

[Report 1950] / Medical Officer of Health, Stocksbridge U.D.C.

Contributors

Stocksbridge (England). Urban District Council.

Publication/Creation

1950

Persistent URL

<https://wellcomecollection.org/works/c8ff7qpd>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

LIBRARY

HEALTH
E 31 OCT 51
C.R. 53

STOCKSBRIDGE

Urban District Council.

ANNUAL REPORT

OF THE

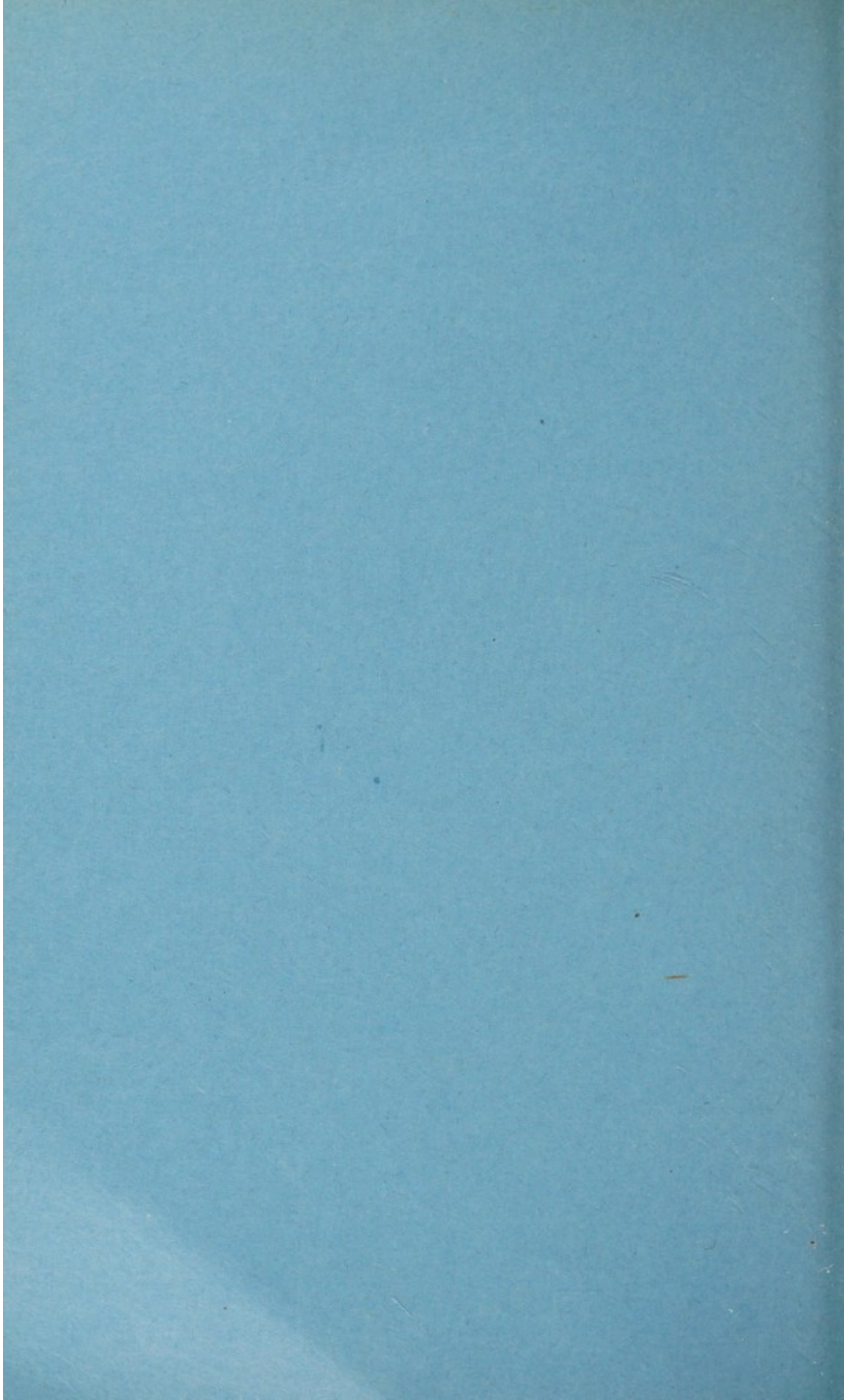
MEDICAL OFFICER OF HEALTH

For the Year 1950.

DEEPCAR :

J. F. HINCHLIFFE & SONS, THE WHARNCLIFFE PRESS.

1951.



Stocksbridge Urban District Council

PUBLIC HEALTH COMMITTEE, 1950.

Members of the Health Committee.

Councillor Mrs. M. West (Chairman).

- „ O. Inman (Chairman of the Council).
- „ A. Sweeney (Vice-Chairman of the Council).
- „ J. W. Allott.
- „ H. Bradbury.
- „ J. B. Hemsley.
- „ J. P. Holling.
- „ T. Hush.
- „ J. A. Kenworthy.
- „ A. Rains.
- „ P. Schofield.
- „ J. W. Whitehead.

Staff of the Health Department.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health.

J. MCA. TAGGART, M.B., B.Ch., B.A.O., D.P.H.

Sanitary Inspector and Surveyor.

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

Stocksbridge Urban District Council.

Annual Report of the Medical Officer of Health for 1950.

