

[Report 1970] / Medical Officer of Health, Stocksbridge U.D.C.

Contributors

Stocksbridge (England). Urban District Council.

Publication/Creation

1970

Persistent URL

<https://wellcomecollection.org/works/ak5nq3vn>

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>



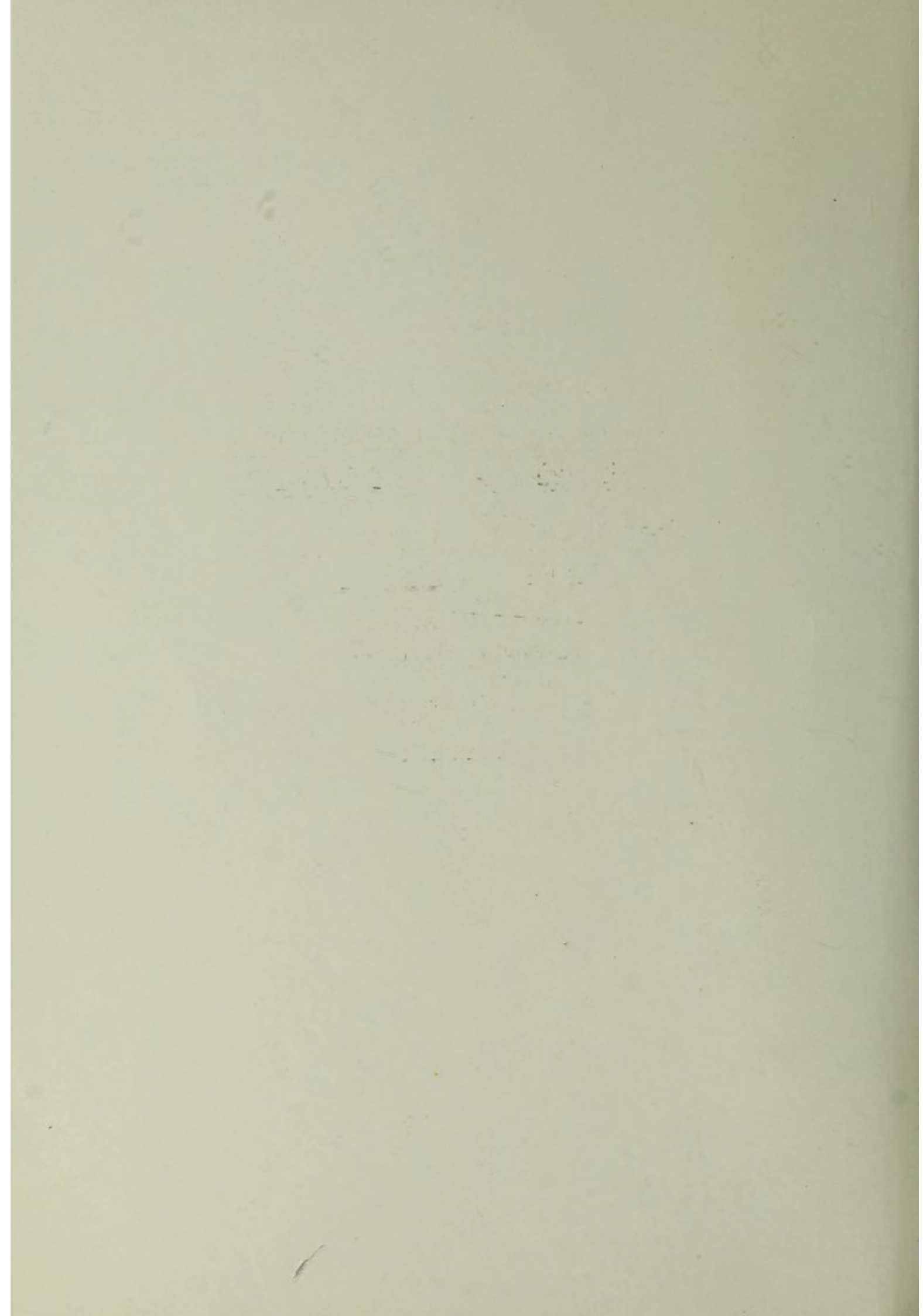
STOCKSBRIDGE URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the
MEDICAL OFFICER OF HEALTH

for the

Year 1970



2.
During the year 1970-1971 the following was given as
STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1970.

Councillor Mrs. V. GRAND (Chairman)

A. T. NEEDLE (Chairman of the Council)

NILE H. E. BALFOUR

A. E. DAVIES

J. DORSON

STOCKSBRIDGE URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the
MEDICAL OFFICER OF HEALTH
for the
Year 1970

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health: F. C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Chief Public Health Inspector and Housing Officer:

A. E. KAYE, M.A.P.H.I.

Public Health Inspectors:

J. A. SELLARS

OFFICIAL ADDRESS OF MEDICAL OFFICER OF HEALTH

Divisional Health Office,

Nortonley Hall,

High Green,

Sheffield.

S30 4HR.

Tel. No. High Green 292.

STOCKSBRIDGE URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the
MEDICAL OFFICER OF HEALTH

for the

Year 1970

STOCKSBRIDGE URBAN DISTRICT COUNCILPUBLIC HEALTH COMMITTEE, 1970.

Councillor Mrs. V. GRAND (Chairman)

" A. T. NEEDLE (Chairman of the Council)

" Miss M. E. BALFOUR

" A. E. DAVIES

" J. DOBSON

" C. ELLIOTT

" A. HAWLEY (Deceased 19.3.71)

" A. E. JACKSON

" A. D. LEATHER

" L. H. SCHOLEY

" A. SWEENEY, J.P.

" C. WATKINSON

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health:

F. C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Chief Public Health Inspector and Housing Officer:

A. E. KAYE, M.A.P.H.I.

Public Health Inspector:

J. A. SELLARS

OFFICIAL ADDRESS OF MEDICAL OFFICER OF HEALTH

Divisional Health Office,

Mortomley Hall,

High Green,

Sheffield.

S30 4HR.

Tel. No. High Green 292.

STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health for the year 1970

To the Chairman and Members of the Stocksbridge Urban District Council.

