke Inspectorate. The main activity during the year was the Gleadless follow-up campaign, a detailed account of which is given in the section on "Cleaner Air" (p. 169.)

A further general Clean Air Exhibition was held during the month of December in the Civic Information Bureau of the Central Library. This included displays on the causes and effects of 'atmospheric pollution' and its cost to the nation. Further panels showed how Clean Air could be achieved and the benefits it would bring. A number of the special exhibition units used were produced by the staff of the Health Education Service. Other material was obtained on loan from national sources. Throughout the exhibition a member of the staff was on duty to answer questions from the public.

In addition to the formal education and publicity carried out during lectures and exhibitions, considerable individual education was provided by the smoke survey assistants when visiting homes in connection with the general Smoke Control Area Programme.

PERSONAL AND FAMILY HEALTH SERVICES

Many members of the staff of the Department including midwives, district nurses, health visitors, mental welfare officers, social workers and staff undertaking aftercare, visit the homes of the general public during their day-to-day work. During all of these visits individual types of education is provided not only for the patient but for the family as a whole. The discussions invariably take place in a receptive atmosphere as the visits are made at times of need and in consequence what is said is usually given special attention. The importance of this form of personal education cannot be too strongly stressed and is a major factor in educating the public in health matters.

In addition to the personal teaching provided, special attention is also given in the formal Health Education programme to a number of sections of the public, especially those coming into close contact with the personal health services. In addition a number of particular aspects of personal health receive emphasis because of their continuing importance to the health and well being of the community. These include such subjects as "Family Care"; "Accident Prevention"; "Mental Health".

Preparation for Parenthood.—Particular importance is attached to the parentcraft teaching provided by the staff of the Maternal and Child Welfare Service, as by this means many problems affecting the well being of both parents and children can be resolved or entirely avoided.

Adolescents.—Every effort is made to prepare young people for the responsibilities of adult life. Work undertaken with adolescents presents special problems as they have the dual capacity as future citizens and potential parents. Much valuable work is undertaken by teachers in schools. This is followed up with groups of adolescents who take advantage of the Health Education programme. As work with adolescents requires special skills and aptitudes, selected members of the staff deal with these groups.

The content of the Health Education offered bears a direct relationship to their interests and need to understand what is taking place during this important transitional phase of their lives. The physiology of sex, whilst important, is not regarded as the most important aspect of work with young people, and it is felt that the subject should not be treated as a separate entity and out of the context of general personal and community health. In consequence courses on "Healthy Adolescence" are offered

which takes into account the wide range of interests of young people. Topics covered in the courses include : "Ages and Stages" ; "From Learning to Earning" ; "Health of the Adolescent" ; "Human Relationships" ; "Understanding Adults" and "Mental and Physical Development".

Various aspects of general physical, emotional, mental and social development are dealt with within the context of these topics, thus avoiding the feeling that adolescence is a period set aside from the many other transitional phases which take place throughout the whole of life. There is thus an integrated progression covering the needs of the child to those of the near adult. At a later stage in adolescence, further courses are available for pre-marriage groups dealing with more advanced aspects of human relationships. Group discussion follows all lectures and talks—the full participation of all young people is encouraged.

Other general Health Education material is offered to youth groups in addition to the courses already described.

Ante and Post-Natal Parents' Groups.—In all of the work undertaken with groups of parents didactic expressions of opinion are avoided by the staff who give the talks or who act as discussion leaders. Throughout the programme it is emphasised that the final responsibility for decisions concerning child care rests with the parents. A member of the staff is present to provide information on matters of fact and not to dictate the pattern which should be followed in child and family care.

Ante-Natal Mothers.—A comprehensive educational programme is offered to parents-to-be attending the ante-natal clinics of the Department.

It has been fully realised that physical care alone is insufficient to meet the needs of the expectant mother and that the mental and emotional aspects of pregnancy and child health are of equal importance. In consequence, in addition to the programme of physical care offered to the mother, full attention is paid to the mental and emotional needs of both parents. Much of this work is undertaken during the group meetings which take place at the ante-natal centres and which are attended by expectant mothers. In addition to those mothers who have their babies at home, in certain cases the meetings are also attended by mothers awaiting hospital confinement.

The ante-natal teaching is provided through :—

- i) individual personal discussions with doctors, midwives, health visitors on the staff of the ante-natal clinics.
- ii) courses of relaxation exercises.

iii) a programme of mothercraft teaching which is given under the title "Nine to Get Ready".

At all times patients are encouraged to ask questions and to raise their problems which are fully dealt with by the staff in a sympathetic manner, thus developing a happy relationship between the mother-to-be and the staff concerned.

In all a total of 509 classes were held during the year which were attended by 4,113 mothers.

