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STOCKSBRIDGE
URBAN DISTRICT COUNCIL



ANNUAL REPORT

of the
Medical Officer of Health
for the Year
1957



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STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1957.

STOCKSBRIDGE

URBAN DISTRICT COUNCIL

J. G. BATTYE

A. HAWLEY

J. P. BOLLING

T. BURN

A. JACKSON

ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1957

Senior Assistant Medical Officer:

J. J. SMITH, M.B., Ch.B., D.P.H.

Sanitary Inspector and Surveyor:

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

Additional Sanitary Inspector:

A. E. KAYE, Esq., R.S.H. Cert.

STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1957.

- Councillor P. SCHOFIELD (Chairman)
,, J. W. ALLOTT (Vice-Chairman)
,, J. C. BATTYE
,, A. HAWLEY
,, J. P. HOLLIING.
,, T. HUSH
,, A. E. JACKSON
,, A. T. NEEDLE
,, A. RAINS
,, L. H. SCHOLEY
,, A. SWEENEY
,, Mrs. M. WEST, J.P. (Chairman of the Council)
-

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health :

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

Senior Assistant Medical Officer :

J. J. SMITH, M.B., Ch.B., D.P.H.

Sanitary Inspector and Surveyor :

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STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health for the year
1957.

To the Chairman and Members of the
Stocksbridge Urban District Council

Lady and Gentlemen,

I have the honour to present my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ending 31st December, 1957.

As is the recent custom I am including in this report statistics of the Part III Services of the Local Health Authority so far as they have affected the Stocksbridge District during the year.

The Vital Statistics indicate a very satisfactory Health picture for the year under review. The Birth Rate, Death Rate and Still Birth Rate were all more favourable but the Infantile Death Rate somewhat spoils the view by climbing to nearly double the 1956 figure. The Birth Rate has risen to 17.8 per 1,000 of the population which is higher than that for the rest of the country. The corrected rate after application of the comparability figure is 17.4. The Death Rate has fallen and it, too, compares very favourably with that for the rest of the country. The corrected Rate is 10.8. The Still Birth Rate is less than half what it was in 1956 and is less than half that for the rest of the country.

I must refer to the Infantile Death Rate which, I think, is an index of the Health of the district. In Stocksbridge we are certainly dealing with relatively small numbers of cases but, nevertheless, one does not like to see this sudden increase in the numbers of babies dying so soon after birth. In 1956 the rate was 17.8 and the year before that it was only 5.8. One deplores this trend. Altogether there were 6 Infantile Deaths, 5 of them due to Prematurity or Congenital Malformations. These deaths may be considered non-preventable but I do think that the death of a child of less than a week old from

Broncho-pneumonia is a preventable death. The question of this loss of young life due to Premature Birth and Congenital Malformations is a perplexing one. I am sure problems of Still Birth and Neo-natal Death are all one problem. So much is it a problem that at the time of preparation of this report a short Perinatal Mortality Survey organised by the National Birthday Trust Fund is just concluding throughout the whole country, England, Wales and Scotland. The objects of this Survey are principally to gather comprehensive information on stillbirths and neonatal deaths and compare the findings with similar data on a large number of live births. It is hoped to determine which Mothers are at special risk of perinatal loss. Are there Mothers at special risk of these losses? If so, are there peculiar Social environmental causes? It may be there are special abnormalities in pregnancy or labour which are the causal factors. Whatever underlying causes there are, search is going on to find them. It seems a pity that notwithstanding the noticeable fall in the number of Infantile Deaths due to all causes in the last decade or so, the deaths due to premature birth, congenital defects and stillbirths, are not reduced to a corresponding extent. We look forward to some information being available in the foreseeable future.

The principal causes of death table shews that 30% of all deaths were due to Diseases of the Circulatory System including Coronary Disease. Another 21% of the total were due to malignant disease, 3 of the cases being cancer of the lung. There were in all 6 deaths due to violence; one suicide, one accident when a motor vehicle was involved, and four other accidents 3 in and around the home and 1 in industry. The 3 home accidents were all due directly or indirectly to falls, two of them being females in their mid-70s.

The Infectious Diseases picture for Stocksbridge for 1957 was not a bad one. The attack Rates for Measles, Whooping Cough, and Poliomyelitis were all slightly higher than that for the rest of the country, but the incidence of these diseases was reasonable. There was nothing like epidemic conditions at any time. Later in this report I have mentioned the fairly moderate epidemic of Influenza which we experienced towards the end of the year and which accounted for 2 deaths.

That part of the Report dealing with Sanitary Circumstances was prepared by Mr. Robinson. He has commented upon the main topics such as Water Supplies, Sewage Disposal, Control and Inspection of Food Preparation Premises, Food Handling generally, and the routine work of the department.

Sewage Disposal is still an anxious problem to us in the department. I mentioned last year that we were worried about the delay in proceeding with the reconstruction and extension of the Sewage Disposal Works. Nothing has been done yet, other than that there have been discussions amongst the respective consultants of the Council, Messrs. Samuel Fox & Co. and the Ministry concerning the type of Trade Effluent which could be permitted into the Disposal Plant. Much of the delay is bound up with this business of Trade Effluent disposal, nevertheless we are anxious that some finality be reached so that the contractors can commence operations : The disposal works are inadequate for the work they are expected to do. More and more houses are being built and each pours its quota of sewage into an already inadequate plant. Last year 93 new houses were built and building still goes on. It cannot continue indefinitely and I feel that any new housing which is being contemplated should be considered only if efficient sewage disposal facilities are available. Part of the New Road and Manchester Road are still not properly sewered and this, too, is a matter which should have early attention but which must wait, we suppose, to be dealt with as the new scheme progresses.

Water supplies give us no concern since over 97% of all the houses in the district are on public supply. The 82 not so served are houses where it is well nigh impossible to have main supply because of distance but where there are adequate and wholesome private supplies.