Ladies and Gentlemen,

I have the honour to submit my report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1970. The report follows the usual pattern, giving statistics and a short comment where necessary. Included in the report are statistics indicating the extent to which the Part III Services of the Local Health Authority are used within the Stocksbridge Urban District.

A brief study of the Vital Statistics shows that the Birth Rate continues to rise, and was 21.8 for 1970, compared with 19.4 in 1969. This is five decimal points above the figure for England and Wales, and four points greater than that for the West Riding Administrative County. After application of the comparability factor the corrected figure was 22.2. The Crude Death Rate is fractionally higher, at 9.7, compared with 8.8 for 1969. After correction the rate is 11.9, and compares favourably with the rate for the rest of the country. The Still-birth Rate has risen a decimal point or two, and at 13.6 represents four still-births, and is the same as the rate for the West Riding Administrative County, which is a slight increase over the figure for England and Wales. The Infantile Mortality Rate, has increased quite considerably compared to the previous year, although at 17.2 it is lower than that for the West Riding Administrative County and England and Wales. In all there were five infant deaths.

The total number of deaths increased in 1970 by 12 to 129, and studying the table of Principal Causes of Death one finds that the Diseases of the Circulatory System, including Coronary Disease, accounted for 45 deaths, or approximately 35% of the total. Together with Vascular Diseases of the Nervous System this group accounted for over 62% of the total number of deaths. The next highest group is the deaths from Malignant Diseases, which accounted for 19 deaths, or nearly 15% of the total. Of this total number of deaths from Carcinoma, 7 were due to cancer of the lung, which is the same figure as that for 1969. There were 4 deaths from violence, 3 due to accidents and 1 suicide. The three accidental deaths (1 male and 2 female) were all in the elderly age group, who died from the complications following injuries received in falls, two at home and one through slipping on ice outside her front door. Home accidents are responsible for a tremendous amount of distress in the country and, if not causing death, they can create a lot of pain and suffering. Home Safety Committees do a great deal to channel information to the community, in an effort to spread propaganda on this vital problem. Medical and Nursing Staff give talks to groups of interested people, and during home visits, and at Clinics and Health Centres, no opportunity is missed to bring this subject to the attention of the public.

During the year there were 53 cases of Infectious Disease notified, compared with 9 for 1969. Of the total number, 45 were cases of Measles. The attack rate for this disease was 14.1 and this percentage was better than that for England and Wales, the West Riding Administrative County, which was over three times higher. Notifications of Infective Jaundice dropped from 5 in 1969 to 3 in the current year, and there were 2 cases of Dysentery, compared with 1 the previous year.

It would appear opportune at this moment in time to refer to the two new Acts which came into force during the year. They were as follows:-

The Education (Handicapped Children) Act, 1970, and Local Authority Social Services Act, 1970.

The former transferred responsibility for the education of mentally handicapped children to the Education Committee, with effect from 1st April, 1971. The second Act, which involved the setting up of a new Department of Social Services, had more widespread implications. So far as the Local Health Authority was concerned, the new department was to take over the administration of the undermentioned services, with effect from 1st April, 1971:-

Home Help Service.

Registration of premises under the Nurseries and Child-minders Act.

Care of the Unmarried Mother and her child.

Day Nurseries.

Adult Training Centres,

Day Hostels.

Mental Health Services.

Co-ordinating Committees and Homeless Families.

Health Department General Social Workers.

Provision of Recuperative Holidays.

Working parties, comprising representatives from all the departments concerned, were established to deal with the various aspects of the work, and a first meeting was held on 1st December, 1970. Subsequent meetings were held at frequent intervals, when considered necessary.

Mr. Kaye, the Chief Public Health Inspector, has provided the statistics for that part of the report which deals with Sanitary Circumstances.

	England and Wales		West Riding Administrative County		Stocksbridge U.D.	
					Rate	Corrected Rate
1967	17.2		18.0		17.8	
1968	17.2		18.0		17.8	
1969	18.0		18.2		16.6	16.9
1970	18.0		18.2		16.6	16.9

In conclusion, I wish to put on record my thanks for the continuing help received by me from the Chairman and members of the Public Health Committee. I also wish to thank the Clerk to the Council, the Chief Public Health Inspector, and other Council officials for their co-operation in the work of the Health Department during the year.

I am,

Yours faithfully,

F. C. ARMSTRONG.

Medical Officer of Health.

Yours faithfully,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF

The Stocksbridge Urban District covers an area of 4,630 acres. The number of inhabited houses at the end of 1970 was 4,803. The rateable value of the district is £747,167, whilst the product of a penny rate is £7,270 as at 1st April, 1970.

VITAL STATISTICS

POPULATION

The Registrar-General has given his estimation of the population as 13,350, an increase of 60 as compared with the 1969 figure.

BIRTHS

There were 291 live births registered in the district during the year. Of these 149 were males and 142 females. These were 13 illegitimate births, 8 male and 5 female.

STILL-BIRTHS

During the year there were 4 still-births, 1 male and 3 female.

DEATHS

129 deaths were attributed to the district during 1970, 71 male and 58 female. Below I give tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the county.

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)			Crude Rate	Corrected Rate
1970	16.0	17.3	21.8	22.2
1969	16.3	16.9	19.4	19.8
1968	16.9	17.6	18.3	18.6
1967	17.2	18.0	17.5	17.8
1966	17.7	18.0	16.9	17.3
1965	18.0	18.2	16.6	16.9

DEATHS

(Rates per 1,000 of the population)

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.	
			Crude Rate	Corrected Rate
1970	11.7	11.7	9.7	11.9
1969	11.9	11.6	8.8	10.8
1968	11.9	11.6	8.8	10.9
1967	11.2	11.2	10.0	12.5
1966	11.7	12.1	10.3	13.0
1965	11.5	11.6	10.8	13.6

STILL BIRTHS

(Rates per 1,000 Live and Still Births)

1970	13.0	13.6	13.6
1969	13.2	13.5	11.5
1968	14.3	14.3	20.7
1967	14.8	15.2	4.6
1966	15.4	14.4	23.7
1965	15.7	16.0	19.9