The courses consist of a series of weekly meetings and cover a wide range of subject matter.

During the year a new programme of parentcraft teaching was prepared. This includes talks on: "Ante Natal Clinic and the Expectant Mother"; "The Laying-in"; "Personal Hygiene for the Mother-to-be"; "Diet for the Mother-to-be"; "Preparation for Home and Hospital Confinement and the first fourteen days"; "How the Baby is Born"; "Preparation for Infant Feeding"; "Bathing the Baby and Management after the first fourteen days." There are also three sessions for requested subjects. The group discussion approach is used throughout the course as this has been found to be of greatest value in reducing any anxiety or tension which may be present, the sharing of experiences between ante-natal mothers being of great importance at this time.

It has been suggested in some parts of the country that there is little value in the teaching of "Child Care Techniques". This criticism does not appear to be a valid one as there is no doubt that there is a considerable reduction of the feeling of insecurity which may be found amongst mothers experiencing their first pregnancy as a result of their participation in the courses. Those parts of the programme devoted to questions on the process of child care are of great value in this respect when carried out in conjunction with the remainder of the material offered. During the year discussions took place with the staff of the local maternity hospitals who are carrying out similar work, with a view to ensuring uniformity of approach.

Ante-natal fathers.—The lack of understanding of the physical and emotional aspects of pregnancy and child care often gives rise to tension and anxieties in fathers-to-be. These tensions are frequently transmitted to the expectant mother and tend to negate some of the work done in the ante-natal teaching outlined above. For this reason it is felt that fathers-to-be should be included in the ante-natal programme, and special evening meetings are held to which both fathers and mothers-to-be are invited. The aim of the meetings is the reduction of misunderstanding and the elimination of any anxieties which may exist in both father and mother.

The attendance at the meetings of grandparents and other adult relatives is actively encouraged, their contributions to the discussions which take place are welcomed.

The "Techniques of Child Care" are not dealt with at the evening meetings as it is felt that these are adequately covered during the day time programme for mothers, who have the prime responsibility for the care of the infant. The educational content of the meetings attended by fathers is designed to meet their specific needs and to assist them to give maximum support to their wives both before and after the confinement.

Evening meetings for fathers now form a regular feature of the ante-natal programme, the value of which is demonstrated by the comments of the post-confinement parents who have stated how helpful they have found the sessions. The post-natal parents play a large part in encouraging other expectant parents to attend both day and evening meetings.

Since 1959 when this aspect of the Health Education Programme was developed, the number of centres offering evening meetings has grown from one, in September of that year, to seven out of a total of ten ante-natal centres by the end of 1960.

Post-natal mothers.—Regular weekly meetings for mothers of babies and toddlers are run in conjunction with child welfare sessions. These consist of courses of short talks or film screening on various aspects of child care and development, which are followed by discussion and mutual exchange of ideas and views between parents. Professional staff are present to act as advisors on points of fact. A wide range of material is included in the programme which contains such subjects as :—

"Child Development" ; "Dental Health" ; "Food Hygiene" ;
"Children's Play" ; "Vaccination and Immunisation" ; "Road
Safety for the Under Fives".

Post-Natal Mothers and Fathers.—Evening meetings for both mothers and fathers, and where possible other adult relatives, have been commenced in response to requests made following the evening ante-natal sessions.

The main interest is in the field of child development covering the period from birth to the teens, although a number of other subjects have been dealt with. Discussion between parents again constitutes the main activity of the meeting.

A Parents' Club has been formed which meets monthly at the Manor Maternal and Child Welfare Centre. The following topics dealt with over the past year give an indication of the type of material covered :—

"Child Development" ; "General Mental Health" ; "Vaccination
and Immunisation" ; "Dental Health" ; "Feeding Difficulties" ;
"Handicapped Children" ; "Safety" ; "Family Relationships" ;
"Play and Toys".

Outside specialists are invited to speak at both day and evening meetings with a view to widening the scope of the health material offered. It is very obvious, however, that the most important aspect of parental education is the provision of opportunities for group discussion under the guidance of a competent leader following the screening of films or other visual material which depict situations common to most family groups, or after short talks or demonstrations.

OTHER SPECIAL GROUPS

Problem Families.—Individual education and advice is provided to problem families by the medical officers and social workers responsible for this aspect of the Department's work. In addition a Children's Club meets weekly at the Manor Centre when a wide variety of activities is offered to the children. The programme is similar to that carried out in the average youth group save that there is a special emphasis on home making activities and crafts. At the same time the staff maintain a continuous personal relationship with individual children. This is an extremely important aspect of the care of this group. The facilities of the Health Education Service are utilised to provide Health Education activities of the club including short talks associated with the showing of simple films, usually on some aspect of 'Personal Hygiene.' General interest films have also been shown with a view to attracting the parents of the children to the meetings so that they can be encouraged to take part in group activities and discussions. Health Education makes important contributions to the after-care of problem or delinquent individuals and families and also to the prevention of situations likely to create socially inadequate individuals.