TO THE CHAIRMAN AND MEMBERS OF THE STOCKSBRIDGE
URBAN DISTRICT COUNCIL

LADY AND GENTLEMEN,

I have the honour to submit my Annual Report upon the Health Services for the Stocksbridge Urban District for the year ended 31st December, 1950. The Minister of Health from time to time suggests various items upon which he would like special information, and this year the Minister suggests that the Annual Report should contain particular information about certain factors, similar to those detailed in the report for 1949. It would appear, therefore, that the Minister has still an interest in these matters to the degree that detailed information is still sought. I have endeavoured to provide this information in this report. The Minister also asks that a report on the working of Part III of the National Health Service Act should be included in the report of the Medical Officer of Health to the Local Health Authority, who, of course, is the County Medical Officer. As Divisional Medical Officer, I am responsible for the day to day administration of those Part III Services within this Division, subordinate to the County Medical Officer. I have included in this report some few details of those services for your information.

Other factors demanding special consideration are water supplies, drainage and sewerage. In Stocksbridge the water supplies are quite satisfactory in that 2,821 houses out of a total of 3,039 are on a public supply. There are one or two instances where privately arranged water supplies to single houses, or a small group of houses, might cause difficulty and be liable to pollution. Towards the end of the year one such case was brought to our notice at Cross Cottages. These supplies are having our attention with a view to reducing any danger to the public health.

Sewerage and sewage disposal is a matter which is bound to occupy your attention very seriously in the near future. It has been known to you for a long time that the Sewage Disposal Works at Stocksbridge are inadequate to deal with the large increase in the quantity of sewage due to the progress of Housing. Some scheme such as that prepared by Messrs. Wilcox, Raikes and Marshall, when completed, should more than adequately deal with the situation.

We were also asked to comment on the campaign for Clean Food Handling, and on the problem of Food Poisoning. I have included in the body of the report some few details about this subject so far as it affects your district.

The statistics for the Stocksbridge area for the year are good, and much better generally than those for 1949. The Birth Rate has fallen again, rather less than it did a year ago. The Still-birth Rate has also fallen, and the Death Rate has fallen rather considerably, comparatively speaking. The Birth Rate is higher than that for England and Wales, and higher than that for the aggregate of the Urban Districts in the West Riding. This year the Registrar General has provided us with a comparability factor for births as well as for deaths. This is a factor which, when applied to the particular rate, converts it into a corrected figure. When comparing rates with those for other districts, one compares corrected rates. The comparability factor for Stocksbridge is 1.02, which, when applied to the uncorrected Birth Rate of 16.6 gives a corrected figure of 16.9. The Still-birth Rate has fallen to a level not reached before so far as any record shows. It is slightly higher than that for England and Wales, but it is still below that for the Urban Districts in the West Riding.

The Crude Death Rate is 9.6, which is considerably less than that for 1949, is also considerably less than that for England and Wales and the aggregate of the Urban Districts in the West Riding. The comparability factor given by the Registrar General to be applied to the Death Rate is 1.18, which gives a final corrected figure of 11.3. Of the total number of 100 deaths attributed to the district, 63 occurred in people over the age of 65 years, and 42 of the total were due to diseases of the circulatory system (heart and blood vessels, etc.).

The Infantile Death Rate is disappointing, and calls for comment. It is said that about the most delicate index of the health of the district is the Infantile Mortality Rate. If that is so, Stocksbridge is in an unfavourable position. The Infantile Death Rate has risen to a very high level in Stocksbridge, to a rate of 52 per 1,000 live births. Last year it was 40, and I commented then that the high rate of Stocksbridge was not a very happy fact to have to report.

One of the great problems of the day in Preventive Medicine is devising ways and means of reducing the number of Infantile deaths, and this subject is going to be tackled very shortly, I understand, at a high level. What really is the cause of the Infantile deaths is the problem. It is not enough to say that a child dies from Bronchitis or Pneumonia, or Gastro-enteritis, but what is the genesis of this attack of infection? Is it a fault

of the environment? Is it a fault in Mothercraft? Is it a specific fault in proper feeding of the child? This problem must be solved. The rate for Stocksbridge is much higher than the figure of 33 for the aggregate of the Urban Districts in the West Riding, and for the administrative County of the West Riding as a whole. It also compares very unfavourably with the rate for England and Wales, which is 29.8.

Of the 9 Infantile Deaths which occurred in your district during 1950, 4 of them were attributed to infectious conditions, and 4 were due to congenital conditions. It would appear, therefore, that 4 infants lost their lives before they reached the age of 1 year; (in actual fact, before they reached the age of 3 months), through having been exposed to infection, and suffered death in consequence. These deaths are eminently preventable. Doctors, Midwives, and Health Visitors are only too anxious to explain to Mothers how to care for their children and prevent those infections, and I sincerely hope that they will pay heed to the advice given. The other 5 deaths were less preventable, but yet Medical Science might still be able to do much to obviate these congenital conditions, although it is a very difficult and long term work.

I would like to put on record my deep appreciation for the continued kindly consideration and support given to me by the Chairman and members of the Health Committee, during the year. I offer them my grateful thanks. To the Clerk and other members of the staff, I would like to offer my thanks for their continued help, and to Mr. D. E. Robinson, my Sanitary Inspector, I wish to put on record my special thanks for his continued help, loyal co-operation, and advice during the period under review.

I wish also to recognise the continued help given me by my colleague, Dr. Taggart, which is of great value to me in the administration of my many duties.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health

DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1950 was 3,039. The rateable value of the district is £54,489 while the product of a penny rate is £212 as at 31st March, 1950.

VITAL STATISTICS.

Population. The Registrar General has given his estimation of the population as 10,320. This is an increase of 50 as compared with the 1949 figure.