I would like to place on record my grateful thanks to the Chairman and members of the Health Committee for their encouragement during the year. I want to acknowledge, too, the kind help I have received from the Clerk and his staff on so many occasions. I am greatly indebted to my Chief Public Health Inspector, Mr. Robinson, and his staff, for their loyal and devoted work for the department and for me in particular.

Finally, I want to record my grateful thanks to Dr. J. J. Smith, the Senior Assistant County Medical Officer for her valuable advice and help throughout the year.

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 1957 was 3,588. The rateable value of the district is £111,708 whilst the product of a penny rate is £433, 10s. 10d. as at 31st March, 1957.

VITAL STATISTICS

Population

The Registrar General has given his estimation of the population as 10,340, an increase of 20 as compared with the 1956 figure.

Births

There were 184 live births registered in the district during the year. Of these 92 were males and 92 females. This is an increase of 15 compared with last year. There were 4 illegitimate births, 2 male and 2 female.

Still-Births

During the year there were 2 still-births, 1 male and 1 female. There were no illegitimate still-births.

Deaths

87 deaths were attributed to the district during 1957. This is a decrease of 12 compared with the 1956 figure. 50 male and 37 female.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates. with those rates for other parts of the Country.

RATES PER 1,000 TOTAL POPULATION

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.
LIVE BIRTHS (Rates per 1,000 of the Population)			
1957	16.1	16.6	17.8
1956	15.7	16.4	16.4
1955	15.0	15.3	16.7
1954	15.2	15.1	14.3
1953	15.5	15.7	14.09
DEATHS (Crude Death Rate) (Rates per 1,000 of the Population)			
1957	11.5	11.7	8.4
1956	11.7	11.8	9.6
1955	11.7	11.7	9.7
1954	11.3	11.9	12.2
1953	11.4	11.6	8.41
STILL-BIRTHS (Rates per 1,000 Live and Still-births)			
1957	22.4	23.9	10.8
1956	23.0	23.1	23.1
1955	23.1	26.4	39.1
1954	23.4	25.9	39.5

PRINCIPAL CAUSES OF DEATH

Infective Diseases	Male	Female	Total
Other infective and parasitic diseases	—	1	1
Cancer			
Malignant neoplasm, stomach	4	2	6
Malignant neoplasm, lung	3	—	3
Malignant neoplasm, breast	—	4	4
Other malignant and lymphatic neoplasms including leukaemia	4	2	6
Nervous System			
Vascular lesions of nervous system	9	5	14
Circulatory System			
Coronary disease, angina	9	5	14
Other heart diseases	3	6	9
Other circulatory diseases	2	1	3
Respiratory System			
Influenza	1	1	2
Broncho-Pneumonia	—	1	1
Bronchitis	1	—	1
Other Diseases of Respiratory System	2	—	2
Digestive System			
Ulcer of stomach and duodenum	1	—	1
Genito-Urinary System			
Hyperplasia of prostate	1	—	1
Infant Deaths			
Congenital malformations	3	1	4
Other Defined and Ill-Defined Diseases			
	4	5	9
Violence (Suicide)			
	—	1	1
Accidents			
Motor Vehicle	1	—	1
Other Accidents	2	2	4
All Causes	50	37	87

AGE DISTRIBUTION OF DEATHS

	Male	Female
Under 1 year	4	2
1 to 2 years	—	—
2 to 5 years	—	—
5 to 15 years	—	—
15 to 25 years	—	—
25 to 45 years	1	—
45 to 65 years	17	4
65 years and over	28	31
TOTAL	50	37

Infantile Mortality

There were 6 deaths under 1 year of age (4 male and 2 female), equivalent to a rate of 32.6 per 1,000 live births.

DEATHS UNDER 1 YEAR

Rates per 1,000 Related Live Births

			England and Wales	West Riding Administrative County	Stocksbridge U.D.
1957 .....	.....	.....	23.0	26.4	32.6
1956 .....	.....	.....	23.8	27.1	17.8
1955 .....	.....	.....	24.9	26.2	5.8
1954 .....	.....	.....	25.5	28.0	34.2
1953 .....	.....	.....	26.8	29.3	6.9

**TABLE SHOWING AGE DISTRIBUTION OF
INFANTILE DEATHS**

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
	Broncho-Pneumonia	1	—	—	—	1	—	—	—	—
Prematurity — —	2	—	—	—	2	—	—	—	—	2
Congenital Malformations —	1	1	—	—	2	1	—	—	—	3
Total — — —	4	1	—	—	5	1	—	—	—	6
1956 — — —	3	—	—	—	3	—	—	—	—	3
1955 — — —	1	—	—	—	1	—	—	—	—	1
1954 — — —	4	—	1	—	5	—	—	—	—	5
1953 — — —	1	—	—	—	1	—	—	—	—	1

Maternal Mortality

There were no maternal deaths during 1957.

Epidemic Diseases

There were two deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

Inquests

Inquests were held on 5 occasions and in 2 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases other than Tuberculosis

During the year 234 cases of Infectious Disease were notified. They were distributed as follows:—

	Notifications	After Correction
Measles	189	189
Scarlet Fever	4	4
Whooping Cough	32	32
Pneumonia	4	4
Acute Anterior Poliomyelitis (Paralytic)	1	1
Dysentery	4	4
	<hr/> 234	<hr/> 234

**ATTACK RATE OF COMMONER INFECTIOUS
DISEASES**

Disease	England and Wales	West Riding Administrative County	Stocksbridge U.D.
Scarlet Fever	0.66	0.79	0.38
Pneumonia	—*	—*	0.38
Measles	14.11	17.46	18.27
Whooping Cough	1.89	1.29	3.09
Meningococcal Infection	0.02	0.04	0.00
Poliomyelitis (including Polioencephalitis) Paralytic	0.07	0.05	0.09

* Figures not available.