Handicapped Persons.—This group includes physically and mentally handicapped adults and young persons who are either under the direct care of the local authority at Training and Occupation Centres or who belong to voluntary organisations for the handicapped. In general terms the groups are treated as ordinary community organisations and provided with the usual forms of Health Education. Material is also prepared which has a special bearing on a particular handicap. In the case of handicapped children, special meetings are arranged for the parents of the patients, the special skills of the full-time officers employed in the care of these handicapped persons are fully exploited in the Health Education of these groups. This is particularly true of the staff of the Deaf and Blind Welfare Services. Some of these members of staff have received special Health Education training to further their abilities in this field.

The facilities of the Health Education Service are also made use of for the provision of general social activities, i.e. film shows, general interest talks etc. in connection with welfare services for the handicapped. Little

is known by the public about the various facilities available and, during the latter part of the year, special publicity was given to this work. Two exhibitions were arranged in shop windows in the centre of the City giving particular emphasis to the goods produced by handicapped persons. News and feature material also appeared in the two local newspapers.

SUBJECTS OF SPECIAL ATTENTION

Home Safety.—Home accidents still constitute a major cause of death and injury, particularly amongst the very young and the elderly. The subject of “Home Accident Prevention” receives continuous attention in the Health Education programme and is referred to by members of staff visiting the homes of the public.

Accidents in all forms are one of the health hazards most easily avoided by individual action. Unfortunately the numbers of deaths and injuries both at home, at work and on the road, remains high. Education is likely to be the most important feature in reducing the accident rate. The inadequate provision of suitable fireguards is still a matter of great concern and is a point stressed during visits to homes where there are children or old people. The health visiting staff have a special responsibility in this field. (See page 52).

Immediately following the National reports on the fire hazards involved in the use of drip feed paraffin heaters, an approach was made to the Fire Prevention Department of the City Fire Brigade offering assistance in publicising the dangers. The offer was accepted and officers of the Fire Brigade provided material which was duplicated at the Health Education Centre and supplied immediately to all professional staff in a position to bring attention of members of the public to the problem. In addition to the medical and nursing staff of the Department, this included all the domestic helps and home teachers of the blind.

Later in the year further attention was given to home burning accidents when a special issue of the “Health Education and Information Bulletin” was prepared under the heading “Symposium on Burning Accidents”. This contained information on the causes of burning accidents and the means whereby they could be prevented, the legal position concerning burning accidents and other general information. The use of suitable flame proof material for night garments for children and the elderly was also stressed. The ‘Symposium’ was distributed to members of the City Council, Chief Officers of Corporation Departments, members of the staff of the Public Health Department and all organisations and individuals interested in “Home Safety.” Wide press publicity followed publication of the issue and special reference was also made to the project on television.

Road Safety.—Whilst not a normal part of the Health Education programme, Road Safety has been introduced into the post-natal parents classes under the title "Road Safety for the Under Fives". This work is being undertaken in collaboration with the Road Safety Section of the City Constabulary.

Mental Health.—1960 was declared "World Mental Health Year" and, throughout the whole of the period, efforts were made in all parts of the world to stimulate interest in mental health and to create further understanding of the subject amongst the general public. Promotion of mental health and the provision of education in the mental and emotional needs of the individual is an important part of the work of the Department, and educational work in this field was already being undertaken as a routine aspect of the programme, particularly with the parents' groups in contact with the Maternal and Child Welfare Service and amongst adolescents in youth groups. Nevertheless, in response to the request from the International Federation for Mental Health the work already undertaken was widened in scope and a number of additional activities arranged. These included a "Mental Health" issue of the "Health Education and Information Bulletin" which contained contributions by local mental health workers and international specialists on the staff of the World Health Organization. This issue of the "Bulletin" was given wider circulation than usual and in all 1,000 copies were sent to the staff of the Public Health and other Corporation Departments, medical and nursing staffs in local hospitals, general practitioners and other professional workers interested in the subject. Information was received from the World Federation for Mental Health that this "Bulletin" was to be displayed at the National Congress of Mental Health which was to be held in Paris in 1961. A special poster topic on mental health was arranged in clinics and other premises of the Public Health Department during the month of July. A series of films on Mental and Emotional Development from birth to the teens was purchased for retention in the film library at the Health Education Centre. These films were given wide showing throughout the year. Leaflets and other literature produced in connection with the project were distributed through the usual channels to staff and the general public. Through the good offices of the City Treasurer, mental health literature was also circulated with notices issued by his Department, thus enabling us to reach many individual homes otherwise inaccessible. Considerable interest was aroused by this material and led to a number of requests for talks and film shows.