Births. There were 172 live births registered during 1950 in the district. Of these 89 were males and 83 females. This is a decrease of 4 compared with 1949 figures. There were 5 illegitimate births, 1 male and 4 females.

Still-Births. During the year there were 4 still-births, 1 male and 3 females. This compares with a figure of 5 for 1949. There were no illegitimate still-births.

Deaths. 100 deaths were attributed to the district during 1950. This is a decrease of 15 as compared with the 1949 figure.

I set out below tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 TOTAL POPULATION.

Year.	England and Wales.	126	148	London Administrative County.	Stocksbridge U.D.
		County Boroughs and Great Towns including London.	Smaller Towns (Resident population 25,000 to 50,000 at 1931 Census).		
LIVE BIRTHS.					
1950	15.8	17.6	16.7	17.8	16.6
1949	16.7	18.7	18.0	18.5	17.1
1948	17.9	20.0	19.2	20.1	19.9
1947	20.5	23.3	22.2	22.7	22.6
1946	19.1	22.2	21.3	21.5	19.1
STILL-BIRTHS.					
1950	0.37	0.45	0.38	0.36	0.38
1949	0.39	0.47	0.40	0.37	0.48
1948	0.42	0.52	0.43	0.39	0.58
1947	0.50	0.62	0.54	0.49	0.40
1946	0.53	0.67	0.59	0.54	0.51
DEATHS (Crude Death Rate).					
1950	11.6	12.3	11.6	11.8	9.6
1949	11.7	12.5	11.6	12.2	11.2
1948	10.8	11.6	10.7	11.6	7.7
1947	12.0	13.0	11.9	12.8	11.9
1946	11.5	12.7	11.7	12.7	9.6

PRINCIPAL CAUSES OF DEATH.

	Male.	Female.	Total.
INFECTIVE DISEASES.			
Tuberculosis respiratory ...	2	1	3
CANCER.			
Malignant neoplasm, stomach	3	3	6
Malignant neoplasm, lung bronchus ...	3	—	3
Malignant neoplasm, breast ...	—	2	2
Other malignant and lymphatic neoplasms ...	7	4	11
NERVOUS SYSTEM.			
Vascular lesions of nervous system ...	4	5	9
CIRCULATORY SYSTEM.			
Coronary disease, angina ...	10	3	13
Other heart disease ...	6	10	16
Other circulatory disease ...	2	2	4
RESPIRATORY SYSTEM.			
Influenza ...	—	1	1
Pneumonia ...	3	—	3
Bronchitis ...	5	1	6
DIGESTIVE SYSTEM.			
Ulcer of stomach and duodenum	1	—	1
Gastritis, enteritis and diarrhoea	3	—	3
GENITO-URINARY SYSTEM.			
Nephritis and nephrosis ...	1	1	2
Hyperplasia of prostate ...	1	—	1
CONGENITAL MALFORMATIONS	1	2	3
OTHER DEFINED AND ILL-DEFINED DISEASES	4	9	13
ALL CAUSES ...	56	44	100

AGE DISTRIBUTION OF DEATHS.

	Male.	Female.
Under 1 year ...	6	3
1 to 2 years ...	—	—
2 to 5 „ ...	—	—
5 to 15 „ ...	1	—
15 to 25 years ...	—	—
25 to 45 „ ...	2	1
45 to 65 „ ...	15	9
65 years and over ...	32	31
TOTAL ...	56	44

Infantile Mortality. There were 9 deaths of children under 1 year of age (6 males and 3 females), equivalent to a rate of 52 per 1,000 live births. This was two deaths more than last year, and the rate was more than that for England and Wales—30. The rate for the aggregate of Urban Districts in the West Riding was 34.

DEATHS UNDER 1 YEAR.

RATES PER 1,000 RELATED LIVE BIRTHS.

Year.	England and Wales.	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident population 25,000 to 50,000 at 1931 Census).	London Administrative County.	Stocksbridge U.D.
1950	30	34	29	26	52
1949	32	37	30	29	40
1948	34	39	32	31	24
1947	41	47	36	37	27
1946	43	45	37	41	32

AGE DISTRIBUTION OF INFANT DEATHS.

Cause of Death.	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under 1 yr.
Pneumonia ...	-	-	-	-	-	1	-	-	-	1
Congenital and Wasting Diseases	3	-	-	-	3	-	-	-	-	3
Gastro-Enteritis	-	-	-	-	-	3	-	-	-	3
Hydrocephalus...	-	-	-	-	-	1	-	-	-	1
Other Diseases	1	-	-	-	1	1	-	-	-	1
TOTAL ...	4	-	-	-	4	5	-	-	-	9
1949 ...	4	-	-	-	4	2	-	1	-	7

Maternal Mortality. There were no maternal deaths during 1950.

Epidemic Diseases. There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

Inquests. In 17 instances the cause of death was certified by the Coroner after Post Mortem Examination. On no occasion was an Inquest necessary.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 198 cases of Infectious Diseases were notified.
They were distributed as follows:—

				After Correction.
Measles	...	...	147	147
Scarlet Fever	...	...	11	11
Pneumonia	...	...	5	5
Puerperal Pyrexia	...	...	1	1
Erysipelas	...	...	7	6
Poliomyelitis	...	...	1	—
Diphtheria	...	...	1	—
Whooping Cough	...	...	25	25
			—	—
			198	195

Attack Rate of Commoner Infectious Diseases.