LIVE BIRTHS				
(Rates per 1,000 of the population)				
Year	England and Wales	West Riding Administrative County	Crude Rate	Corrected Rate
1970	16.0	17.3	21.8	22.2
1969	16.3	16.9	19.4	19.8
1968	16.9	17.6	18.3	18.6
1967	17.2	18.0	17.2	17.8
1966	17.7	18.0	16.9	17.3
1965	18.0	18.2	16.6	16.9

PRINCIPAL CAUSES OF DEATH

CANCER

Male

Female

Total

Malignant neoplasm, oesophagus

-

1

1

Malignant neoplasm, uterus

-

3

3

Malignant neoplasm, breast

-

2

2

Malignant neoplasm, intestine

-

1

1

Malignant neoplasm, stomach

1

-

1

Malignant neoplasm, lung and bronchus

5

2

7

Other malignant and lymphatic
neoplasms, including leukaemia and
aleukaemia

1

3

4

BENIGN AND UNSPECIFIED NEOPLASMS

1

-

1

DIABETES

-

1

1

OTHER ENDOCRINE DISEASES, etc.

1

-

1

NERVOUS SYSTEM

Other diseases of nervous system, etc.

-

1

1

CIRCULATORY SYSTEM

Chronic rheumatic heart disease

1

3

4

Hypertensive disease

1

1

2

Ischaemic heart disease

25

11

36

Other forms of heart disease

2

1

3

Cerebro-vascular disease

12

8

20

Other diseases of Circulatory System

4

11

15

DIGESTIVE SYSTEM

Ulcer of stomach and duodenum

-

-

-

Gastritis, Enteritis and Diarrhoea

-

-

-

Other diseases of digestive system

1

-

1

MENTAL DISORDERS

-

1

1

RESPIRATORY SYSTEM

Tuberculosis

-

-

-

Pneumonia

3

2

5

Bronchitis and Emphysema

7

1

8

Influenza

2

1

3

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>INFANT DEATHS</u>			
Congenital malformations	-	1	1
Birth injury - difficult labour, etc.	2	-	2
Other cases of perinatal mortality ..	-	1	1
<u>SUICIDE AND SELF-INFLICTED INJURIES</u> ..	1	-	1
<u>ACCIDENTS</u>			
Motor-vehicle	-	-	-
All other accidents	1	2	3
<u>ALL CAUSES</u>	71	58	129

AGE DISTRIBUTION OF DEATHS

	<u>Male</u>	<u>Female</u>
Under 1 year	3	2
1 to 2 years	-	1
2 to 5 years	-	-
5 to 15 years	-	-
15 to 25 years	-	-
25 to 45 years	2	1
45 to 65 years	19	10
65 years and over	47	44
TOTAL	71	58

INFANTILE MORTALITY

There were 5 deaths under 1 year of age, 3 male and 2 female, equivalent to a rate of 17.2 per 1,000 live births.

DEATHS UNDER 1 YEAR

(Rates per 1,000 Related Live Births)

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.
1970	18.2	19.8	17.2
1969	18.1	18.9	11.6
1968	18.3	18.5	12.7
1967	18.3	19.2	18.4
1966	19.0	19.8	19.4

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
Oedema of lung	-	-	-	-	-	1	-	-	-	1
Cerebral haemorrhage	1	-	-	-	1	-	-	-	-	1
Massive aspiration of liquor	1	-	-	-	1	-	-	-	-	1
Meningomyelocele and Hydrocephalus	-	1	-	-	1	-	-	-	-	1
Prematurity	1	-	-	-	1	-	-	-	-	1
TOTAL ...	3	1	-	-	4	1	-	-	-	5
1969 ...	2	1	-	-	3	-	-	-	-	3
1968 ...	1	-	-	-	1	1	1	-	-	3
1967 ...	2	-	-	-	2	1	1	-	-	4
1966 ...	2	1	-	-	3	-	-	-	1	4

EPIDEMIC DISEASES.

There were 3 deaths in the Epidemic Diseases (other than Tuberculosis Group) during the year. These were all from Influenza.

MATERNAL MORTALITY

There were no maternal deaths during 1970.

INQUESTS.

Inquests were held on 3 occasions, and in 16 cases the cause of death was certified by the Coroner after Post-Mortem Examination without inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57VITAL STATISTICS

Live Births	291
Live Birth Rate per 1,000 population	21.8
Illegitimate Live Births per cent of total live births	4.4
Still-births	4.0
Still-birth Rate per 1,000 total live and still births	13.6
Total Live and Still-births	295.0
Infant Deaths (deaths under 1 year)	5.0

INFANT MORTALITY RATES

Total infant deaths per 1,000 total live births	17.2
Legitimate infant deaths per 1,000 legitimate live births	17.9
Illegitimate infant deaths per 1,000 illegitimate live births	-
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	13.7
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	10.3
Peri-natal Mortality Rate (Still-births and deaths under 1 week combined per 1,000 total live and still-births)	23.7

SCARLET FEVER

PREVALENCE OF, AND CONTROL OVER,

INFECTIOUS AND OTHER DISEASES

Infectious Diseases other than Tuberculosis.

During the year 53 cases of Infectious Disease were notified. They were distributed as follows:-

	Notifications	After Correction
Measles	45	45
Whooping Cough	-	-
Meningitis	2	2
Dysentery	2	2
Food Poisoning	-	-
Infective Jaundice	3	3
Acute Encephalitis	1	1
	53	53

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

Disease	England & Wales	West Riding Administrative County	Stocksbridge U.D.
Scarlet Fever	0.27	0.37	0.00
Measles	6.27	9.11	3.03
Whooping Cough	0.34	0.39	0.00
Dysentery	0.22	0.16	0.14

DISTRIBUTION OF INFECTIOUS DISEASES

BY AGE GROUPS

DISEASE	Age Groups											TOTALS		
	0 - 1 year	1 - 2 years	2 - 3 years	3 - 4 years	4 - 5 years	5 - 10 years	10 - 15 years	15 - 25 years	25 - 35 years	35 - 45 years	45 - 65 years		65 and over	Age unknown
Measles	2	5	9	9	4	12	-	-	1	-	-	-	3	45
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	-	-	-	-	-	1	1	-	-	-	-	-	1	3
Meningitis	1	-	-	-	-	-	-	-	-	-	-	-	-	2
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Food Poisoning	-	-	-	-	-	-	-	-	-	2	-	-	-	-
Acute Encephalitis	-	1	-	-	-	-	-	-	-	-	-	-	-	1
TOTALS	3	6	9	9	4	14	-	1	1	-	2	-	4	53

SCARLET FEVER

There were no cases of Scarlet Fever notified in the District, which is the same as the situation which existed in 1969.