**DISTRIBUTION OF INFECTIOUS DISEASES
BY AGE GROUPS**

DISEASE	AGE GROUPS											TOTAL	
	0-1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-35 yrs.	35-45 yrs.	45-65 yrs.		65 yrs. and over
Measles	3	16	18	13	35	101	2	—	1	—	—	—	189
Scarlet Fever	—	—	—	1	—	—	3	—	—	—	—	—	4
Whooping Cough	1	4	4	2	5	16	—	—	—	—	—	—	32
Acute Pneumonia	—	—	—	—	—	1	—	1	—	—	2	1	4
Dysentery	—	—	1	1	—	1	1	—	—	—	—	—	4
Poliomyelitis (Paralytic)	—	—	—	1	—	—	—	—	—	—	—	—	1
TOTALS	4	20	23	18	40	119	6	—	1	—	2	1	234

Scarlet Fever.

During the year 4 cases of Scarlet Fever were notified to the department. This is less than half the number notified in 1956. Three of the cases occurred in the 3rd quarter of the year and one in the 4th quarter. The cases were mild in type and there was no resultant morbidity. One case was admitted to hospital.

Diphtheria.

It is now over 12 years since there was a case of Diphtheria in Stocksbridge. This satisfactory state of affairs is the result of an out and out attack on the disease by general improvement in the standard of living and most important of all by the general scheme for Immunisation against the disease. But to keep up this happy state it must be understood that the level of immunity amongst the people has to be maintained. Any slipping back might create a dangerous set of circumstances and a reappearance of this disease in a much more severe form. It is so important that parents and guardians of children should not forget about this disease but rather remember that it was one of the first to call for an immunisation preventative measure. There developed the systematic scheme of protection and we are enjoying the results today. But because there are immunisation and vaccination schemes against Whooping Cough, Tetanus, Poliomyelitis, Tuberculosis, not to forget that against Small Pox, I sometimes think that Diphtheria is overlooked. I would like to see the same zeal for protection against Diphtheria that I see for protection against Poliomyelitis. Is it that there is more fear regarding the latter? Parents used to be afraid of Diphtheria too. I do hope that every child before it reaches his or her first birthday will have been immunised against Diphtheria. We must do more and more propaganda work.

Measles

There was an increase in the number of cases of Measles notified to the department during the year. There was a total of 189 cases an increase of 69 compared with the 1956 figure. All but 3 of the cases were under the age of 10 years, and 85 of them under the age of 5 years. The disease appeared towards the end of the first quarter when 4 cases occurred. The incidence increased quite appreciably during the second quarter when 182 cases were reported. There were 3 cases in the third quarter.

Whooping Cough

We had 32 cases reported to the department during the year. This was a decrease of 26 compared with the 1956 figures. The cases occurred throughout the year but most of them, 18 in number, occurred in the last quarter. Each notification was carefully checked but not one of the 32 cases reported had been immunised. I do not think there has been the response to the immunisation against Whooping Cough that we should have liked. At the same time we should be seeing some lessening of the incidence of the disease in view of the amount of immunity which has been acquired up to date. More and more children are now being protected and the fact that a combined antigen is being used which covers Whooping Cough, Diphtheria and Tetanus probably accounts for the increase. It may be early days yet to be able to notice anything significant but we hope to do so in the near future. Only 19 children in Stocksbridge were immunised against Whooping Cough in 1957—one less than in 1956. We must do better than this.

Poliomyelitis.

During the year we had one case of Poliomyelitis in Stocksbridge. This was a boy of 3 years who was admitted to the Childrens Hospital because of some weakness in his leg and a diagnosis of Poliomyelitis was made. The child was later transferred to Lodge Moor Hospital. Later still he was admitted to King Edward VII Hospital for specialised physiotherapy treatment. The boy still has some muscle weakness in his leg but he is able to run about and play with his little friends, and will be going to the ordinary school in the near future after his fifth birthday.

The scheme for vaccination against Poliomyelitis continued during 1957. A certain amount of vaccine was provided by the Ministry which was used to protect selected groups of those who had been previously registered for vaccination. To begin with, vaccination was offered to all children born between 1st January 1947 and 31st December 1954—the response was quite good. In July, it was agreed that children born in the years 1955 and 1956 could also be registered, as it was considered that children of that age were a particular risk so far as Poliomyelitis was concerned. There were 684 children in the latter group resident in the division who were registered immediately. Later still in the year, it was decided that all

children under the age of 15 years, as well as expectant mothers, general medical practitioners and their families, ambulance drivers and their families and all other persons in the Health Service who were a particular risk, could register for vaccination. The response here was very good. Only British Vaccine was available during the year in limited quantities but, nevertheless, a total of 2,843 received protective treatment. At the end of the year in the Division, 5,470 registered persons were still awaiting treatment and the demand was increasing daily. It was essential that more vaccine should be made available without delay and we were glad to learn, towards the end of the year, that there would be available early in 1958 a supply of Salk Vaccine, prepared in Canada, which would supplement the British supplies. Despite the controversial discussions and comments for and against vaccination the demand for this protection against Poliomyelitis was quite good. The natural apprehension on the part of some parents to accept the offer of vaccination is quite understandable. One does not blame parents for seeking re-assurance and one is happy to say that very many, after carefully thinking the matter over, sought advice and being reassured accepted the offer of vaccination. The take up of offers of vaccination were rather slow to begin with but the demand increased as the months passed. At the time of preparation of this report, June 1958, over 8,000 persons had been vaccinated in the Division.