Disease.		England and Wales.		148 Smaller Towns.		Stocksbridge U.D.
Scarlet Fever	..	1.50	...	1.61	...	1.06
Erysipelas	...	0.17	...	0.16	...	0.67
Pneumonia	...	0.70	...	0.61	...	0.48
Measles	... ..	8.39	...	8.36	...	14.24
Whooping Cough	...	3.60	...	3.15	...	2.42
Poliomyelitis (including Polioencephalitis)						
Paralytic	...	0.13	...	0.11	...	0.00
Non-Paralytic		0.05	...	0.06	...	0.00

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

Age Group.	Scarlet Fever.	Measles.	Pneumonia.	Puerperal Pyrexia	Erysipelas.	Poliomyelitis.	Diphtheria	Whooping Cough
Under 1 year ...	-	5	-	...	...	-	...	-
1-2 years ...	1	12	-	...	...	-	...	6
2-3 " ...	1	15	-	...	...	-	...	5
3-4 " ...	1	20	-	...	...	-	...	6
4-5 " ...	1	30	1	...	...	-	...	1
5-10 " ...	6	64	1	...	...	-	...	7
10-15 " ...	1	1	-	...	...	1	1	-
15-20 " ...	-	-	1	...	...	-	...	-
20-35 " ...	-	-	1	1	2	-	...	-
35-45 " ...	-	-	1	...	...	-	...	-
45-65 " ...	-	-	-	...	2	-	...	-
Over 65 years ...	-	-	-	...	2	-	...	-
TOTALS	11	147	5	1	7	1	1	25

Scarlet Fever. There was a decrease in the incidence of this disease during 1950, when only 11 notifications were received. This showed a reduction of 15 as compared with the 1949 figures. The disease, so far as I am informed, was of a very mild type, and there was no resultant morbidity.

Diphtheria. Once again there was not one case of Diphtheria in Stocksbridge during 1950. One case was notified, but after investigation it was proved to be negative to Diphtheria. This continued happy situation so far as this deadly disease is concerned is very satisfactory, and there is no doubt at all that the tremendous drive for systematic immunisation against the disease is paying dividends.

The results of the immunisation scheme throughout the Country in the last 10 years would indicate that a substantial proportion of all children under 15 years of age have been immunised, and the morbidity from this disease during the same period has been greatly lowered. In 1941, 50,797 cases were notified, and in 1950, 980. Not only is the disease less common than it used to be, but it is much less severe in type and the mortality rate has fallen in consequence.

The provisional figure for the deaths from Diphtheria in 1949 for the Country as a whole, which was the latest full year for which a total is available, was 85. The annual average number of deaths in the 10-year period 1931—1940 was 2,800. For the eighth year in succession the number of deaths was the lowest ever recorded. The provisional number of deaths for the first six months of 1950 was 32, as compared with 53 in the corresponding period of 1949. This disease has surely been tackled by the Preventive Medical Scientists, and the results are most encouraging. In 1940, 46,281 cases were reported, and in 1949, 1,897. I must warn you, however, that a spirit of complacency is beginning to develop amongst the public generally with regard to this disease. In your district during 1950, only 62 children up to the age of 5 years were immunised, and 12 between the ages of 5 and 14 years. 211 children at the age of approximately 5 years received a reinforcing dose of the antigen as an additional precaution, on their entering School. This figure of children presenting themselves for protection against Diphtheria is not good enough, and unless the immunisation rate is maintained at a high level, the disease will reappear, and once again we may be faced with some of our young children dying from this horrible, cruel disease.

It is not unusual for people to push to the back of their mind consideration of subjects which have lost their immediate significance. It is obvious that propaganda measures to keep very much alive this subject of immunisation against Diphtheria are very essential. We are trying as hard as we can to keep the subject before the public, and every effort is taken at Clinics by posters and by leaflets, to keep the public informed about what I consider to be their duty towards the children.

Measles. During the year under review, 147 cases of Measles were notified in your district. This is a four-fold increase over the figure for 1949. Whilst the figure was not so high as that in 1948, it still represents a fair attack rate for your district. The attack rate is nearly twice that for England and Wales generally.

As 1949 closed, the incidence of this disease disappeared entirely in the Stocksbridge district. Towards the end of the first quarter of 1950 the disease began to appear again, and there were 9 cases reported in that quarter. In the second quarter there was a rapid increase to 48 cases. In the third quarter there were 41, whilst in the fourth quarter there was an increase to 58.

One is rather at a loss to explain exactly why this disease should be so persistent over a period of years. It is obvious that susceptible children are becoming increasingly more exposed to the infection. In other words, it would appear to me that more and more children are coming in contact with the disease. Might this be that parents and/or guardians of children are getting careless about this disease, and allowing the infected children to mix with others before they are in effect yet free from the infection? The disease is very mild, and on occasions the children suffer very little disability. I have seen a child in School whose body was fairly well covered with a Measles rash, yet the child did not display any signs of illness other than a possible mild degree of lassitude.

It has also come to my notice, more or less by rumour, that children still infectious with this disease have been known to mix with other children at play, and I believe this might be true. With this disease, and with Whooping Cough, the sooner that the general public are made aware that they are potentially very dangerous and disabling diseases, the better it will be for everyone. Children infected with such diseases should not mix with other children until a Doctor says they are free to do so. And is it too much to ask a parent or guardian to stay at home beside the child whilst the child is infectious, and to see that it does not mix with other children? In other words, there is still much to be done in the way of health education.

Whooping Cough. During 1949, no notification of Whooping Cough was received in the district. During 1950, the year under review, there were 25 cases: These cases occurred in the middle two quarters. It is rather a small incidence of disease, and the attack rate was lower considerably than that for the Country as a whole. The remarks I made above concerning Measles are substantially the same for this disease of Whooping Cough.

