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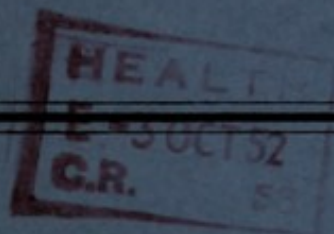
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THORNE RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER
OF HEALTH
FOR 1951



THORNE RURAL DISTRICT COUNCIL

THE FIFTY-FOURTH
ANNUAL REPORT
OF THE
MEDICAL OFFICER
OF HEALTH

1951

By

G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H.

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(As at 30.6.52)

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G. HIGGINS, B.SC., M.B., CH.B., D.P.H.

Chief Sanitary Inspector :

W. BELL, M.S.I.A.

Additional Sanitary Inspector :

H. MORDUE, M.R.S.I., M.S.I.A.

Clerk :

C. CREAMER

OFFICES OF THE THORNE RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,

Council Offices,

Thorne.

Telephone : Thorne 2147 Ex. 4.

OFFICERS OF THE WEST RIDING COUNTY COUNCIL :

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R. B. LAIDLAW-BECKER, M.D., D.P.H., D.P.M.

Health Visitors :

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„ S. MACPHAIL

Mrs. I. WILL

Miss P. B. MABBITT

„ W. RICHARDS

Assistant Health Visitors :

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Miss M. F. MASON

Home Nurses :

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Mrs. J. ORRELL

(appointed 1/5/52)

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PUBLIC HEALTH DEPARTMENT,
Council Offices,
Thorne.

August, 1952

TO THE CHAIRMAN AND MEMBERS OF
THE THORNE RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

It is with pleasure that I present to you the Annual Report of the Public Health Department for the year 1951.

The year 1951 has been a good one from the public health point of view. The death rate has remained low, the Infant Mortality rate has reached a new low record and the stillbirth rate has further declined. In addition, there has been a considerable reduction in the number of cases of Zymotic Diseases.

Regarding the health services in general there is, however, room for improvement.

In this area we have a population of 32,000 with a high birth rate, yet the nearest maternity hospital is 13 miles away. In addition, the nearest ambulance depot is at a similar distance.

As a consequence, there is often a long and dangerous delay before patients can be admitted to hospital for attention.

There is a real need in this area for the establishment of a local maternity unit and ambulance depot.

As you will note from the statistical figures of the report, all the sections of the services have again shown expansion, some, e.g. the Home Nursing and Home Help Services, have expanded very considerably.

The picture as a whole reflects great credit on all the staff employed during the year, all of whom have combined well to produce the satisfactory figures embodied in this report, to all of whom I wish to express my sincere thanks.

Mention must also be made of the excellent work done by your Sanitary Inspectors during the year.

I cannot close without giving credit to the excellent work of my Assistant, Dr. Becker and my Chief Clerk, Mr. Howitt, whose work has considerably lightened my administrative responsibility.

I am,

Your obedient servant,

G. HIGGINS,

Medical Officer of Health.

FOOD AND DRINK INFECTIONS

Over the last 100 years most of the serious diseases such as Typhoid Fever and Cholera have practically ceased to be a public health problem due to the improvement with regard to cleanliness in our water supplies.

On the other hand, the milder types of food infections have greatly increased, for which many factors are responsible. Of these we must mention :—

1. The increase in communal feeding in canteens and restaurants ; the provision of school meals, etc.
2. The increase in the consumption of wholesale prepared foods such as meat pies, synthetic cream, ice cream, sausages and cakes.
3. A lowered standard in many establishments in the standard of food hygiene due to such factors as the shortages of linen and crockery, difficulties in the supply and fitting of modern kitchen equipment and the use of untrained personnel.

The actual cause of outbreaks of food infections is the contamination of foodstuffs by harmful bacteria.

Many types of bacteria responsible for food poisoning live naturally, as regards man, in the nose, throat and intestines, the common non-human sources are domestic animals (cattle, pigs, dogs, poultry, etc.), vermin (rats and mice) and insects.