Vaccination against Smallpox

Last year I mentioned in my report that it was desirable to increase the level of the "Acceptance Rate" for Infant Vaccination and mentioned that the Stocksbridge rate was less than half that for the country as a whole. I even ventured to suggest that it was not a safe rate at all. I did hope that the general complacency about vaccination against Smallpox would be counteracted by a new and lively interest in the protective measure. I am very glad to report that there was an increase in the number of persons vaccinated—a total of 55 received this protection. Of this 55, 40 were infants under one year, 6 were between the age of one year and 5 years and 8 were over the age of 5 years. Added to this number there was one adolescent who was re-vaccinated. I want to see a larger number of children vaccinated before reaching the age of twelve months. It is so important that the baby should be protected against Smallpox as early as possible.

Food Poisoning

There was no Food Poisoning reported to the department during the year. There were, however, 4 cases of Dysentery notified which is a disease closely allied to Food Poisoning. The cases of Dysentery occurred in two households—in one there were 3 cases, 2 schoolchildren and 1 under school age and in the neighbouring house, a child under school age. The youngest child in the former household was admitted to hospital but the others were treated at home. Recovery was complete in a short time but the source of infection was never discovered.

It is very gratifying to note this absence of Food Poisoning within the district and I hope that this can be taken as an example of a more realistic attitude on the part of everyone concerned in the hygienic preparation of food. Food Poisoning is almost always the result of carelessness on someone's part. Let us continue to maintain a high standard of personal, as well as general, hygiene and so prevent Food Poisoning as a disease.

Influenza

In the Autumn the district was visited by a rather sharp epidemic of Influenza. Large pockets of infected areas were general throughout the country and South Yorkshire was one of them. Influenza is not a notifiable disease unless, of course, it is Influenza/Pneumonia. One must look at the picture from the divisional angle as it is well nigh impossible to give a picture of the effect of the epidemic on each of the constituent county districts: I have no means of acquiring figures as to the numbers attacked by the disease but I was able to correlate the numbers of notifications of Influenzal Pneumonia, school attendance figures, Ministry of National Insurance sickness claims and the opinions of general medical practitioners and thus to formulate some idea as to the proportions the epidemic reached at a particular time. It would seem that the disease first appeared in early August when four cases of typical clinical Influenza occurred in one part of the Division. The general medical practitioner concerned rang me up and mentioned these cases to me and I asked for his permission to take specimens for laboratory purposes. The family doctor concerned was most co-operative and I was able to take the necessary specimens of blood and swabs of the throat and nose which were sent to the laboratory for examination. Later I was informed by the Director of the laboratory that preliminary examination of the specimens proved that the disease was Influenza of the Asian type.

It was obvious that this was the beginning of a sharp epidemic and, in fact, there was a steady increase in the number of cases until, during the third week of September, the peak of the incidence was reached when it was suggested there were approximately 1,300 cases. Thereafter there was a sharp decline in the incidence and by early December the epidemic had passed. The type of illness experienced was rather severe although, generally speaking, of short duration. Recovery was fairly quick but many felt pretty tired for some time afterwards. It was officially stated that the disease was of the "mild type" and taking it all round this might be a fair opinion. Nevertheless, I still think that the disease was serious enough to demand the utmost care on the part of the patient. I am afraid I do not yet accept as "mild" a condition which makes people feel so ill for two or three days, notwithstanding the fact that their recovery was complete after a short period of time. Unfortunately there were two deaths from Influenza in Stocksbridge during the epidemic, a male and a female both over the age of 65 years.

A supply of vaccine was made available for all engaged in the immediate care of those affected by the disease e.g. general medical practitioners, nurses, home helps, etc. The small supply which I received was offered to all those at risk and a large proportion of those persons availed themselves of this protective measure. It was said that the vaccine arrived rather late in the epidemic to be of very much value. But, notwithstanding this fact, it was a very valuable protective measure to adopt as there had been hints that it was possible there might be a recurrence of the epidemic at a later stage in the winter. Happily those rumours proved false.

Tuberculosis

During the year 7 cases of Tuberculosis were notified, 4 Pulmonary and 3 Non-Pulmonary.

Age Group	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0 — 5 years	—	—	—	—
5 — 15 years	—	—	—	—
15 — 30 years	—	1	—	—
30 — 45 years	2	1	1	—
45 — 65 years	—	—	—	1
65 years and over	—	—	—	1
TOTAL	2	2	1	2

At the end of the year on the Tuberculosis Register there were 86 cases, 58 Pulmonary (31 male, 27 female) and 28 Non-Pulmonary (14 male, 14 female). No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 and under Section 172 of the Public Health Act, 1936. During the year 18 cases were removed from the register, 15 cured and 3 left the area. Five cases were admitted into Sanatorium or Hospital and three were discharged.

It would appear that the Tuberculosis attack rate is better than in the previous year and I am glad to be able to report this. One of the important preventive measures in dealing with Tuberculosis is to hunt down all contacts with positive cases and see that these people are thoroughly checked. I am glad to say that the public supported us in all our efforts to this end and my full-time Tuberculosis Health Visitor has maintained a very close watch on all cases throughout the area. It is essential, for a good service, that we have a happy relationship with our colleagues in the Chest Physician's Department and I am pleased to report that such a happy relationship exists between my department and that of the Chest Physician both in Barnsley and Sheffield. The Tuberculosis Health Visitor attends the Chest Physician's clinic and sees the patient at that time and gets a complete picture of the clinical condition. She also visits the patient in the home and thus acquires a complete environmental picture of the patient's home background. This close liaison between departments is of particular value to us and the patient.

The domiciliary care of Tubercular patients is always an important item in the field of Preventive Medicine. These people need continual supervision, and this is done always in collaboration with the family Doctor and the Chest Physician. It is sometimes necessary for the patient to occupy a separate room and a separate bed for segregation purposes. This might occasion some economic strain on the family, and when this happens the Local Health Authority can help. They can, for instance, provide a bed and bedding in such cases. They can supply extra nourishment when it is considered necessary. During 1957, 2 patients in the Stocksbridge Urban District received this service, which provides them with two pints of milk per day, free of charge, for as long as they are at home, and provided that the Chest Physician has recommended it.