Whilst a child is "whooping," the chances are that the child is still infectious. In my experience, at different times, I have heard a child "whooping" in a Grocer's Shop, in a 'Bus, and whilst I was passing a Picture House queue. It is obvious that the persons in charge of those several children were unaware of the elementary principle of the spread of infection, or they just did not care.

Poliomyelitis and Polioencephalitis. During 1950 one case of Poliomyelitis was notified, which happily proved to be negative when investigated in Hospital. This means that during 1950 your district was free from this infection, having had a fair attack rate during 1949. One cannot say why there were no cases in 1950, and one cannot say if there are going to be any cases in 1951. The mode of spread of this disease is still the subject of investigation and research. I can only emphasise what I said in my report of last year, and that was that we should concentrate on the preventive measures we do know are helpful, e.g. (1) Children should go early to bed and get as much rest as possible during the period of high Summer, (2) Children should not mix in crowded places during that same period, (3) Everyone should be particular in their exercises of the principles of personal hygiene. Particular emphasis should be placed on scrupulously cleansing the hands after visiting the toilet. These are factors which are concerned in the epidemiology of this disease, and attention to those can have some bearing in limiting the possible spread of the infection.

I wonder if, in dealing with this disease, one can suggest that a spirit of complacency has been engendered by the fact that there have been no cases? I hope that attention to the general rules of personal hygiene has not slackened off because there have been no cases.

Infestations. I have had no official notifications of any infestations within the district during 1950.

Tuberculosis. There were 16 new cases of Tuberculosis notified during the year. Of these, 12 were Pulmonary

and 4 were Non-Pulmonary cases. The table below shows the age and sex distribution of the cases notified.

AGE GROUP.	NEW CASES.				
	RESPIRATORY.		NON-RESPIRATORY.		
	M.	F.	M.	F.	
0—1 year ...	-	-	...	-	-
1—5 years	-	-	...	-	-
5—15 „	-	-	...	-	1
15—25 „	3	2	...	-	2
25—35 „	2	1	...	-	-
35—45 „	-	2	..	-	-
45—65 „	2	-	...	1	-
Over 65 years	-	-	...	-	-
TOTALS ...	7	5	...	1	3

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the Milk Trade) or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to Hospital of persons suffering from Tuberculosis).

In June, 1950, the Mass Radiography Unit paid a routine visit to the Works of Messrs. Samuel Fox & Company. Since the Unit was established in a building outside the Works premises, I asked Dr. B. P. R. Hartley, M.B.E., Medical Officer of the Works, if I might be able to have the benefit of this unit for one session, so that selected groups of people could be invited for Chest X-Ray. Dr. Hartley very kindly offered me one session, and Dr. W. J. Wilson, the Medical Director of the Mass Radiography Unit offered his kind co-operation. I thereupon invited a selected group of people to attend at a fixed time. That group included principally those at risk, i.e. young females between the ages of 16 and 25 years. These people were notified through various places of employment, Shops, Offices, Works, etc., and the response was well nigh 100%. Others invited were those women engaged in the handling of food, principally in Schools, and the Divisional Education Officer co-operated most willingly by arranging for the staff concerned to get to the unit at the proper time. The rest of the time the session was thrown open to anyone who cared to call, and the fact that a total of 316 people, not employees of Messrs. Samuel Fox & Company, attended this session, was very satisfactory to the Health Department.

The figures provided by the Medical Director of the Mass Radiography Unit in connection with the Unit's visit to Messrs. Samuel Fox & Company were very interesting. You appreciate, of course, that all the employees of Samuel Fox & Company do not live in Stocksbridge, but it was estimated that of the total number

examined during the survey, 50.5% resided in the area of the Stocksbridge Urban District. The total number examined during the survey was 4,729. Therefore, approximately 2,500 residents in Stocksbridge Urban District submitted themselves for examination, approximately 24.2% of the population. Of the total number of Stocksbridge residents examined, 0.35% were referred to the Chest Clinic for further examination. None of these cases was diagnosed as Tuberculosis. Of the number of Stocksbridge residents examined, a further 1.4% were referred to their own Doctor for routine supervision for conditions other than Tuberculosis.

Although this survey was rather limited in its scope, it is my opinion that we can deduce from what we did that 25% of the population in Stocksbridge are free from Tuberculosis. Since the group examined represented in the main that group which is at risk, it would indicate that from the Tuberculosis point of view the health of Stocksbridge is very good indeed.

Food Poisoning. The subject of Food Poisoning is still creating a great deal of interest throughout the Country, and it can still be seen in newspaper headlines that small explosive outbreaks do occur from time to time throughout the Country. For the second year in succession, no case was reported from your district, and it would appear, therefore, that the district has been free from any Food Poisoning for two years. I wonder if it is really true that there was not one instance of Food Poisoning in Stocksbridge in a period of two years! It is not unusual for individuals to experience a mild attack of Gastro-intestinal disturbance, which is attributed to some indiscretion in diet and nothing more is said about it. I think it ought to be understood that practically every case of Gastro-intestinal disturbance is the result of some irritation, and is in effect a form of Food Poisoning. The odd case that crops up such as I have described is a mild event, but it is just the continual repetition of such mild cases that may lead to an alarming outbreak if sufferers are not particular in their personal habits. Happily, Stocksbridge has been free from even a small outbreak, and long may this state of affairs exist.

What I would like to point out to the public is that freedom from attacks of Food Poisoning remains so long as everyone makes an effort to be scrupulously clean in their habits generally, and in the handling of food in particular.