A number of meetings for medical, nursing and social workers was arranged for the purposes of discussing mental health problems and for the exchange of ideas on the subject. There were also two series of twelve

post-graduate meetings at which films were shown on the latest developments and techniques in psychiatric investigation and treatment. These meetings were held at the Health Education Centre and were attended by medical and nursing staffs of the Public Health Department, local mental hospitals, Child Guidance Clinic etc. In addition a number of lay and post-graduate evening courses in mental health were arranged in conjunction with the Extramural Department of the University of Sheffield. Many members of the staff attended these meetings.

Mental health is becoming an even more important part of the work of the Department. As a result of recent legislation, new responsibilities will be placed upon the mental welfare officers of the local health authority, particularly with regard to aftercare. An important aspect of their work will be the rehabilitation of patients into normal community life following their discharge from hospital. The greatest need at this time is the sympathetic understanding and support of not only the patient's family and friends, but the community as a whole. Unfortunately there is still much misunderstanding about mental illness and mental treatment, which impedes the task of rehabilitation. Whilst valuable work is being done to clear up many of these misunderstandings by educational programmes on both radio and television, it is during personal discussions with experienced health workers that the most useful information is imparted and attitude changes encouraged. The various educational activities described are undoubtedly of value in furthering this personal work of individual officers.

Vaccination and Immunisation.—Many of the infectious diseases which caused death or disability in the past have been brought under control by general public health measures and the programme of vaccination and immunisation. The decreasing incidence of many of these conditions has produced a false sense of security in the public. In consequence there is not a 100% acceptance by parents of the protection offered to their children by vaccination and immunisation. The staff of the Maternal and Child Welfare Services constantly encourage parents to take advantage of the facilities offered during their visits to the child welfare centres and visits to homes. In support of this work general publicity has been arranged by means of poster topics and the circulation of literature.

Film shows are also provided for parents' groups. Visual materials showing vaccination and immunisation schedules have been widely displayed in the clinics. Copies have also been supplied to the general medical practitioners in the City.

Special attention was given to the need for poliomyelitis vaccination, and during April and May a small scale vaccination drive was held with a view to assessing the best means of encouraging acceptance of vaccination by all eligible sections of the population. A number of approaches were used including special publicity and evening sessions at youth groups. Much useful information was provided by this pilot project and will be used in the preparation of a major poliomyelitis vaccination campaign which is being arranged for the Spring of 1961.

Smoking and Lung Cancer.—Special reference is made to this subject in accordance with the request from the Ministry. The incidence of cancer of the lung continues to be high and, though considerable national publicity has been given in recent years to the close relationship between the smoking of tobacco and the disease, particularly when the tobacco consumed is in the form of cigarettes, there has been little reduction in the total amount of tobacco smoked. In fact the reverse is true and more tobacco than ever is consumed each year. Whilst it is not unreasonable to say that the fate of the adult lies in his or her own hands, it is a matter of concern that those same adults knowingly permit young children to smoke and in some cases even actively encourage it. There seems to be a general acceptance of the situation, little apprehension being shown concerning the damage which may be done. Many people refuse to accept evidence which is being brought forward as a result of numerous independent enquiries, or accept the situation with an equanimity which is almost beyond belief. Mass publicity appears to have little effect in producing a change of public attitude or practice in this matter. A large scale experiment carried out by one of the Scottish cities indicates that impersonal propaganda campaigns are unlikely to be the most fruitful method of approach for the future, particularly in the case of young people.

For some time, reference to the relationship between smoking and lung cancer has been made in the personal health talks given to both youth and adult groups. Other conditions such as bronchitis or heart disease which may be aggravated by tobacco smoking, have also been mentioned. Experience has shown that by introducing the subject matter in an incidental way there is much greater likelihood of general discussion following the talks, than by the use of a direct or didactic approach. In most cases the persons taking part in the discussions have already left school and many of them are already firmly addicted to tobacco. It is felt that education should be given at a much earlier age and preferably within the context of the general school programme.

A special issue of the "Health Education and Information Bulletin" was prepared on the subject of "Smoking and Lung Cancer." This included a comprehensive survey of the information available on the relationship between smoking and lung cancer, background notes, lecture outlines and visual media. This issue was circulated to medical and nursing members of the staff who were likely to undertake lectures on the subject.

During the year a survey has been made of the general publicity and teaching materials available both from home and overseas, with a view to assessing which is most suitable for inclusion in the programme. Certain materials have been tried out with various groups of the public. By the end of the year it was felt that sufficient information had been gained and that further discussions should be arranged with teaching staffs of schools within the City, at which the material considered suitable for use in schools could be demonstrated.