Other factors in our prevention of Tuberculosis efforts are such things as Mass Miniature Chest Radiography and the scheme for B.C.G. Vaccination of certain age group school-

children. The Mass Radiography Unit did not visit Stockbridge during 1957 but we anticipate that there will be a visit from the Unit, to incorporate a survey at the works of Messrs. Samuel Fox & Co., some time in 1958.

B.C.G. Vaccination

This measure was continued in 1957 when numbers of school children in the 13/14 years age group were vaccinated. During the year 130 children were presented for B.C.G. Vaccination. Each of these children received a skin test to ascertain whether or not they were suitable for the process of vaccination. Of these 55 had a positive skin test indicating that they had, at some time or other, met with and overcome the primary infection and thus were unsuitable for vaccination. The remaining 75 who had not yet met with the infection in any form and thus were suitable for vaccination, were so treated. At the same time, the opportunity was taken to re-test 634 children who were vaccinated twelve months previously just to satisfy ourselves that they had, in fact, been successfully vaccinated. It was gratifying to learn that the tests showed that their vaccination had been a success.

Health Education

This important part of the Health Department's work is dealt with regularly and when the opportunity presents itself. Health Education is a subject which is not very exciting to the public as a whole and many consider it rather dull. Of course, if there is a lively controversy about some subject, e.g. vaccination against Poliomyelitis, the Influenza epidemic, etc., then interest is aroused, sometimes to fever pitch. It is the duty of the staff of the Health Department to be able, at all times, to explain the exact position with regard to any health topic and thus prevent the spread of false impressions. It is not easy, at all times, to hold the interest of the public in positive health and our efforts are directed towards doing what we can to stimulate interest. Posters and leaflets are displayed in Clinics, sometimes in Schools and the Health Departments of the respective Council Offices. Workers in the health field, e.g. Health Visitors, Nurses, Public Health Inspectors and Assistant Medical Officers all do their respective best and discuss matters which are their particular concern at the time. A subject of current topical interest and, one may say, concern is the problem of Home Safety. More and more people are dying every year as a result of accidents in the home and one feels that it is only by intensive education of the public in the hazards of the modern home that the

problem can be resolved. In 1956, 6,908 lives were lost as a result of accidents in the home — over 2,000 more than in 1949. The numbers are increasing. The number of lives lost in road accidents in 1956 was 5,894 and yet how much do we see in newspaper comment, on wayside hoardings, on decorative boards on entry to many towns — reminders of the loss of life through road accidents. The loss and probably the amount of permanent disability, from accidents in the home is far greater. The Health Visitor is the principal officer concerned with Health Education and I generally find that each one is doing a very good job of work in this respect. In the Stocksbridge Urban District during 1957 there were three deaths due to accidents in the home.

NATIONAL ASSISTANCE ACT, 1948.

There was no occasion to use the provisions of the National Assistance Act, 1948 or the Amendment Act, 1951 during the period under review.

GENERAL PROVISIONS OF THE HEALTH SERVICES.

Hospitals

The Sheffield Regional Hospital Board is responsible for the provision of the Hospital Services covering this district. Infectious Disease cases are admitted to Lodge Moor Hospital, Sheffield. General cases are admitted to the Sheffield Group of General Hospitals and occasionally to Barnsley Beckett Hospital.

Special Clinics

The following special clinics are held in the British Hall at regular times. Minor Ailment clinics for school children, Eye clinics, Group Training of Mental Defectives and the occasional Immunisation and Vaccination clinics, e.g. B.C.G. against Tuberculosis and Anti-Poliomyelitis vaccination sessions.

On 1st October, 1957, Miss Smith (now Mrs. Holmes) commenced duties in the Division as Speech Therapist. We had been without one for some time and this appointment was very welcome. Unfortunately there were not sufficient numbers of cases in Stocksbridge to warrant a fixed weekly class. Consequently it was decided to hold a full day clinic at Penistone instead and the few cases from Stocksbridge could travel there for training.

The Group Training Class for Ineducable Children is held each Friday morning. Miss Porter, the Home Teacher left the division on being promoted to Supervisor of an Occupational Centre. She was replaced by Miss Kershaw assisted by Mrs. Lloyd. Altogether 5 or 6 children attend this class. In some cases one or two of the Stocksbridge children also attend the class at Penistone thus getting 2 training sessions each week. The children love these classes and enjoy the work they do. The class is very successful.

Mr. McNeill, the Consultant Ophthalmologist attends at times when there are cases requiring his specialist advice and treatment. During the year he held six sessions and altogether 112 children attended. Of these, 58 were found to require aids, and glasses were prescribed.

There were the B.C.G. Vaccination clinics which required sessions to do a skin test, another to read the results and the final session to perform the actual vaccination with B.C.G. vaccine. Altogether 164 children attended at these sessions.

Sessions were held for vaccination against Poliomyelitis at the British Hall when 320 children received the complete treatment.

Laboratory Services

These services are available at the Public Health Laboratories at City General Hospital and at Wakefield. The Medical Directors at each of these centres have been most helpful on a number of occasions and I am grateful to them for their advice and help.

Ambulance Service

The depot at Hoyland controls the service which covers the district of Stocksbridge. There is an adequate number of vehicles and their availability has improved since the depot became equipped with radio transmitter services. This means that the Superintendent of the depot can call up, direct, any vehicle out on service, and, if need be, direct it to the emergency base. Sister depots at Wath and Maltby are, therefore, able to re-inforce when required and the new depot at Penistone, when in use, will also be a further source of re-inforcement.

Clinics

The following gives details of the Clinics and ancillary services.