There are two main ways of ensuring that the food to be consumed is wholesome :—

- a. By preventing the food from becoming contaminated.
- b. By destroying bacteria already present or at least preventing their growth.

In the first method in cases where man is the reservoir of infection THE HANDS are the chief culprit.

After visiting the W.C. the hands are contaminated with intestinal bacteria—as toilet paper is porous. If not washed immediately door handles, taps, clothes and food then become infected.

Except on food most bacteria soon die ; consequently it cannot be too strongly emphasised that the greatest danger with regard to food infections is THE UNWASHED HANDS OF THE FOOD HANDLER.

Hand washing after the use of the W.C. should become a social habit—the modern idea of placing the W.C. and wash basin in separate rooms is a retrograde step.

Bacteria rapidly grow in cuts and abrasions of the skin ; consequently, any person with skin cuts, or, indeed, any skin infection (such as boils etc.) should not be allowed to handle or prepare food. Nose picking, finger licking and unguarded sneezing and coughing should also be avoided.

It is of course essential that all food should be protected from domestic animals, vermin and flies by storing in closed containers and by the proofing of premises—the display of uncovered food for sale in shops should be barred—especially if such food is not to be cooked before eating.

Regarding the second method by destroying or preventing the growth of bacteria on food. This can be achieved by destroying bacteria by heat or preventing their growth by the application of cold (refrigeration).

The commonest infections are due to processed or re-heated meat dishes such as stews, sausages, meat pies, etc. All such foods should be adequately cooked shortly before eating and eaten whilst still hot.

If this is not possible then after cooking the food should be rapidly cooled and then kept in a cold place, preferably in a refrigerator, until eaten.

It cannot be too strongly emphasised that cooked meat dishes kept at ordinary room temperature can be infected and become dangerous to health and even life within a few hours.

With regard to eggs ; the most dangerous are duck eggs which are more likely to be contaminated than hen eggs. Consequently, all such eggs should be thoroughly cooked before eating.

Milk is another potentially dangerous food as it provides an ideal medium for the growth of bacteria ; hence, no milk should be drunk that has not been heated (pasteurised) and no raw untreated milk should be consumed without first boiling.

Finally, it must be stressed again and again that the utmost attention should be paid at all times to personal hygiene amongst food handlers.

SECTION I,
VITAL STATISTICS

NATURAL AND SOCIAL CONDITIONS OF THE THORNE RURAL DISTRICT

Area (in acres)	38419
Population (Registrar's mid-year estimate)	32250
Number of Inhabited Houses	7940
Sum represented by penny rate	£485

VITAL STATISTICS

LIVE BIRTHS :

	MALE	FEMALE	TOTAL
Legitimate	362	338	700
Illegitimate	9	15	24
	—	—	—
	371	353	724
	—	—	—

Birth Rate per 1,000 of the estimated population, 22.4

Birth Rate of England and Wales per 1,000 population, 15.5

STILL BIRTHS :

	MALE	FEMALE	TOTAL
Legitimate	11	9	20
Illegitimate	1	1	2
	—	—	—
	12	10	22
	—	—	—

Still-birth Rate per 1,000 live and still births, 29.5

Still-birth Rate for England and Wales, 23.0

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

	MALE	FEMALE	TOTAL
Legitimate	17	13	30
Illegitimate	—	—	—
	—	—	—
	17	13	30
	—	—	—

DEATHS OF INFANTS UNDER 4 WEEKS OF AGE

(Included in the above)

	MALE	FEMALE	TOTAL
Legitimate	14	9	23
Illegitimate	—	—	—
	—	—	—
	14	9	23
	—	—	—

INFANT MORTALITY RATE :

All Infants per 1,000 live births, 41.4

Infants under 4 weeks of age per 1,000 live births, 31.8

DEATHS—ALL CAUSES (Including Infants under 1 year of age).