Although this subject is of great importance, it is one in which the greatest care and discretion should be exercised and a panic approach avoided.

Dental Health.—The increase in dental decay, particularly amongst young people, continues, and despite the efforts made by dental workers there is still great public apathy in matters concerning oral health. Not only is there a failure to make proper use of the dental services available, but also an almost complete disregard of the simple rules of dental care. The problem is a national one and, until strong pressure is brought to bear upon the public by every possible means, there is no great likelihood of success in the efforts which are being made at local level.

The foundations for future dental health are laid during the early years of life, and special attention is paid to this subject in the courses of instruction given to expectant mothers and mothers of young children. Lectures, film shows and discussions on dental health are also given to youth and community groups throughout the City. In addition this subject was selected as a Monthly Topic when a number of displays of posters and other exhibition material were arranged in clinics and welfare centres. A series of portable dental exhibitions have been made and are supplied on loan to groups requesting them.

Only by painstaking and sustained efforts on the part of all those concerned with dental and personal health, will it be possible to show the public that the promotion of oral health is a responsibility which they must share.

LECTURES AND FILM SHOWS

In addition to the individual education carried out as part of routine duties, officers from all sections of the Department undertook lectures and conducted discussion groups amongst organisations throughout the City. Many of the lectures were out of duty hours.

	<i>In Duty Hours</i>	<i>Out of Duty Hours</i>	<i>Total</i>
Lectures by professional staff of the Public Health Department	202	161	363
Lectures by Health Education Organiser	75	70	145
Lectures (Parentcraft)	509	—	509
Film shows followed by discussion	180	80	260
			<hr/> 1,277 <hr/>

This figure includes meetings arranged as part of the formal programme but does not include informal group meetings which take place spontaneously, nor the In-Service training lectures given to members of the staff by the Health Education Organiser.

METEOROLOGY

"For the rain it raineth every day."—William Shakespeare (Twelfth Night).

TABLE XXXII.—Meteorology during 1960. 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. 2nd	29.52	48	41	34	41.7	45.9	0.69	0.4
9th	30.31	46	38	30	41.5	45.7	0.18	1.4
16th	30.14	37	30	28	38.2	45.0	0.63	0.4
23rd	29.73	46	35	29	37.8	43.9	1.74	0.7
30th	29.78	42	36	31	39.7	43.4	2.86	1.0
Feb. 6th	29.99	48	39	31	40.3	43.2	0.16	0.4
13th	30.13	39	33	28	38.3	43.1	1.18	0.2
20th	29.34	39	29	24	36.2	42.4	0.49	3.9
27th	29.66	45	33	26	36.0	41.4	1.21	2.0
Mar. 5th	29.79	55	43	34	42.7	41.6	0.25	3.5
12th	29.77	42	35	33	40.2	42.5	0.97	0.2
19th	29.92	45	39	37	42.2	42.7	0.24	0.1
26th	30.14	48	36	30	41.5	43.0	0.02	2.1
April 2nd	29.91	47	37	34	41.6	43.2	0.96	2.0
9th	29.78	57	46	39	46.2	43.6	0.34	3.6
16th	29.93	53	42	36	47.2	44.9	0.69	5.8
23rd	30.40	59	39	28	47.5	45.7	—	8.0
30th	30.28	56	42	34	48.8	46.6	0.13	3.7
May 7th	30.18	61	46	36	50.0	47.2	0.11	4.7
14th	29.95	65	49	44	53.7	48.4	1.64	4.3
21st	30.03	60	48	44	54.0	49.9	—	3.0
28th	30.16	67	50	42	55.3	50.6	0.08	8.5
June 4th	30.27	72	49	41	57.2	51.8	—	10.1
11th	29.80	69	51	48	60.0	53.5	0.81	8.5
18th	30.00	70	54	48	59.7	54.6	0.15	8.2
25th	30.18	75	55	51	63.1	55.5	0.61	8.9
July 2nd	30.08	65	49	43	60.1	56.7	0.06	5.1
9th	29.70	67	53	48	58.7	56.6	0.63	3.1
16th	29.81	67	52	46	59.2	56.4	0.94	6.7
23rd	29.86	65	52	48	59.5	56.9	0.69	4.3
30th	29.95	66	55	49	60.2	57.0	0.29	2.8
Aug. 6th	30.00	68	53	49	60.5	57.4	0.53	5.1
13th	29.84	64	50	43	59.5	57.8	0.31	4.4
20th	29.77	65	50	44	58.1	57.8	0.58	6.0
27th	29.81	69	56	51	60.2	57.4	1.55	4.6
Sept. 3rd	29.86	64	54	50	59.5	57.8	0.49	2.6
10th	30.09	64	52	46	58.2	57.8	0.60	3.9
17th	29.80	64	51	43	58.1	57.7	1.54	4.0
24th	30.06	62	48	40	55.6	57.3	1.85	4.5
Oct. 1st	30.00	58	47	38	54.5	56.7	0.31	2.9
8th	29.65	59	51	46	55.4	56.0	1.85	1.6
15th	29.82	51	43	37	50.5	55.3	0.64	3.4
22nd	29.75	54	45	41	49.9	53.7	1.36	1.0
29th	29.58	53	44	41	50.7	53.1	2.15	0.1
Nov. 5th	29.26	52	42	37	47.9	52.6	1.75	2.2
12th	29.62	47	38	31	44.9	51.4	0.44	1.6
19th	29.70	48	39	29	43.6	49.9	0.82	2.7
26th	29.50	51	43	37	44.3	48.7	2.12	0.3
Dec. 3rd	29.76	50	42	35	44.8	48.3	1.98	1.0
10th	29.54	41	35	27	41.2	47.8	0.44	1.3
17th	30.14	42	34	26	38.5	46.4	0.09	0.9
24th	29.73	44	37	30	39.7	45.1	0.56	1.3
31st	29.61	45	36	27	39.1	44.6	0.70	2.6