The people in Stocksbridge are interested in this subject of Food Poisoning and Clean Food Handling, and in October a public meeting was held in the British Hall which was well attended by the general public. At this meeting films were shown by the Central Office of Information, and Film Strip Lectures were introduced by me and delivered by my colleague, Dr. Taggart. I feel that such meetings as this at reasonably

regular intervals would be useful in keeping the general public advised as to the trends in this problem of Clean Food Handling and, in fact, of any other form of health propaganda. We intend to do everything possible to keep this subject before the public. We hope to acquire any new teaching material that becomes available in the form of films or posters or handbills, and disseminate the information through Schools, Clinics, and at public meetings, if such can be arranged.

In February, the Stocksbridge Urban District Council approved and put into operation By-laws made under Section 15 of the Food and Drugs Act, 1938, which By-laws deal with the handling and transport of food. The main points of these By-laws are that the Council have now got powers to enforce proper handling, wrapping, delivery of food, and the supervision of the sale of food in the open-air.

Health Education. This item can conveniently be discussed at this stage, having more or less dealt with the effect of Health Education in one particular subject, e.g. Clean Food Handling. I have been impressed recently by the marked interest certain sections of the general public are beginning to take in Health Education. There is a demand for information in the field of Road Safety, when Police and others have been invited to attend at Schools and give lectures to the children. Lectures have also been given to various private organisations. After all, Road Safety is prevention of road accidents, which is an extension of Preventive Medicine.

Home Safety is a subject in which interest has been aroused in the district, and talks have been given on that subject by members of the Home Safety Committee. As Chairman of the local branch of the Royal Society for the Prevention of Accidents, it is most encouraging to me to learn of the interest of the public in these subjects.

People in the district are interested in diseases of the chest. During the year whilst the Mass Radiography Unit was visiting the Works of Messrs. Samuel Fox & Company, I was offered one session when I could invite a selected group to take advantage of this service. So much were the people interested in the service that instead of the estimated number of approximately 130 whom we expected to attend, there were in effect 316 persons who attended. This is one example of the reaction of the public to Health Education—interest was aroused in the diseases of the chest, and the public were anxious to find out just exactly where they stood with regard to such disease.

In Schools and in Clinics there is a desire for information, and I am convinced more than ever that there is a growing demand amongst the people to know as much as possible of how the body is made and how it works, and above all, how the individual should live healthily.

GENERAL PROVISION OF THE HEALTH SERVICES.

Hospitals. — INFECTIOUS DISEASES. All cases of Infectious Disease requiring Hospital treatment are dealt with by the Regional Hospital Board. From your district cases are generally admitted to Lodge Moor Hospital, Sheffield. Not every case of Infectious Disease, however, requires admission to Hospital. Cases of mild Scarlet Fever may be retained at home, and there is no doubt that if the facilities for care are present, the case is better at home. At the same time, if I consider that it is in the interests of the general public health that the case be admitted to Hospital, I make the request for the patients removal, and this is done forthwith.

GENERAL HOSPITALS. General Hospitals are easily available to the residents in the district. There are the Sheffield Hospitals and there is the Barnsley Beckett Hospital, which is reasonably accessible.

Laboratory Services. The Medical Research Laboratories at Wakefield and at the City General Hospital, Sheffield, are always available for Laboratory examinations. The Directors of these respective Laboratories are always very anxious and willing to give their advice and the benefit of their unique experience in any epidemiological problem which might crop up.

Ambulance Facilities. The Stocksbridge District is served by Ambulances stationed at the Hoyland Depot of the County Ambulance Service. There is a sub-station of this Depot at Penistone, where one Ambulance is available. These Ambulances are available for all cases requiring transport except probably in the case of Infectious Diseases, where it is generally found that the Infectious Diseases Hospital into which the patient is to be admitted, arranges for the transport of the patient in the Hospital's own Ambulance.

I think it can be said now that the Ambulance Service has got over the "teething" stage and is beginning to settle down to be a very fine organisation. The fleet of vehicles is now such that Hoyland is a recognised Depot for a radio controlled service. There are five Ambulances at the Depot, all new vehicles within the last year, two of which are radio controlled. The establishment of radio controlled vehicles for this Depot is four, and it is anticipated that the other two, making the full establishment, will be available in 1951.

If at any time the fleet at the Hoyland Depot is severely taxed, help can be obtained from the neighbouring Depot at

Wath. Besides this service, the Sheffield Ambulance Service will deal with any emergency which might arise. There is a reciprocal arrangement between the West Riding Service and the Sheffield Service, so that such emergencies can be covered, and I understand that this scheme is working admirably.

About a year ago there were some discussions in some quarters as to who the proper authority might be for the ordering of an Ambulance. It was suggested by some that the Hospitals should be the ones to order an Ambulance, and others suggested that it should be the General Practitioner. There are arguments for both points of view, but I think it must be understood by the general public that if the service is going to be available at all hours of the day and night for every emergency, the intending users will have to be honest with themselves, and ask themselves if an Ambulance is really necessary in their case. There have been various reports about the misuse of the Service, where people have taken up the time of an Ambulance when it was not really necessary. If some thought was given to the matter before an Ambulance was sought, I feel certain that the service would function easier.

One does not wish to thrash this point, as there is evidence that this new spirit of discrimination on the part of the intending users is emerging throughout the whole of the district.

Clinics. Below are details of the Clinics and services provided by the Regional Hospital Board and by the Local Health Authority for this district:—

REGIONAL HOSPITAL BOARD SERVICES.