Tuberculosis Clinics

The Tuberculosis Clinic is held every Monday afternoon in a room at the rear of the Town Hall. The Chest Physician, or his deputy, attends with his staff and Tuberculosis Health Visitor. This Clinic is more or less in the form of an advisory Clinic, where patients can consult with the Chest Physician and probably receive minor investigation. Fuller investigations, if needed, are carried out at the full time Central Chest Clinic in Barnsley, where the Chest Physician, Dr. H. A. Crowther, is always in attendance. There is also a Clinic in Penistone on the first and third Thursday afternoons of each month.

Mobile Clinic

This unit still continues to give a useful service in the less accessible parts of the district. It attends at Ewden one session a fortnight and a Health Visitor is always in attendance. A medical officer attends at regular intervals to give advice and help if any such help is required. The Health Visitor takes this opportunity to have talks with the young mothers and it is encouraging to hear how well these folks respond to the visit of the "clinic on wheels". Children are immunised and vaccinated here when the need arises and if the child's home is further afield and some distance from the unit we send our Land Rover into the isolated area to collect the mothers and babies and fetch them to the unit. They are taken home again after the clinic attendance. This service besides being essentially a Health Service is becoming quite a Social Service and is looked forward to by those who attend as a happy helpful occasion in their domestic routine. During the year 20 new babies attended this mobile clinic for the first time and in all 164 attendances were made.

Child Welfare Clinic

This clinic is held every Tuesday afternoon and is still well attended. The staff consists of Miss Gregory as the Health Visitor, Mrs. Dransfield as the Assistant and Mrs. Laycock as a Part-time Assistant. Dr. Patterson is the Medical Officer. At the clinic, the Health Visitor has a chance to talk to the mothers and give advice when necessary. Small study groups

are conducted, too, which are very helpful. Immunisations against Diphtheria, Whooping Cough and vaccination against Smallpox are dealt with by the medical officer. At the clinic, too, Welfare Foods are available and these are sold by a small group of very kind ladies who devote so much of their time to this important work in the welfare services. I would like to put on record my grateful thanks to them for this contribution to the service. Not only do they sell food but they also deal with many other things, e.g. weighing babies, keeping records and organising schemes for collecting monies to provide Christmas entertainment for the mothers and children. These ladies are invaluable to our Clinic work.

During the year 198 new babies attended the clinic for the first time which was an increase of 82 compared with 1956. The total number of attendances was also increased. The increase in attendance may be explained by the fact that during the year we had a settled staff. It took us some time to replace Miss Willett and Mrs. Keaney and this inevitably was reflected in clinic attendances. We hope the staff problem is to be resolved now.

Health Visiting Service

It has been difficult to maintain an adequate staff to cover all the needs of the district. The "woman power" was not available. During the year Mrs. Dransfield decided to take some further training and she went into hospital for this purpose. We had to transfer Miss Gregory from the Ecclesfield district and with the help of some occasional visits from colleagues in other districts, in particular Miss Gosney, she was able to maintain the basic services required. I would have liked to extend the services but this has been impossible and until the establishment of Health Visitors is again reached this limited service will continue. However, there is every hope that the situation will improve sooner than was anticipated. The Health Visitors have continued to try to teach positive health principles whenever possible. They kept in close touch with all families where there were young children so that they could give any necessary advice to the young mothers and, indeed, to the whole family. Expectant mothers, children under the age of 5 years, the aged, Home Help Service supervision and environmental enquiries in connection with hospital requirements all required regular visits. Many of these visits entailed long and patient discussion. The way these ladies have been received and supported in their work indicates that their services are appreciated. The Health

Visitor also undertakes the visiting of schools and is responsible for Hygiene Inspections of school children. She assists the School Medical Officer at school medical inspections and special clinics, e.g. B.C.G. vaccination and Anti-Poliomyelitis vaccination sessions, and undertakes any special home visiting which may be required by the School Medical Officer.

The total number of visits made by these Health Visitors during the year was 2,137.

The Health Visiting Staff during the year was as follows :

Name	Address	Phone No.
Miss K. Gregory (commenced 1/6/57)	20, Don Avenue, Sheffield 6.	Sheffield 43690
Mrs. H. Dransfield (Assistant)	48, Ridal Avenue, Garden City, Stocksbridge.	Stocksbridge 2214
Mrs. M. A. Laycock (Part-time Assistant)	6, Unsliven Road, Stocksbridge.	

Home Nursing Service

The service in Stocksbridge is provided by one Home Nurse and one Home Nurse/Midwife. Both are fully equipped and mobile.

Name	Address	Phone No.
Miss D. Webb	“Brent Knoll”, Royd Lane, Deepcar.	Stocksbridge 3165
Mrs. A. M. Armitage	118, Manchester Road, Deepcar.	Stocksbridge 2294

These nurses have performed a very useful work throughout the year. They are highly trained and efficient in their work. They are well received by the people. They have co-operated exceedingly well with the general medical practitioners.

During the year under review they made a total of 4,847 visits.

Midwifery Service

The Midwifery Service staff is as follows :—

Name	Address	Phone No.
Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. A. M. Armitage	118, Manchester Road, Deepcar.	Stocksbridge 2294

During the year the midwifery service was provided by one Midwife and one Home Nurse/Midwife. These two nurses are both very efficient in their work and maintain a high standard at all times. They are fully qualified and each possesses a car which makes them both quickly available when required. Each has in her possession a Gas and Air Machine and is qualified to administer Gas and Air Anaesthesia.

Towards the end of October Mrs. Armitage temporarily left the service for domestic reasons but she anticipated a return early in 1958. During her absence the double duties were undertaken by Miss Crossley who was assisted from time to time by the Divisional Relief Midwife from Ecclesfield. Help was also given by the District Nurse/Midwife from Oughtibridge. I am grateful, indeed to Miss Crossley for shouldering this added responsibility without any impairment of the general efficiency of the service.