ALL QUIET (1916-1920)

by C. H. SHAW, M.D., D.P.H., D.P.A.,
Deputy Medical Officer of Health

" Heard melodies are sweet, but those unheard are sweeter."

—John Keats (Ode on a Grecian Urn).

In the later war years there appears a gap in the series of Annual Reports of the Medical Officer of Health, which is otherwise unbroken from 1885 to the present time. Though statistical summaries were prepared each year, the first regular post-war Report (1921) did not appear until after Dr. Scurfield's retirement. The following account endeavours to bridge this gap. Apart from the influenza epidemic, the years were almost uneventful from a public health point of view. It was a period when the nation had to tighten its belt and 'make do and mend' on the home front. This then was the home front.

Command Structure.—The health services in Sheffield were controlled by a Health Committee, a City Hospitals Committee, a King Edward VII Hospital Committee and a Mental Deficiency Committee. Each was an entirely separate Committee of the Council. The Health Sub-Committees were :—

Audit, Cleansing, Baths, Smoke nuisances and shops, Sanitary and, from 1918, Tuberculosis, Maternity and Child Welfare.

The City Hospitals Committee comprised the following sub-committees :—

House and Audit, Buildings, Ambulance and (until 1918) Sanatorium.

City Hospitals.—The original Borough fever hospital (Winter Street) was taken over by the military in 1914 and became the 3rd Northern General Hospital. Though 'handed back' at the beginning of 1916, it continued to be used for army sick and wounded. The outbreak of war had given considerable impetus to the development of hospital services. Accommodation at Crimicar Lane Sanatorium* had been increased from 30 to 90 male beds by the erection of temporary wards. King Edward VII Hospital was opened in the summer of 1916 as a children's orthopaedic hospital for the treatment of tuberculous bones and joints. Tuberculosis cases were also admitted to the Commonsides Hospital† and to the Sheffield (Firvale) and Ecclesall (Nether Edge) Union Hospitals. In 1916-17 Lodge Moor Hospital‡ was extended by the construction of a Nurses' Home,

* Originally opened in 1902 as a smallpox hospital, it was converted for use as a sanatorium in 1909.

† Opened as a sanatorium in 1908. There were 40 beds for women and children.

‡ Opened as an infectious diseases hospital 1888, Winter Street being brought into use as a tuberculosis hospital in 1912.

Maids' Home, new reception block for diphtheria, laundry, stores block and an enlarged laboratory. Total beds were increased to 434 and it became possible to admit some 90 per cent. of scarlet fever, diphtheria and enteric cases. In 1919 Winter Street Hospital reverted to its former use as a civilian tuberculosis hospital for men (120 beds). Arrangements had been made in 1918 with the Sheffield Guardians to admit to Firvale children with quiescent tuberculosis, and the number of places provided was increased in 1920.

Ambulances.—At the outbreak of war there were stationed at the City Hospitals six ambulances, of which three were motor vehicles. An additional motor ambulance was obtained in 1916 but horse power remained a useful standby until 1919. Four motor ambulances were also operated by the Fire Service.

Tuberculosis.—Responsibility for the control of tuberculosis was initially split threeways among the City Hospitals Committee, the City Health Committee which was responsible for home supervision and dispensary treatment, and the Insurance Committee.* Co-ordination improved in 1918 owing to the Health Committee having established a tuberculosis sub-committee with representatives from the City Hospitals Committee, Board of Guardians and Insurance Committee. The tuberculosis dispensary, which had been opened in 1911 in a Corporation flat in Hawley Street, was transferred to St. Elizabeth's Home, Duchess Road, in 1918. Shortly afterwards extra consulting rooms were provided so that a greater number of patients and family contacts might be examined. X-ray facilities became available for the first time at the dispensary with the purchase of a second-hand American Army set. There was a staff of three doctors, and four nurses who carried out home visitation. Under the Silicosis Regulations, 1919, medical examination of suspect cases was required, the Council's tuberculosis officers being allowed to undertake this work and retain the fees payable.