MALE	FEMALE	TOTAL
162	138	300

Death Rate per 1,000 of estimated population Thorne R.D., 9.3

Death Rate per 1,000 of estimated population of England and Wales, 12.5

**CAUSES OF DEATH IN THE THORNE RURAL DISTRICT AS SUPPLIED BY THE
REGISTRAR GENERAL FOR 1951**

CAUSE OF DEATH :	MALE	FEMALE	TOTAL
Tuberculosis, respiratory	6	3	9
Tuberculosis, other	3	—	3
Syphilitic Disease	1	1	2
Infective and Parasitic Disease	—	1	1
Malignant Neoplasm, Stomach	4	3	7
Malignant Neoplasm, Lung, Bronchus	9	1	10
Malignant Neoplasm, Breast	—	2	2
Other Malignant and Lymphatic Neoplasms	14	9	3
Diabetes	—	3	3
Vascular Lesions of Nervous System	14	16	30
Coronary Disease, Angina	13	8	21
Hypertension with Heart Disease	2	2	4
Other Heart Diseases	21	18	39
Other Circulatory Diseases	4	2	6
Influenza	4	6	10
Pneumonia	3	9	12
Bronchitis	17	13	30
Other Diseases of Respiratory System	1	1	2
Gastritis, Enteritis and Diarrhoea	1	3	4
Nephritis and Nephrosis	2	3	5
Hyperplasia of Prostrate	1	—	1
Pregnancy and Childbirth	—	1	1
Congenital Malformations	1	2	3
Other Defined and Ill-defined Diseases	31	24	55
Motor Vehicle Accidents	6	2	8
All other Accidents	4	4	8
Suicide	—	1	1
	162	138	300

**TABLE OF BIRTHS, DEATHS, NATURAL INCREASE, INFANT DEATHS
AND INFANT MORTALITY SINCE 1937.**

Year	Births	Deaths	Natural Increase	Infant Deaths	Infant Mortality	
					Thorne	England & Wales
1937	570	287	283	56	92	58
1938	598	251	347	37	62	53
1939	629	295	334	49	77	50
1940	624	314	310	47	75	55
1941	653	325	328	55	80	59
1942	644	285	359	44	69	49
1943	647	305	342	40	62	49
1944	738	250	488	39	53	46
1945	674	234	440	38	56	46
1946	737	268	469	31	47	43
1947	795	321	474	53	67	41
1948	748	288	460	48	64	34
1949	706	296	410	43	60	32
1950	746	289	457	31	41	30
1951	724	300	424	30	41	29

INFANT DEATHS

During the year 30 children died before reaching their first birthday out of a total of 724 live births. This represents a rate of 41·4 per 1,000 live births. For England and Wales the rate was 29·0.

The above is the lowest ever recorded for this area and is a reflection of the improvement in the child welfare services over the last few years.

The remarkable fall in the Infant Mortality Rate can be noted from the following figures :—

During the ten year period 1932-1941, 562 infants died under one year of age.

During the period 1942-1951 this has fallen to 397.

The commonest cause of infant death is Prematurity. Out of the 30 deaths during the year Prematurity was mentioned as the main or contributing cause of death in 18 cases.

As the actual cause of Prematurity is unknown, reduction in the above figures can only come about by concentrating all possible care on such children to increase their chances of survival.

The midwives and health visitors give priority to the visiting of such children in their homes.

INFANT DEATHS—1951

	AT HOME	HOSPITAL	TOTAL
Hatfield area	—	2	2
Dunscroft	1	2	3
Dunsville	—	—	—
Stainforth	1	3	4
Thorne	4	11	15
Moorends	4	2	6
Sykehouse	—	—	—
Fishlake	—	—	—
	10	20	30
	—	—	—

INFANT DEATHS—1951 Compared with two previous years.