DIPHTHERIA

No cases of diphtheria were notified during 1970 - as in previous years we continued the Computer Scheme for recording immunisation against this disease. As explained in the last report, the use of the computer is designed to keep a very close check on those children who have not been immunised at the appropriate age, and to continue to issue repeat invitations to the parents to have the immunisation carried out. As a result of this a much higher rate of immunisation has resulted not only in the Division but in the West Riding County Council Administrative Area as a whole.

Primary Immunisations

<u>1969</u>	<u>1970</u>
771	1184

'Booster' Immunisations

<u>1969</u>	<u>1970</u>
1751	1028

WHOOPING COUGH

There were no cases of Whooping Cough notified during 1970; the majority of children who contract Whooping Cough, when they have been immunised, suffer the disease to a relatively mild degree, in fact many children probably have the disease to such a mild degree that it is not recognisable as clinical Whooping Cough. In the Division 1177 children were immunised during 1970 compared with 755 during 1969.

MEASLES

In 1970, 45 cases were notified - 3 in the second quarter of the year, 41 in the third quarter, and 1 in the fourth quarter. Of this number, 34 occurred in the Stocksbridge District and 11 in Deepcar. This compares with the two cases recorded in 1969. As I commented in my 1969 report this disease is subject to bi-annual peaks and therefore is conforming to pattern. The immunisation campaign against measles continues, and is well received by the majority of parents. During 1970, taking the Division as a whole, 1540 children were vaccinated.

POLIOMYELITIS

Again, there were no cases of poliomyelitis notified during the year for your district. There were no cases of this disease notified for England and Wales or for the West Riding Administrative County. There can be no doubt whatsoever that this happy state is due to the comprehensive vaccination programme which has been continuing for so long. It is, however, imperative that vaccination against this disease is continued, and the computer method of recording immunisation is of assistance in this matter because of the issue of individual invitations to each child known to reside within a given area. Below I append a table showing the immunisation figures for the whole of the Division.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1970

TABLE 1

Completed Primary Courses - Number of Persons Under Age 16

Year of Birth					Others Under Age 16	TOTAL:
1970	1969	1968	1967	1963-1966		
8	891	264	5	12	1	1,181

TABLE 2

Reinforcing Doses - Number of Persons Under Age 16

Year of Birth					Others Under Age 16	TOTAL
1970	1969	1968	1967	1963-1966		
-	24	47	16	896	6	989

SMALLPOX

There were no cases of Smallpox notified in the area in 1970. A total of 946 persons received primary vaccination compared with 821 during 1969. I regret I cannot give figures for individual districts, and the foregoing statistics are for Division 22. At the time of writing this report, the Chief Medical Officer of the Department of Health and Social Security has issued recommendations on the advice of a Joint Committee on vaccination and immunisation that vaccination against Smallpox need no longer be undertaken as an urgent procedure in early childhood, and our vaccination programmes have been amended accordingly.

Vaccination against Smallpox continues to be recommended for travellers to and from countries where the disease is endemic and for Health Service Staff who may come into contact with patients.

MENINGITIS

During the year two cases of Meningitis were notified in the Stocksbridge Urban District. One was an infant of six months, and the other a child aged seven years, both cases were admitted to Lodge Moor Hospital and after treatment returned home with no known ill effects.

DISEASE OF THE ALIMENTARY TRACT

During 1970 no cases of food poisoning were reported in the district, but two cases of dysentery were notified. The cases occurred in two female patients, one aged 45 years and one aged 65 years, both resident in the Stocksbridge area. The latter was removed to Lodge Moor Hospital where she died from broncho-pneumonia and diabetes. The 45 year old lady, who was not a food handler, responded to treatment and made a good recovery.

We should never forget that this is a highly infectious disease and can attack a family and spread very rapidly. The infection is transmitted by hand, by way of contaminated articles, e.g. crockery or cutlery. Fortunately the disease is preventable if strict hygiene precautions are taken, but once a person becomes infected, the disease can be persistent and eradication a long drawn out procedure. The Public Health Department is involved in a great deal of investigation, and specimens have to be obtained from patients and contacts, entailing many visits to their homes and close liaison with the Laboratory Service. To contain outbreaks of this nature, the people affected must appreciate that while the symptoms can be relieved quickly by modern chemico-therapy, the organism may still be there, and until there are consistent negative results from the samples taken to the laboratory for analysis we cannot assume that infectivity is ended. In this respect therefore the patient must continue to co-operate fully.

TUBERCULOSIS

Three cases of Tuberculosis were notified during the year - one pulmonary and two non-Pulmonary. The new case of Pulmonary Tuberculosis was admitted to Lodge Moor Hospital, and the two non-pulmonary cases were transfers in to the district.

The picture so far as this disease is concerned is reasonably good and gives no cause for anxiety. The incidence of new cases is comparatively low and what is equally important they are being diagnosed earlier with a much better chance of recovery.

We did not have a visit from the Mass Radiography Unit during the year, but when visiting another area in the Division, advantage is always taken to refer suspicious cases for chest X-ray or if necessary they are referred direct to the Unit's static premises either at the Royal Hospital, West Street, Sheffield or the Hallamshire Teaching Hospital, whichever is the most convenient.

The Local Health Authority continues to provide extra nourishment for tuberculosis cases receiving domiciliary treatment if it has been recommended by the Chest Physician. These patients receive two pints of milk per day free of charge so long as they are at home, and during 1970 one patient in the Stocksbridge area received this extra nourishment.