During 1957 there was an increase in the number of midwifery cases attended by the nurses. There were 75, which was 16 more than in 1956. Of these, 72 were cases attended by the nurses in their capacity as Midwives and 3 were attended as Maternity Nurses. Only 23 cases availed themselves of the benefit of Gas and Air Analgesia. I cannot find any explanation why so few take advantage of this particular aid.

NURSING STAFF AS AT 1st JULY, 1958.

Health Visiting

Name	Address	Telephone No.
Miss K. Gregory (1/6/57)	20, Don Avenue, Sheffield, 6.	Sheffield 345445
Miss G. A. Gosney (1/10/57)	“Clovelly”, 379, Stannington Road, Sheffield, 6.	
Mrs. H. Dransfield (Assistant)	48, Ridal Avenue, Garden City, Stocksbridge.	Stocksbridge 2214
Mrs. M. A Laycock (Part-time)	6, Unsliven Road, Stocksbridge.	

Midwives

Name	Address	Telephone No.
Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. A. M. Armitage,	3, Heath Road, Stubbin Estate, Deepcar.	Stocksbridge 2294

Home Nursing

Name	Address	Telephone No.
Miss D. Webb	“Brent Knoll”, Royd Lane, Deepcar.	Stocksbridge 3165
Mrs. A. M. Armitage,	3, Heath Road, Stubbin Estate, Deepcar.	Stocksbridge 2294

Home Help Service

This service continued to give much help and comfort to some families during the year. I think this is one of the most positive of helpful services available for anyone in need.

The success of such a service depends almost exclusively upon the good neighbourliness of a few well meaning and kindly women.

I would like to pay my tribute to them for this contribution to the comfort of so many people.

During the year a total of 9,212 Domestic Help hours were provided in Stocksbridge. This is an increase of 392 compared with the number provided in 1956. There were 15 Domestic Helps employed and 51 homes were helped. Of this 51 there were 30 continuing cases from 1956 and the remaining 21 were new cases.

These are the type of cases where Domestic Help was provided :—

Maternity Cases	.....	3
Tuberculosis	.....	1
General Cases over 65 years	.....	45
General Cases under 65	.....	2
		—
TOTAL	.....	51
		—

Distribution of Welfare Foods

The scheme for the distribution of Welfare Foods continued during the year. No difficulties arose at any time and I should like to take this opportunity of thanking the staff responsible for its administration, and especially the voluntary workers, and to say that at no time has there been any complaint regarding this service.

The general public are now well aware of the days and times when the Welfare Foods can be obtained, and I append below a table showing the Distribution Centres covering the whole Division.

As you are aware, these commodities can be obtained at any Centre, and not necessarily the ones established in the district.

Address of Premises	Days	Times
STOCKSBRIDGE URBAN DISTRICT Child Welfare Centre, British Hall, Stocksbridge.	Tuesday Friday	10—12 a.m. 1-30—3-30 p.m. 10—12 a.m.
PENISTONE URBAN DISTRICT. Child Welfare Centre, Shrewsbury Road, Penistone Mr. A. Dyson, Town End Thurlstone	Monday During Shop Hours	2—4 p.m.
PENISTONE RURAL DISTRICT. Child Welfare Centre, Golf Club, Cawthorne Stocksbridge Co-op, Crane Moor, Sheffield	Wednesday During Shop Hours	1-30—3-30 p.m.
HOYLAND NETHER URBAN DISTRICT. Child Welfare Centre, Church Schoolroom, Hoyland Common Child Welfare Centre, Miners' Welfare Hall, Hoyland	Thursday Tuesday	2—4 p.m. 11—12 a.m. 2—4 p.m.

Address of Premises	Days	Times
WORTLEY RURAL DISTRICT Clinic, Parish Hall, Oughtibridge	Thursday	2-4 p.m.
Clinic, Brightholmlee Chapel, Wharncliffe Side	Alternate Tuesdays	2-4 p.m.
Clinic Memorial Hall, Worrall	Alternate Tuesdays	2-4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown	Wednesday	11-12 a.m. 2-4 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2-4 p.m.
Clinic, Gatty Memorial Hall, Ecclesfield	Monday Thursday	2-4 p.m. 2-4 p.m.
Child Welfare Centre, Scout Hall, Grenoside	Thursday	2-4 p.m.
Child Welfare Centre, Scout Hall, Tankersley	Alternate Mondays	2-4 p.m.
Child Welfare Centre, St. Paul's Inst., Wheata Road, Sheffield, 5	Tuesday	1-30-3-30 p.m.
Child Welfare Centre, Knowle Top, Stannington	Wednesday	2-4 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays	1-30-3-30 p.m.

As a matter of interest there was issued in the Stocks-bridge Urban District during the twelve months ended 31st December, 1957, the following commodities :—

National Dried Milk—3,113 tins.

Cod Liver Oil—941 bottles.

Vit. A & D Tablets (pkts. of 45),—552 packets.

Orange Juice,—6,522 bottles.

SANITARY CIRCUMSTANCES — 1957.

(Prepared by Mr. D. E. Robinson)

Nuisances

Table showing the number and type of nuisances found and action taken during the year.

Blocked Drains	88
Blocked or Defective Sink Wastes	22
Blocked or Defective W.C.'s	15
Defective Dust Bins	21
Defective Roofs, Eaves, Gutters and Fall Pipes	13
Dampness — various causes	16
Defective Fireplaces	2
Miscellaneous	4
	181
Nuisances brought forward from 1956	2
	183
Total needing abatement	183
Abated during 1957	181
	2
Outstanding December 1957	2
	66
Informal Notices served	66
Informal Notices complied with	64

Closet Accommodation

The closet accommodation at the end of the year consisted of :—

64 privies and 3,810 water closets.

Privy Conversions

Brought forward from 1956. 4 Notices concerning 7 privies.
 Dealt with during 1957. 3 Notices concerning 6 privies.
 Outstanding end of 1957. 1 Notice concerning 1 privy.