Cause of Death	1951										1950 Dths.	1949 Dths.	
	Under												
	1 wk.	2 wks.	3 wks.	4 wks.	1-2 mths.	2-4 mths.	4-6 mths.	6-8 mths.	8-10 mths.	10-12 mths.	Total Dths.		
Chest Infections, e.g. Pneumonia, Bronchitis..	1	1	1	—	—	1	2	—	—	—	6	11	15
Prematurity	7	—	—	—	—	—	—	—	—	—	7	6	10
Complications of Labour	—	—	—	—	—	2	—	—	—	1	3	1	3
Gastro-Enteritis ..	—	—	—	—	—	—	—	—	—	—	—	5	2
Anaemia	—	—	—	—	—	—	—	—	—	—	—	1	—
Congenital Defect ..	6	—	1	—	—	—	—	—	—	—	7	4	5
Asphyxia	3	—	—	—	—	1	—	—	—	—	4	2	—
Marasmus	—	—	—	—	—	—	—	—	—	—	—	1	—
Meningitis.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions	—	—	—	—	—	—	—	—	—	—	—	—	2
Cerebral Haemorrhage ..	2	—	—	—	—	—	—	—	—	—	2	—	2
Reticulosis	—	—	—	—	—	—	—	—	—	—	—	—	1
Haemolytic Disease ..	1	—	—	—	—	—	—	—	—	—	1	—	1
Pinks Disease	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-operative	—	—	—	—	—	—	—	—	—	—	—	—	1
	20	1	2	—	—	4	2	—	—	1	30	31	43

INFANT DEATHS AND BIRTHS SHOWN IN DISTRICTS

Parish and Area of Residence		1951													1950		1949	
		Total		Age Groups											Total		Total	
				Under				1-2 mths. mths.	2-4 mths. mths.	4-6 mths. mths.	6-8 mths. mths.	8-10 mths. mths.	10-12 mths. mths.					
		1 wk.	2 wks.	3 wks.	4 wks.													
Hatfield	Hatfield Area	90	2	2	—	—	—	—	—	—	—	—	—	87	2	80	10	
	Dunscroft ..	101	3	3	1	—	—	—	—	—	—	—	—	137	5	100	4	
	Dunsville ..	8	1	—	—	—	—	—	—	—	—	—	—	9	—	8	—	
	Stainforth ..	193	4	3	—	—	—	—	1	—	—	—	—	188	9	175	12	
Thorne	Thorne ..	197	15	11	1	—	—	—	—	2	—	—	1	183	11	173	8	
	Moorends ..	120	6	1	—	2	—	—	3	—	—	—	—	121	4	145	7	
Fishlake	Sykehouse ..	7	—	—	—	—	—	—	—	—	—	—	—	8	—	10	1	
	Fishlake ..	8	—	—	—	—	—	—	—	—	—	—	—	13	—	15	1	
		724	30	20	1	2	—	—	4	2	—	—	1	746	31	706	43	

SECTION 2.

INFECTIOUS DISEASES

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING 1951

DISEASE	TOTAL CASES	AGE GROUPS					
		0-1	1-4	5-9	10-14	15-24	25-
Scarlet Fever	20	1	4	12	2	—	1
Whooping Cough	111	15	59	35	2	—	—
Measles	208	16	140	51	1	—	—
Acute Pneumonia	22	1	3	1	—	5	12
Dysentery	2	—	2	—	—	—	—
Erysipelas	2	—	—	—	—	—	2
Food Poisoning	5	—	1	1	1	—	2
Ophthalmia Neon- atorum	4	4	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	1	—
Cerebro-Spinal Meningitis	1	—	1	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	2	—	—	—	—	—	2

The number of notifications compared with other years are shown below :—

DISEASE	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Scarlet Fever	56	39	29	33	9	14	31	29	48	20	45
Whooping Cough	9	164	21	9	54	26	67	41	76	90	113
Measles	283	98	441	133	157	404	147	216	289	442	599
Acute Pneumonia	37	18	13	22	11	7	9	12	6	18	28
Dysentery	1	1	—	—	—	1	—	—	—	—	39
Erysipelas	10	9	9	3	2	4	4	4	4	7	10
Food Poisoning	—	—	—	—	—	—	—	—	3	1	4
Ophthalmia Neon- atorum	6	1	2	—	1	3	4	4	2	5	6
Puerperal Pyrexia	12	8	1	1	1	—	—	1	3	1	8
Acute Poliomyelitis Non-Paralytic	—	—	—	—	—	—	—	—	—	—	3
Paralytic	—	—	1	—	—	—	—	3	—	1	2

FOOD POISONING :

The five cases of food poisoning were the result of two outbreaks—one involving three persons and the other two. In neither case were there any deaths, nor was it possible to trace the food responsible.