An additional important factor in the welfare of these patients is housing, in order that the person suffering from the disease can have separate sleeping accommodation. Whenever I have had need to recommend re-housing in such cases, your council have always supplied alternative accommodation. No such recommendation was made during 1970 although under the West Riding County Council's Care and After Care Loan of Equipment Service we issued a single bed and mattress to one applicant.

B.C.G. VACCINATION

Again B.C.G. vaccination was systematically carried out amongst school children during their first year in Secondary School. The table below gives an indication of the numbers involved.

School	No. Tested	No. Positive	No. Negative	No. Vaccinated
Stocksbridge Sec. Modern	95	8	87	78 (9 absent)

CHIROPODY SERVICE

As mentioned in my report for 1969 staffing difficulties in connection with this service were experienced in the district but these were resolved early in 1970, and the result of this is reflected in the figures given below:-

	<u>Clinic</u>	<u>Domiciliary</u>	<u>Total</u>
Treatments	1,533	709	2,242
Number of patients treated	349	163	512

These show an increase of clinic patients and treatment not only on the 1969 figure but for the previous year too. The statistics for domiciliary patients are fractionally less but this is in keeping with the County policy of containing the numbers requiring treatment at home in view of the mounting costs.

This is a rapidly expanding service and ideally one could employ more Chiropodists to carry out the work of ensuring patients receiving treatments every eight weeks. Unfortunately there is a national shortage of qualified Chiropodists and from my experience in this Division, the profession does not appear to be attracting the necessary recruits to replace the natural wastage by retirement, even though many staff continue to practise well into their seventies. As you are aware the service is provided by the Local Health Authority for persons of pensionable age (males 65 and females 60), the Physically handicapped, and Expectant mothers. The numbers in the latter category are very few and as would be anticipated it is the old age pensioners who benefit by far. I am sure that this service is contributing tremendously to the welfare of the old people, and it would be safe to say that but for this scheme, many people now leading an active and independent life could quite easily be immobilised in their own homes requiring help from other sources.

HEALTH EDUCATION

Throughout the year Health Education in general was undertaken by all members of the staff who are in contact with the public. Advice in the care of health is routine for Health Visitors when calling at homes, be it regarding the care of a child or the welfare of the elderly. Public Health Inspectors, when visiting homes, avail themselves of the opportunity of educating the public on improved methods of hygiene, and pass on information concerning the Public Health Services.

Some years ago we had an arrangement with general practitioners in the Division to notify us of persons receiving treatment for

home accidents, i.e. falls, burns and scalds, etc. then paid to the homes of these people by the Health Visitor, to advise on preventive methods and try and avoid further accidents. Because of increased workloads for general practitioners and nursing staff alike, this exercise has lapsed.

Over the years the importance of this aspect of Preventive Medicine has become increasingly recognised, and the West Riding County Council are fortunate in having a separate Health Education department staffed by specialists to organise and develop the service. They produce teaching material and provide assistance in the training of staff to use the highly technical equipment required for modern information services. The department houses a Film Library of both sound films and filmstrips, as well as a host of visual aids, notes, leaflets and posters.

The Divisional Nursing Officer co-ordinates the programme of Health Education carried out by the staff in this Division and, following the established pattern, lectures, film shows and discussions on health have been given to outside organisations, as well as to senior pupils in Comprehensive Schools. In addition, talks and regular screenings of the film "To Janet a Son" have been given to expectant mothers and, on occasions, their husbands. Publicity on all health matters is displayed at Child Welfare Clinics and Health Centres. Notice-boards and display cabinets are used wherever and whenever possible, to bring health matters before the public.

HEALTH CENTRES

Anyone reading this document regularly over the years would usually have expected the heading 'Child Welfare Clinics'. That it has changed is due to the policy of the County Council in establishing Health Centres. In 1968 your Council made additional land available in Johnson Street to enable the County Council to extend and adapt the existing Child Welfare Clinic to form a Health Centre. These are designed not only for use by the Local Health Authority for existing services, but to permit the use by General Practitioners for surgery purposes. The building was completed and handed over in September 1969. By 1st December of that year the three practices in Stocksbridge comprising six Doctors were holding regular surgeries. In addition to their morning and afternoon surgeries the general practitioners conduct their own baby clinics and see their ante natal patients. In this work they are assisted by the Health Visitors and Midwives of the Local Health Authority. They also have the use of the District Nursing Sisters who, at the doctor's request, see patients at the Health Centre or in the homes. The initial teething difficulties were overcome and by early 1970 the benefits of the new Health Centre were being felt by the doctors and nursing staff, and not least by the Community.

Eye Clinics, Chiropody Clinics, Well Women Clinics and Child Guidance Sessions as well as Dental Clinics are all held in this one building. During 1970 the Car Park was found to be inadequate, and this was enlarged. Similarly the pram shelter at the front of the building proved insufficient for the numbers involved and plans have been approved for this to be made bigger.

NATIONAL ASSISTANCE ACT, 1948

There was no occasion to use the provisions of Section 47 of the National Assistance Act 1948 or the Amendment Act of 1951.

Where a patient is generally difficult and refuses to go to hospital, I find the need for compulsory measures rarely arises. Usually after a visit by myself and the Divisional Nursing Officer, the patient is reassured and accepts that it is in their best interests to have a period away from home. During their stay in hospital we try to persuade the relatives to clean and re-decorate the home where necessary. When this fails arrangements are made for the Domestic Help Service and other voluntary agencies to clean the house. It is pleasing to record the help and advice we have received from Mr. Kaye's department on occasions in this respect.

The patient, after a spell in hospital receiving medication, regular and wholesome food with proper care and attention is able to return to their own home. There, with support from a Home Help, provision of Meals on Wheels, and periodic visits from Nursing Staff, they are able to take up and lead a full life.

MENTAL HEALTH SERVICE

Steady progress was maintained in this particular field during 1970 and I am happy to report good liaison continues between the hospitals and the community services.

The general policy of Mental Hospitals in cases of acute psychiatric illness is intensive treatment and early discharge to the community with support and after care from the Mental Welfare Officers.