Other treatment services.—Under the Measles and German Measles Regulations (in force 1915-1919) these diseases were made notifiable and enabled the local authority to provide medical assistance for poorer inhabitants. In 1916 two extra 'women inspectors' were appointed to cope with a measles epidemic and, for the first time, children with measles were admitted to Lodge Moor Hospital in cases where home conditions were poor. Under the Public Health (Venereal Diseases) Regulations clinics were inaugurated in 1917 at the Royal Infirmary, Royal Hospital, Jessop Hospital and the Children's Hospital. The Health Committee

* Sanatorium treatment was a benefit under the National Health Insurance Act, 1911.

also arranged to maintain beds in the Jessop Hospital for treatment of puerperal sepsis. A grant of £300 was made to the Queen Victoria District Nursing Association for the nursing of measles, whooping cough, epidemic diarrhoea, ophthalmia neonatorum and puerperal fever notified to the M.O.H. In 1920 the Health and Education Committees agreed to make a grant to the Edgar Allen Institute so as to secure treatment of children brought to the Centre suffering from the effects of poliomyelitis; the Council also agreed to bear the cost of surgical appliances where the parents could not afford to pay.

Influenza.—The first cases occurred in June 1918, but the main wave of this virulent epidemic came in the early Autumn reaching a peak at the beginning of November. There was a further outbreak early in 1919. This was most widespread from mid-February to the end of March, a larger proportion of young children and old people being attacked. Owing to staff illness wards could not be opened at Lodge Moor Hospital, and appeals were made for volunteers to serve either in hospital or to help look after families at home. Relatively few influenza cases were admitted until 1920 when there was a further outbreak in May-June, though fortunately in a less severe form. The Ministry of Health had taken the precaution of issuing vaccine but the M.O.H. (wisely) refused to express an opinion about the efficiency of the vaccine—he said he merely distributed it.

Sanitation.—By the end of the war the ranks of the sanitary inspectors had been reduced from 13 to six. For many years inspectors had been recruited exclusively from the building trades but, owing to the shortage, several without previous experience came in from the Forces.

The privy conversion scheme under which the local authority paid a third of the cost had been suspended and the staff disbanded. For example, in 1915 there had been 1,538 conversions, in 1918 twenty-three. In 1919 the conversion programme was resumed and by 1920 731 privies were dealt with during the year. The Health Committee tried to introduce a standard of one W.C. per house but eventually bowed to property interests, as the Corporation had no power to contribute towards the provision of additional closets. There were still over eleven thousand privies requiring conversion, priority being given to dilapidated privy middens, those dangerous or unduly offensive to empty, or privies remaining in an area largely converted. In 1916 there was a report that the 'nightmen' emptying privies were being assaulted by people who objected to the use of flares in courts and backyards, presumably through a fear of Zeppelin raids.

Cleansing.—There were refuse destructors at Lumley Street and Penistone Road depots, and dry refuse was conveyed to Renishaw and Killamarsh for tipping. In 1916 the Cleansing Sub-Committee of the Health Committee engaged two visitors to try and persuade householders to burn as much of their domestic refuse as possible, but it was not until the following year that a cooker was provided at Lumley Street destructor for boiling swill for use as pig food. The aim was to empty privies every six weeks, dry ashpits once in three weeks and dustbins twice weekly but there were many difficulties owing to staff shortages. In 1915 a battery operated vehicle was introduced, said to do the work of 5-6 horses ; but by the end of the war only twelve of these vehicles had been brought into service. In the meanwhile the continuing accumulation of refuse in congested areas gave rise to some anxiety.

Food.—In 1916 about 17% of milk samples taken were either skimmed or watered. Although there were many convictions, the M.O.H. was stung to comment publicly on the lightness of the fines. There were several prosecutions for weak vinegar and selling immature veal but, considering the shortages, traders seem to have shown commendable restraint.

A Shambles.—In 1920 the Health Committee asked the Markets Committee to open out the lower end of the congested killing shambles to allow the passage of cattle and carts ; the improvement was carried out. Three sanitary inspectors were qualified to carry out meat inspection.

Smoke.—As nothing could be allowed to interfere with munitions, the general attitude to smoke seems to have been 'the sky's the limit.' It was not until the end of 1919 that we find that legal proceedings were again taken over black smoke nuisances, although there had been several prosecutions for the emission of smoke from steam driven road vehicles. By 1919 the staff of smoke inspectors had risen to three.