Refuse Collection

Household refuse is collected from 3,317 Dustbins, 64 Privies and 18 dry ashpits, and as was last reported the eastern area is covered by a Karrier Bantam and the central and west area by a Karrier C.K.3. The period of refuse collection has varied between 7 and 10 working days.

Refuse Disposal

Pot House tip was in use throughout the year where the proper method of control is carried out. When unsightliness or nuisance occurs it is invariably the result of unauthorised tipping. It is the intention of the Council to close this tip at the end of 1958, but as yet no other tipping arrangements have been made.

Salvage

The contract with Messrs. Thames Board Mills was continued and the following sales were made :—

	Weight			Value		
	T.	C.	Q.	£	s.	d.
Mixed Waste	7	6	1	49	16	7
Periodicals	14	4	0	119	19	8
Newsprint	29	10	0	295	0	0
Total	51	0	1	£464	16	3

Food

Milk. There are 9 Registered Milk Retailers in the district. One pasteurising plant is licensed under the Milk (Special Designation Pasteurised and Sterilised) Regulations 1949-1954. Three Dealers licences are in force in respect of Tuberculin Tested Milk under The Special Designation (Raw Milk) Regulations 1949-1954.

Ice Cream

No ice cream is manufactured locally. One licence for the sale only of ice cream was granted during the year bringing the total of premises so licensed to 32.

Inspection

76 inspections of registered food premises were made.

Meat

Two private slaughterhouses were in use and again there was a marked fall in the number of animals slaughtered locally.

All the animals slaughtered were examined namely :—
149 beasts, 153 pigs and 331 sheep and for the purpose of examination 154 separate visits were paid.

The following table shows the diseased conditions found and the meat and/or organs surrendered and destroyed.

Disease	Animal	Parts Surrendered			
		Head	Lungs	Liver	Mesentery
Localised Tuberculosis	Beasts	8	4		2
Localised Tuberculosis	Pigs	1			
Fluke Disease	Beasts			2	

Other Foods

The following list shows unsound foods surrendered and destroyed by incineration :—

Canned Meats	91 lbs.	7 ozs.
Canned Fish	1 lb.	10 ozs.
Canned Fruit	152 lbs.	13 ozs.
Canned Vegetables	19 lbs.	4 ozs.
Canned Milk	15 lbs.	1 oz.
Canned Soup		12 ozs.
Canned Syrup	2 lbs.	0 ozs.
Sausage	13 lbs.	0 ozs.
Bacon	41 lbs.	0 ozs.
Cured Ham	13 lbs.	0 ozs.
	<hr/>	<hr/>
	349 lbs.	15 ozs.

About 49 cwts. of similar stocks were examined and found satisfactory.

Food Premises

The number and type of food premises in the area including sales shops is as follows :—

Bakeries	.....	3
Canteens	.....	3
Fish Fryers & Wet Fish Salesmen	.....	7
General Grocers	.....	10
General Grocers including bread and confectionery	.....	40
General Grocers including bread, confectionery and meat	.....	2
Sugar Confectionery	.....	8
Butchers	.....	15

Water Supply

Stocksbridge's water is supplied and distributed by the Sheffield Corporation. Of the 3,588 houses in the district 3,506 have a public supply.

Rodent and Insect Control

A 10% test of the district sewers was carried out and small takes of prebait occurred in one section. Poison bait was laid at appropriate points and later inspection showed the section involved to be free from infestation. Some minor rodent infestations were found and these were successfully dealt with by the occupiers with the advice and help of the department.

Three instances of cockroach infestation were found and dealt with. Periodic inspection of the Council's tip and Sewerage Works show these to be reasonably free from infestation.

Disinfection

Premises were disinfected in six instances after infectious diseases.

Housing

New Houses Completed.

(a) By Local Authority—

Stubbin Estate	.....	.....	.....	.....	62
Mill Lane (One Bedroom Flats)	.....	.....	.....	.....	16

78

(b) By Private Enterprise

15

93

Closure of Houses

Representation made in respect of one dwelling house which was found to be unfit for habitation.

Relief of Overcrowding

In the letting of the Council's houses 7 cases of overcrowding concerning 30 persons were dealt with.

Clearance Orders

The White Row Clearance order was confirmed by the Minister on June 28th, 1957. The three houses were occupied by 8 persons and the three families were rehoused by the Council.

The Brick Lump Clearance order, a group of 7 houses occupied by 17 persons was confirmed by the Minister on December 12th, 1957. Two families were rehoused by the Council by the end of the year.

Repair and Reconditioning

Six dwellings were rendered reasonably fit in consequence of informal action by the Local Authority.

Improvement Grants

Seventeen applications were granted, sixteen from owner occupiers and one in respect of a tenanted house. The value of the grants totalled £1,911. 10.0.

Loans for House Purchase

The following shows the number and value of loans granted for house purchase during the year.

Number of Loans Granted.

New Houses	Existing Houses	Total.	Total Value of Loans.
7	46	53	£35,317. 0. 0.

New Buildings and Development 1957.

Proposals submitted for Approval

	Approved	Dis- approved	Total
Garages	95	2	97
Garden Sheds, Coal Stores, Porches etc.	11	—	11
Sanitary Conveniences	26	—	26
Store Sheds	2	—	2
Offices and Works Extensions	19	—	19
New Dwelling Houses	20	1	21
Dwelling House Extensions	4	—	4
Residential Layouts	2	—	2
Overhead Lines	8	—	8
Conservatories	7	—	7
Advertisement Signs	3	1	4
Site for Shops and Flats	1	—	1
Caravan Sites	1	8	9
Mortuary	1	—	1
Electrical Sub-Stations	5	—	5
Extension to Sales Shop	1	—	1
Poultry Houses	2	—	2
Bus Shelters	3	—	3
Change of use	3	2	5
Joiners Workshop	—	1	1
Total	214	15	229