Outpatient Clinics are held at the Northern General Hospital every Tuesday morning and in attendance is a Mental Welfare Officer from this department. A Consultant Psychiatrist from Middlewood Hospital held Outpatient Clinic sessions at the Health Centre, Mill Road, Ecclesfield, each Monday afternoon, and during the year under review 253 patients were seen at 48 sessions. On Friday mornings at the Health Centre an Outpatient Clinic is held for sub-normal patients whenever necessary. During the year a total of 42 juveniles were seen at 28 sessions. The Yews Day Hospital, which is an annexe of Middlewood Hospital, continued to accept patients from the Division. At this establishment patients attend

on a daily basis and are conveyed either by ambulance, a Mental Welfare Officer, or in some cases by relatives. Here, they are not only able to receive treatment from the Hospital Consultant, but can participate in social activities and where necessary can undertake occupational therapy.

ADMISSIONS AND DISCHARGES TO MIDDLEWOOD HOSPITAL

There were five patients (4 male and 1 female) admitted to Middlewood Hospital during the year and 8 were discharged. In all six requested aftercare (3 male and 3 female).

TRAINING CENTRE

The Training Centre at High Green continued to play an important part in helping these handicapped persons living in the Division. They have the opportunity to mix with people of similar disabilities. The adults undertake Contract work, for which they receive a nominal sum of money each week. This is classed as an incentive payment for attending the Centre, rather than a remuneration for work carried out, although skill and aptitude in any particular craft is rewarded by an increase in the incentive payment. The trainees continued to enjoy an active social life, at least once a month a football or cricket match was held depending on the time of the year, and on other occasions socials and dances were arranged. It is pleasing to place on record that there is never any shortage of volunteers on these occasions and much credit reflects on the Parent/Teacher Association for their sponsorship and financial help in these activities.

SPECIAL CARE UNIT

The Care Unit provides relief to mothers of those children who, in some cases have a physical, as well as a mental handicap, being cot bound or chair bound. With the best will in the world these cases can be a real problem to a mother who may have normal children to cope with in addition. As would be expected the Unit admits the maximum number with which it can cope, and apart from holidays and sickness, twelve children attended five days a week during 1970.

The following are statistics of the mentally subnormal cases in the area:

Care and GuidanceOver 16 years

	Male	Female
In full employment	3	2
Fully employed and/or supervised at home	-	3
Training Centre	6	2
Training Centre refused	3	1
Unemployable or cot cases	2	-
Working Part-time	1	1

Under 16 years

Training Centre	4	2
Cot cases in Care Unit	1	-
	<u>20</u>	<u>11</u>

GENERAL PROVISION OF THE HEALTH SERVICESHOSPITALSInfectious Disease

Cases of Infectious Disease requiring treatment in hospital are admitted to Lodge Moor Hospital, Sheffield.

Maternity Cases

Where admission to Maternity Hospital is required, provision is available at the Chapeltown Maternity Home, the Northern General Hospital, Sheffield, and the Jessop Hospital for Women, Sheffield.

General Hospitals

All the general hospitals in Sheffield are available for residents in the Stocksbridge Urban District who require hospitalisation.

LABORATORY SERVICES

The Public Health Laboratories at Wakefield and Sheffield are available to provide all the necessary investigations we may require in the epidemiological field. The respective Medical Directors are always willing to help and advise, and I am grateful to them.

AMBULANCE SERVICE

The arrangements made by the West Riding County Council for the provision of Ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946 have been continued during 1970.

No staffing difficulties were experienced during the year and a full complement of staff was maintained. These now number 44 including three female domestic cleaners, two employed at the Hoyland Ambulance Station and one at Penistone, and all are under the control of the Station Officer. The employment of domestics to clean staff quarters, mess rooms, and offices, has been a welcome innovation much appreciated by the staff who continue to work a three shift system from the main Operational Depot at Hoyland, with an alternating shift at Penistone. A high level of vaccination and immunisation state is maintained, and regular procedures are carried out by Medical Staff from my department.

In May the Ambulance Car was exchanged for an Ambulance, and there are now eight vehicles at Hoyland and three at Penistone. All these are radio controlled contributing to a high degree of efficiency, and many incidents are recorded where, due to this system, a patient is able to obtain medical attention much more speedily with very obvious advantage.

During 1970, 47,790 patients were conveyed and the mileage travelled by vehicles from these two stations was 280,118 miles. In the main the journeys undertaken have been associated with the conveyance of patients to and from hospitals in Sheffield, Barnsley and Rotherham, as well as to various treatment centres. Arrangements continue to operate for mutual assistance with adjoining authorities in respect of routine and emergency cases. Facilities exist for transporting midwives to maternity patients when required in addition to delivering an incubator for use when babies are born prematurely. This valuable piece of equipment, whilst housed at the Hoyland Ambulance Station, is of course maintained by our midwives, and a number of vehicles are provided with means of electrical heating for the incubator.

The majority of the Ambulance Personnel are competent to render First Aid, and for staff who have trained and obtained

current certificates, the County Council give extra financial rewards as an added incentive. At the Hoyland Depot, voluntary Ambulance Aid classes are taken by a Shift Leader each week and these are well attended. The Station Officer gives lectures on "Resuscitation Procedures" and "Prevention of Home Accidents" to audiences at Comprehensive Schools, Church Organisations and Home Safety Committees.

CERVICAL CYTOLOGY

During 1970 the practice of taking cervical smears for the detection of early carcinoma of the cervix was continued. Although the policy laid down was to encourage females over 35 years of age, with four or more children, as the group most at risk, we have always accepted married women who were anxious to have the test carried out, regardless of age. This is a service which finds its own level of publicity, and there is no shortage of applicants. These are referred by general practitioners and our own nurses, or the ladies make their own application, having perhaps read in women's magazines that to have this test is a most useful preventive measure. The reason for the absence of publicity on our part is that the smear facilities in the laboratory is the controlling factor. The number of positive cases that have been discovered is very small but invariably, as a result of having been discovered, we expect the ladies concerned will go on to enjoy a normal life span.

CLINICS

CHILD WELFARE

The clinics held in Stocksbridge area are listed below, together with the number of attendances during 1970.