Maternity and Child Welfare.—The premises at Halifax Buildings were regarded as totally inadequate and in 1918 the clinic was transferred to Norfolk Street. The forerunners of the health visitors were referred to as 'women inspectors' and in 1919 numbered 24. Only those with the dual qualification of nurse and midwife were appointed, and they were also expected to obtain a certificate in sanitary knowledge. Under the Milk (Mothers and Children) Order, 1918, dried milk was supplied free or at less than cost to poor mothers.*

* In Sheffield dried milk had been supplied at cost price to mothers attending the clinic since 1907.

Mental Deficiency.—The Council had established a Committee for the Care of the Mentally Defective in 1914 ; Miss S. Bamforth was appointed 'inspector' and Dr. A. E. Naish medical adviser, the Town Clerk being executive officer. By 1917 we find 34 defectives were supervised by the Committee's inspector, 125 were under the Voluntary Association,* two were under guardianship, 61 were in institutions (half in the Royal Albert Institution, Lancaster). The Council in the meanwhile was negotiating for the purchase of Wales Court which was opened in 1919. By 1920 the number in institutions had risen to 114 including 13 women in Firvale ;† at Wales Court 33 mentally defective boys were employed in housework, laundry work, gardening, shoe repairing, making woollen rugs, coco fibre mats and brushes.

Swimming Baths.—In 1920 there was a resumption of schemes put in 'cold storage' at the outbreak of war. As a start a filtration plant was provided at the Attercliffe baths.

Water is best.—Following the Armistice the Health Committee agreed to provide five public drinking fountains ; the request came from the Sheffield Women's Temperance Association.

* Formed in 1915 ; the Corporation made an annual grant of £50.

† There were probably other cases for which the Mental Deficiency Committee had not accepted responsibility.

Year	Birth Rate	Death Rate	Maternal Mortality Rate	Infant Mortality Rate	Ophthalmia Neonatorum Notifications	Mortality Diarrhoea/Enteritis under two years	Mortality Whooping Cough	Measles		Scarlet Fever	
								Notifications	Mortality	Notifications	Mortality
1916	23.8	15.6	4.7	109	258	0.39	0.24	4,646	0.41	848	0.04
1917	21.1	14.7	3.6	104	299	0.44	0.10	6,874	0.31	1,165	0.03
1918	20.6	20.9	4.0	128	248	0.37	0.61	2,972	0.11	1,486	0.05
1919	21.0	13.9	5.2	96	219	0.28	0.03	8,901	0.37	1,229	0.02
1920	26.6	13.4	3.7	104	302	0.43	0.13	1,155*	0.23	862	0.02

* No longer compulsorily notifiable.

Year	Diphtheria		Enteric		Pulmonary		Tuberculosis		Other		Cerebrospinal Fever		Polio-myelitis		Encephalitis Lethargica	
	Notifications	Mortality	Notifications	Mortality	Notifications	Mortality	Notifications	Mortality	Notifications	Mortality	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1916	818	0.14	65	0.028	1,351	1.33	433	0.40	433	0.40	3	2	11	1	—	—
1917	546	0.08	55	0.032	1,544	1.40	492	0.42	492	0.42	14	8	4	1	—	—
1918	610	0.09	46	0.01	1,472	1.41	387	0.43	387	0.43	11	4	6	2	—	—
1919	514	0.05	14	0.002	1,001	1.01	230	0.27	230	0.27	9	2	3	2	7**	—
1920	591	0.06	24	Nil	1,139	0.93	253	0.26	253	0.26	5	2	6	2	17	—

** Compulsorily notifiable 1919.

Year	Venereal Disease Clinics		T.B. Dispensary	Baby Consultations	Admissions to Hospital					King Edward VII	Firvale ‡
	New Cases	Total Attendances	Total Attendances	Total Attendances	Lodge Moor	Winter Street §	Common-side	Crimicar Lane			
1916	—	—	Not available	26,068	1,853	1,295	251	569	87†	—	
1917	Not available *	—	24,637	33,590	2,161	1,380	272	612	107	—	
1918	1,806	12,848	34,043	36,183	2,404	3,424	314	646	55	139	
1919	2,798	28,315	36,033	39,316	1,982	507	288	551	65	120	
1920	2,418	28,369	50,605	51,456	2,131	528	262	548	89	192	

* The first venereal disease centre was opened in January, 1917, the remaining two centres being established in June.

† Opened June, 1916.

‡ Children accepted under the Corporation T.B. scheme. Figures for adult cases in Firvale and Nether Edge Infirmary are not available.

§ Admissions 1916, 1917 and 1918 relate to Service personnel.