Venereal Disease. Treatment is available at centres in Barnsley, Rotherham and Sheffield, particulars of which are given below:—

Address.	Days and Hours of Attendance.	
	Men.	Women.
BARNSLEY (Queen's Road)	Mon., 10 a.m.—12 noon. Fri., 4.30—6.30 p.m.	Mon., 5—7 p.m. Fri., 2—4 p.m.
ROTHERHAM (12, Frederick St.)	Each } 9 a.m—12.30 p.m. day } 5.30—8 p.m.	Each } 2—4.30 p.m. day }
SHEFFIELD (Jessop Hospital for Women)	— — —	Tues., 4—6 p.m. Thurs., 4—6 p.m. Sat., 11a.m.—12.30 p.m.
(Royal Hospital)	Tues., 7 p.m. Wed., 5 p.m. Fri., 7 p.m.	Thurs., 10.30 a.m. — —
(Royal Infirmary)	Mon., 5—7 p.m. Wed., 5—7 p.m. Thurs., 5—7 p.m. Fri., 5—7 p.m.	Mon., 2—4 p.m. — — —

Tuberculosis. An examination Clinic and routine check up Clinic is held within the curtilage of the Town Hall, Stocksbridge, every Monday afternoon. There is also a similar Clinic held at Weston House, Penistone, on the first and third Thursday afternoon. For any more detailed examination which may be required, patients are dealt with at the Clinic at 46, Church Street, Barnsley, under the direction of Dr. H. A. Crowther, Chest Physician.

Tuberculosis Health Visitors used to work under the direction of the then termed Tuberculosis Officer, but they are now part of the Health Visiting Staff of the Divisional Medical Officer, and are responsible for the home visiting of cases of Tuberculosis.

The Nurse employed in this Division is Mrs. Todd, who has had many years of experience in the Tuberculosis Service. This Health visiting Service, of course, is a Local Health Authority Service, and it is one of those happy occasions in this complex Health Service when there is a close liaison between two of the services, i.e. the Regional Hospital Board and Local Health Authority, and where one is for all intents and purposes inter-dependent upon the other.

Mortuary. The Mortuary is situated behind the Town Hall, and is available for the whole area.

Child Welfare Centres. The Child Welfare Clinic is conducted by Dr. D. Patterson and Health Visitor Miss W. Morris, and is held in the British Hall each Tuesday afternoon. During the year under review, the total number of attendances was 2,625. The number of attendances made for the first time during the year was 114.

Ante-Natal Clinics. Ante-Natal Clinics are held during the afternoon of the 1st and 3rd Friday in the British Hall, under the supervision of Dr. D. Patterson and Miss W. Morris. The total number of attendances during the year was 161.

Health Visiting. Details are given below regarding the two Health Visitors resident in the Stocksbridge area.

NAME.	ADDRESS.
Miss W. Morris.	14, Smithy Moor Lane, Stocksbridge.
Mrs. H. Dransfield. (Asst. H.V.)	"Skelton Villa," 29, Pot House Lane, Stocksbridge.

Home Nursing. The Nurse employed in your district to undertake the duties of Home Nursing is Miss D. Webb, who is resident at 61, Melbourne Road, Garden Village, Stocksbridge, her telephone number being Stocksbridge 3165.

During the year under review, a total of 3,771 home visits were made.

Midwifery Service. Midwifery duties in the Stocksbridge area are undertaken by two Midwives, as indicated below.

NAME.	ADDRESS.	TELEPHONE NO.
Miss A. Burrows.	"Hazeldene," Coronation Rd., Stocksbridge.	Stocksbridge 2189.
Miss R. Crossley.	10, Ashfield, Deepcar.	Stocksbridge 3135.

During the year the two Midwives between them made a total of 1,677 visits in the Midwifery Service. They attended 122 cases as Midwives, and 5 cases in the capacity of a Maternity Nurse.

Domestic Help Service. During the year the Domestic Help Service provided a great deal of help and comfort in homes where there was sickness, and where the person responsible for running the home (generally the Wife and Mother) was incapacitated.

The Domestic Help Service is really a new service, and the demands on this service have been very much greater than was originally anticipated. During the early part of the year it was discovered that throughout the County, Domestic Helps were being employed in numbers much in excess of the official establishment. To resolve the position it was found in this Division, as in some other Divisions, that any new demands on the service must be refused until the establishment was increased. In those cases where a Domestic Help was in attendance, no action was taken unless it was to reduce the number of hours the Domestic Help spent in that particular home to the authorised establishment. The Local Health Authority was quick to see the need for urgent reconsideration of the establishment throughout the County, and a new figure was agreed upon and the Minister of Health was asked to give his approval to the amended figure, which he did very expeditiously. The service was soon resumed, with a considerable increase of establishment in certain Divisions, and in Division 22 the establishment was increased from the equivalent of 14 full-time Domestic Helps to 25.

I have tried to analyse the statistics of the Domestic Help Service so that I can give a fair picture of how the service worked within each of the constituent districts forming Division 22, and so far as Stocksbridge is concerned there were during 1950 six Domestic Helps employed. There were 6 homes attended, and in all a total of 890 Domestic Help hours were performed in the district during the year under review. It was regrettable that Stocksbridge did not receive a bigger share of the Domestic Help Service, but this was due to the fact that we just could not obtain the Home Helps in your district. However, in September we had an extensive drive to recruit suitable women for the service, and this proved fairly successful, Stocksbridge is now receiving a service comparable to that experienced by other districts in the Division.

SANITARY CIRCUMSTANCES.

(Prepared by Mr. D. E. Robinson).

Nuisances.