INFANT WELFARE CLINICS

Name and Address of Centre Name of Doctor and Health Visitor in attendance	Day and Time of Sessions	Total number of attendances during the year	
		Number who attended for first time during 1970	Children up to 5 years
<u>STOCKSBRIDGE</u> Health Centre, Johnson Street. Dr. M. Bannon. Dr. G. Brennan. Dr. R. Patel, Miss J. Incles Mrs. M. A. Laycock (Asst.) Mrs. J. M. Parkin	Thursday p.m.	716	3,467

HEALTH VISITING

In recent years there has been considerable rethinking on the functions of a Health Visitor. I think the old concept of the Clinic Nurse, whose sole concern was for baby welfare, with the occasional search for verminous heads, has long been dispelled. The modern Health Visitor is a highly trained professional, who not only has the requisite nursing qualifications, but is experienced in all aspects of social welfare, as well as knowing the functions of a computer. She must be adaptable to efficiently work in a sophisticated Health Centre, as well as in a two-roomed Sunday school. She should be the type who can communicate with the modern young miss equally as well as with the elderly person. A Health Visitor has to act as a link between the general practitioner and the patient, and between the patient and the hospital. She must also be skilled in the art of teaching, because wherever she goes the Health Visitor imparts the principles of personal hygiene, as well as advising on preventive medicine. The Local Authority Social Services Act, 1970, about which I commented in my introduction, having received the Royal Assent becomes effective from 1st January, 1971. This Act envisages multi-purpose Social Workers who will have a part to play alongside the Health Visitors but will not replace them.

During the year the Health Visitors made 2,687 first visits to new cases in the Stocksbridge Urban District.

HEALTH VISITING STAFF (1970)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss J. Incles	231, Tower Drive, Norfolk Park, Sheffield.2.	
Mrs. M.A. Laycock (Asst.)	23, Park Drive, Stocksbridge.	
Mrs. J.M. Parkin (Comm. 14.9.70)	74, Cross Lane, Stocksbridge.	Stocksbridge 2778
Mrs. L.M. Sellars (Transferred to Stannington 11.8.70)	Handbank Farm, Midhope, Stocksbridge	Penistone 3387
Miss J.M. Walker	303 Haggstones Road, Worrall	Oughtibridge 2174

HOME NURSING

The Home Nursing Service in the Stocksbridge Urban District is carried out by three District Nursing Sisters, as follows:-

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Mrs. A.M. Armitage	88, Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. M. Fort	78, Grove Avenue, Middlewood, Sheffield.6.	Sheffield 349137
Mrs. E.M. Fox	7 Willow Road, Stocksbridge.	Stocksbridge 3505

During the year a total of 6,140 visits were made by these nurses to 204 new cases.

This is a service which is as near as possible to that available to patients in hospital. The well-trained qualified District Nurse is experienced in the nursing of patients in their own homes. They are fully equipped, and have at their disposal the latest aids and equipment for modern nursing. What she does not have in some cases is the hospital's aseptic environment, and here she has been trained to improvise. All the nurses are mobile and work in close collaboration with the patient's general practitioner, from whom she takes instructions and to whom she is responsible clinically. The majority of general practitioners appreciate the attachment of Home Nurses to their individual practices, and have found this a welcome asset.

MIDWIFERY SERVICE

Within the Stocksbridge district there was a little difficulty in maintaining a service during 1970, because of staff changes. Miss R. Crossley retired on 22nd January, after having worked with the department for 23 years, prior to which she was with the Queen's District Nursing Service.

Mrs. J.F. George, who replaced her, resigned at the end of October, 1970, on returning to work in hospital. In order to achieve a measure of continuity it was necessary to transfer Mrs. E.M. Swinney, the Midwife working in the Ecclesfield/Grenoside area, to practice wholly in Stocksbridge and Deepcar, with assistance for holidays, weekends and exceptionally busy periods from the Penistone Midwives. To cover their duties the staff from Hoyland relieved the Penistone area.

The number of cases attended by the Midwives during 1970 was 40.

MIDWIFERY STAFF (1970)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss R. Crossley (Resigned 22.1.70)	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135.
Mrs. J.F. George (Resigned 31.10.70)	330, Middlewood Road North, Oughtibridge.	Sheffield 348130.
Mrs. E.M. Swinney	21, Mountbatten Drive, Burncross, Chapeltown.	Ecclesfield 2608

NURSING STAFF AS AT 1ST JULY, 1971

HEALTH VISITORS

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss J. Incles	231, Tower Drive, Norfolk Park, Sheffield, 2.	
Mrs. M.A. Laycock (Assistant)	23, Park Drive, Stocksbridge.	
Mrs. J.M. Parkin (Commenced 14.9.70)	74, Cross Lane, Stocksbridge.	Stocksbridge 2778.

HOME NURSES

Mrs. A.M. Armitage	88, Fox Glen Road, Deepcar.	Stocksbridge 2294.
Mrs. M. Fort	78, Grove Avenue, Middlewood, Sheffield. 6.	Sheffield 349137.
Mrs. E.M. Fox	7, Willow Road, Stocksbridge.	Stocksbridge 3505.

MIDWIVES

Mrs. E.M. Swinney	21, Mountbatten Drive, Burncross, Chapeltown.	Ecclesfield 2608.
Mrs. J.M. Pickering (commenced P.T. 26th May, 1971)	92 Cross House Lane, Grenoside.	Ecclesfield 4550.

DOMESTIC HELP SERVICE

During 1970 a total of 25,269 domestic help hours were provided in the Stocksbridge Urban District. There were 38 Domestic Helps employed, attending a total of 107 cases. Of this total, 62 cases were continued from 1969, the remaining 45 being new cases. The types of cases where domestic help was made available are as follows:-

Maternity cases	6
General cases over 65 years	86
General cases under 65 years	5
Other cases	10
	<u>107</u>

It will be noted that the total number of cases attended by Home Helps in the Stocksbridge area fell by 20, from 127 to 107, with a corresponding drop of 236 hours. The major reduction occurred in the general cases over 65 years, the number falling from 102 down to 86. The number of 'Other cases' doubled from 5 to 10. This type of case involves the servicing of homes where the mother is suffering from an illness and requires help not only with domestic duties, but with her children. Under this heading would be placed problem families, requiring instruction in housekeeping and budgeting; also, widowers with young children are entitled to help until they can obtain the services of a paid housekeeper. Since the Home Help scheme began it has developed into an essential service for the care of the aged, and it helps them to remain in their own homes, when otherwise some, due to increasing infirmity, would have to go into Part III accommodation or hospital.