The following table shows the number and type of nuisances found and dealt with by notice during the year:—

Blocked Drains	22
Blocked or defective sink wastes ...	9
Blocked or defective W.C.'s ...	3
Defective Dust Bins	37
Defective roofs, eaves gutters and fall pipes	14
Dampness	7
Miscellaneous	10
	—
	102
Nuisances brought forward from 1949	7
	—
Total needing abatement	109
Abated during 1950	101
	—
Outstanding 1950	8

The number of informal notices served was 62 of which 54 were complied with during the year.

Sewerage and Sewage Disposal.

A preliminary report upon the Sewage Disposal Works and the main Sewerage System was presented to the Council by the Consulting Engineers, Messrs. Wilcox, Raikes & Marshall and approved. It is understood that shortage of staff has delayed the preparation of the detailed scheme.

The length of Trunk Sewer from Gibson Lane to Horner House has been comparatively free from partial blockages which is doubtless the result of cleaning and repair work carried out over the last two years.

Two new storm water sewers have been provided to the Stubbin Housing Estate to discharge the surface water to the Little Don and the Glen stream respectively.

Closet Accomodation.

The closet accommodation consists of 120 privies and 3,002 water closets. Five notices were served during 1949 requiring the conversion of 14 privies. Of these 3 notices regarding 6 privies were complied with. Two notices requiring the conversion of 5 privies were not complied with at the end of the year. Thus 4 notices concerning 13 privies are outstanding.

Of the 120 privies in the district, 60 are within reasonable reach of the existing sewerage system.

Refuse Collection.

In the scavenging area there are 2,757 Dust Bins, 24 Ashpits and 120 privies of the midden type. Two ordinary side loading vehicles are in use, a Karrier C.K.3 with driver and four loaders collects from dustbins in the central and west parts of the district, and a Karrier Bantam with driver and two loaders collects from dustbins in the eastern part, and from ashpits and privy middens. The period of collection varies within 7 and 14 days.

Refuse Disposal.

The culverting of the brook at Pot House tip was completed during the year and the area thus made available has since been in use. The tip at Haywoods Quarry was also in use during the early part of the year.

Salvage.

No waste paper or other salvage material was collected during 1950, but at the close of the year it was decided to resume the collection of waste paper owing to the national demand.

The following stock which was in hand at the end of 1949 was sold during the year:—

	t.	c.	q.	value.
Mixed Waste and Strawboard ...	8	5	0	£33 0 0

Food Supply.

MILK. There are ten registered milk retailers in the district. One Pasteurising Plant is licensed under the Milk (Special Designation—Pasteurised and Sterilised) Regulations, 1949.

One dealers licence is in force in respect of Tubercular Tested Milk, under the Milk Special Designation (Raw Milk) Regulations, 1949.

One sample of milk submitted to the West Riding Laboratory for examination for the presence of Tubercle Bacillus, proved negative.

OTHER FOODS. No animals were slaughtered for sale for human consumption in the District. The following unsound foods were surrendered and destroyed:—

	lbs.	ozs.
Canned Meats	63	8
Canned Fish	9	10
Wet Fish	70	0
Canned Fruit	62	9
Canned Vegetables	4	15½
Canned Milk	56	4½
Preserves... ..	1	8
Cheese	16	0
Sausage	10	0
Confectionery	25	0
	<hr/>	
	319	7

Ice Cream.

No Ice Cream is manufactured locally. Four licenses for the sale only of ice cream were granted during the year, bringing the total number of premises so licensed to 18.

In one instance washing facilities were provided.

Water Supply.

The Sheffield Corporation provide and distribute water in the Stocksbridge Area. There has been no insufficiency or unsatisfactory quality. Of the 3,039 houses, 2,821 have a public supply. The remaining houses are supplied from private sources.

Rodent Control.

A 10% test of the sewers of the district was carried out and no takes were recorded.

An infestation of rats was found at the Sewage Disposal Works and treatment was carried out by the usual poison bait method which proved successful.

Minor infestations were found in three instances, and advice and assistance was given in effecting a clearance.

Disinfection and Infestation.

Four instances of the infestation of dwelling houses by cockroaches were found and cleared by the occupier with the advice and help of the department.

17 premises were disinfected after infectious diseases.

Housing.

NEW HOUSES BY LOCAL AUTHORITY. Twenty-eight houses were completed and occupied on the Stubbin Estate.

NEW HOUSES BY PRIVATE ENTERPRISE. Seven houses were completed and occupied.

CLOSURE OF PROPERTY. Notices regarding the closing and demolition of four houses were served, but alternative accommodation has not yet been found for the occupiers.

OVERCROWDING. In the letting of the Council's houses, two cases of overcrowding concerning 13 persons were dealt with.

New Buildings and Development.

PROPOSALS SUBMITTED FOR APPROVAL.

	Approved.	Disapproved.	Total.
Garages	27	-	27
Garden Sheds and Stores	13	-	13
Sanitary Conveniences	25	-	25
Electrical Sub-stations	3	-	3
Store Sheds	2	-	2
Offices and Works Extensions	7	-	7
Dwelling House Extensions	7	-	7
Overhead Lines, Y.E.B.	11	-	11
New Dwelling Houses	13	-	13
Drill Hall Sites	1	1	2
Houses and Business Premises			
Combined	1	1	2
Shop	-	1	1
Service Roads	1	-	1
Car Park	-	1	1
Service Water Tank	1	-	1
Youth Club Centre	1	-	1
Class Room	1	-	1
Change of Use	2	-	2
Alterations to Sports Field	1	-	1
Showroom	2	-	2
Filling Station and Garage	1	-	1
Advertisement Sign	1	-	1
	121	4	125