Before the implementation of the Local Authority Social Services Act, 1970 which, amongst other things, authorises the hand-over of the Domestic Help Service to the new Department of Social Service, the County Council approved the appointment of a Home Help Organiser and two assistants in each divisional area. The Home Help Organiser for this Division started her new duties on 1st November, 1970. She had to assume responsibility for administering and co-ordinating a work force of approximately 140 Home Helps, whose duties had previously been defined and organised in the main by the Health Visiting Staff. There was a gradual transfer of responsibility with full co-operation on all sides.

It is most important to have the elderly remain in the surroundings they know so well, and to this end the County Council, under Section 126 of the Local Government Act, 1948, make contributions to District Councils for the provision of selected groups of dwellings for elderly people on Council Estates. These units have a warden whose duty it is to make periodic visits daily and ensure the well-being of the tenants. A communication system operates from their accommodation to the warden's residence, so that she can be summoned at any hour of the day or night, should an emergency occur.

MEALS ON WHEELS

This is the final link in the chain of help and assistance for the elderly, and is all the more remarkable because it is a voluntary service. Organised by the Women's Royal Voluntary Service and supported by the County Council and the District Council, these ladies provide a hot meal two or three times a week to the aged and infirm, who are unable to cook a lunch for themselves. I do feel that the community are indebted to these ladies for their efforts, and I would like to place on record my sincere thanks.

DISTRIBUTION OF WELFARE FOODS

The amount of Welfare Foods issued in Stocksbridge Urban District during 1970 was as follows:-

National Dried Milk	305 tins
Cod Liver Oil	214 bottles
Vitamin A and D Tablets...	428 (packets of 45)
Orange Juice	5,722 bottles

These foods are issued at the following Centres throughout the Division on the days and times stated:-

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
----------------------------	-------------	--------------

STOCKSBRIDGE URBAN DISTRICT

The Health Centre, Johnson Street, Stocksbridge.	Thursday	2.00 - 4.00 p.m.
Brightside and Carbrook Co-op Soc. Deepcar Branch, Manchester Road, Deepcar.	During shop hours.	

PENISTONE URBAN DISTRICT

Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2.00 - 4.00 p.m.
--	--------	------------------

PENISTONE RURAL DISTRICT

Child Welfare Centre, Parish Rooms, Church Street, Cawthorne.	Alternate Thursdays.	1.30 - 3.30 p.m.
---	-------------------------	------------------

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
P. & C. Sinclair, The Stores, Halifax Road, Thurgoland.	During shop hours	

HOYLAND NETHER URBAN DISTRICT

Child Welfare Centre, Rockingham Youth Club, Sheffield Road, Hoyland Common	Thursday	2.00 - 4.00 p.m.
Child Welfare Centre, 2 West Street, Hoyland	Tuesday	10.00 - 12.00 a.m. 2.00 - 4.00 p.m.

WORTLEY RURAL DISTRICT

Clinic, Zion Congregational Church, Langsett Road South, Oughtibridge.	Thursday	2.00 - 4.00 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays.	2.00 - 4.00 p.m.
Child Welfare Centre, Greenhead Wesleyan Reform Chapel Greenhead Lane, Chapelton	Wednesday	10.00 - 12.00 a.m. 2.00 - 4.00 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2.00 - 4.00 p.m.
Health Centre, Mill Road, Ecclesfield.	Monday and Friday	2.00 - 4.00 p.m.
Clinic, Community Hall, Main Street, Grenoside.	Thursday	2.00 - 4.00 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilley, Nr. Barnsley	Alternate Mondays.	2.00 - 4.00 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays.	1.30 - 3.30 p.m.
Health Centre, Uppergate Road, Stannington	Wednesday.	2.00 - 4.00 p.m.

FACTORIES ACT 1961

This table is enclosed by a request of the Secretary of State for Employment of indicate to Medical Officers of Health the prescribed particulars which are required by Section 153 (1) of the Factories Act, 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1970 FOR THE URBAN DISTRICT OF STOCKSBRIDGE IN THE COUNTY OF YORKSHIRE

Prescribed Particulars on the Administration of the Factories Act 1961

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	3	11	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	18	9	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	1	-	-
Total	23	11	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

Particulars	Number of cases in which defects were found			Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	
(1)				
Want of cleanliness (S.1)	-	-		
Overcrowding (S.2)	-	-		
Unreasonable temperature (S.3)	-	-		
Inadequate ventilation (S.4)				
Ineffective drainage of floors (S.6)	-	-		
Sanitary Conveniences (S.7)	-	-		
(a) Insufficient				
(b) Unsuitable or defective	-	-		
(c) Not separate for sexes	-	-		
Other offences against the Act (not including offences relating to Outwork)	-	-		
Total	-	-		

PART VIII OF THE ACT - Outwork (Sections 133 and 134)

Nature of Work	No. of out-workers in August list required by Section 133(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel) Making etc.,) Cleaning and) Washing						
Household Linen						
Lace, lace curtain and netc						
Curtains and furniture hanging						
Furniture and upholstery						
Electro-plate						
File making						
Brass and brass articles						
Fur pulling						
Iron and steel cables and chains						
Iron and Steel and grapnels						

NH

Cart gear

Locks, latches & keys

Umbrellas, etc.

Artificial flowers

Nets, other than
wire nets

Tents

Sacks

Racquet and tennis
balls

Paper bags

The making of boxes or
other receptacles or
parts thereof made
wholly or partially
of paper

Brush making

Pea picking

Feather sorting

Carding, etc. of
buttons, etc.

Stuffed toys

Basket making

Chocolates and
sweetmeats

Cosques, Christmas
stockings, etc.

Textile weaving

Lampshades

TOTAL

NIL