INFECTIOUS DISEASES

The year 1951 has been a comparatively good year. There have been fewer notifications of the majority of these diseases, as will be seen from the above tables.

It is again my pleasure to report the absence of Diphtheria from the above tables—a direct result of our policy of maintaining a high immunisation rate among the children.

During the year there has been a large increase in the number of children so immunised, both in primary immunisation and also in the refresher group. A table of statistics will be found in the section of the report dealing with the County Council services.

Recent research has indicated that the possibility of obtaining a satisfactory agent for the protection of children against Whooping Cough has been brought nearer, and it is possible that facilities for such protection will be available to the public in the near future.

During the year the area was visited by the Mass Radiography Unit of the Regional Hospital Board. The results of this investigation are shown in the following figures kindly supplied by the Medical Superintendent.

Survey Undertaken At	No. examined	Abnormalities Discovered			Total
		Tuberculosis Active	Inactive	Other*	
Stainforth	1898	8	33	103	144
Moorends	1530				
Thorne	1469				

*The non-tuberculous abnormalities are classified as follows :—

Abnormalities of bony thorax and lungs	..	..	..	..	4
Chronic Bronchitis and Emphysema	..	..	..	..	9
Consolidation of unknown cause	..	..	..	..	4
Bronchiectasis	..	..	..	..	9
Pulmonary Fibrosis	..	..	..	..	7
Pneumocomiosis	..	..	..	..	41
Pneumoconiosis accompanied by Tuberculosis	..	..	..	..	2
Basal Fibrosis	..	..	..	..	5
Pleural thickening	..	..	..	..	2
Intrathoracic new growth	..	..	..	..	1
Cardio vascular lesions—acquired	..	..	..	..	18
Miscellaneous	..	..	..	..	1

TUBERCULOSIS—PREVENTION, CARE AND AFTER-CARE

The treatment of all tuberculosis cases is the responsibility of the Regional Hospital Board.

Since the 5th July, 1948, the responsibility of the County Council lies in dealing with environmental conditions and with prevention and after care.

The most important link in ensuring adequate liaison between the Tuberculosis Officer of the Regional Hospital Board and the Divisional Medical Officer is the Health Visitor, who assists at the clinic and undertakes the social work so essential in this disease.

During the year, one Assistant Health Visitor was used whole time for this work.

The main difficulty experienced in this area is one of providing suitable housing for T.B. persons.

The local Council have given all possible help with cases submitted by the Medical Officer for their consideration with regard to re-housing, but owing to the extreme shortage of houses in this area it is only possible to re-house the most urgent cases.

An important development during the year has been the recognition of B.C.G. Vaccination as an aid to prevention of this disease.

It is at present being used under strictly controlled conditions for the vaccination of children liable to be exposed to infection.

It has been used in Scandinavia, especially in Sweden, for many years where a very high proportion of the entire population is so vaccinated.

During the last few years in these countries there has been a striking fall in the mortality from Tuberculosis.

It is hardly to be expected that the results will be so striking here in Great Britain owing to many factors such as the high racial immunity in this country compared with Scandinavia.

Until very recently the attitude to B.C.G. Vaccination in this country has been very conservative, but the success of the Scandinavian scheme has led to the modification of this view.

The present investigation of this method of prevention of Tuberculosis under strict control has, in my opinion, been long overdue.

TUBERCULOSIS :

The number of new cases notified during 1951 are as follows :—

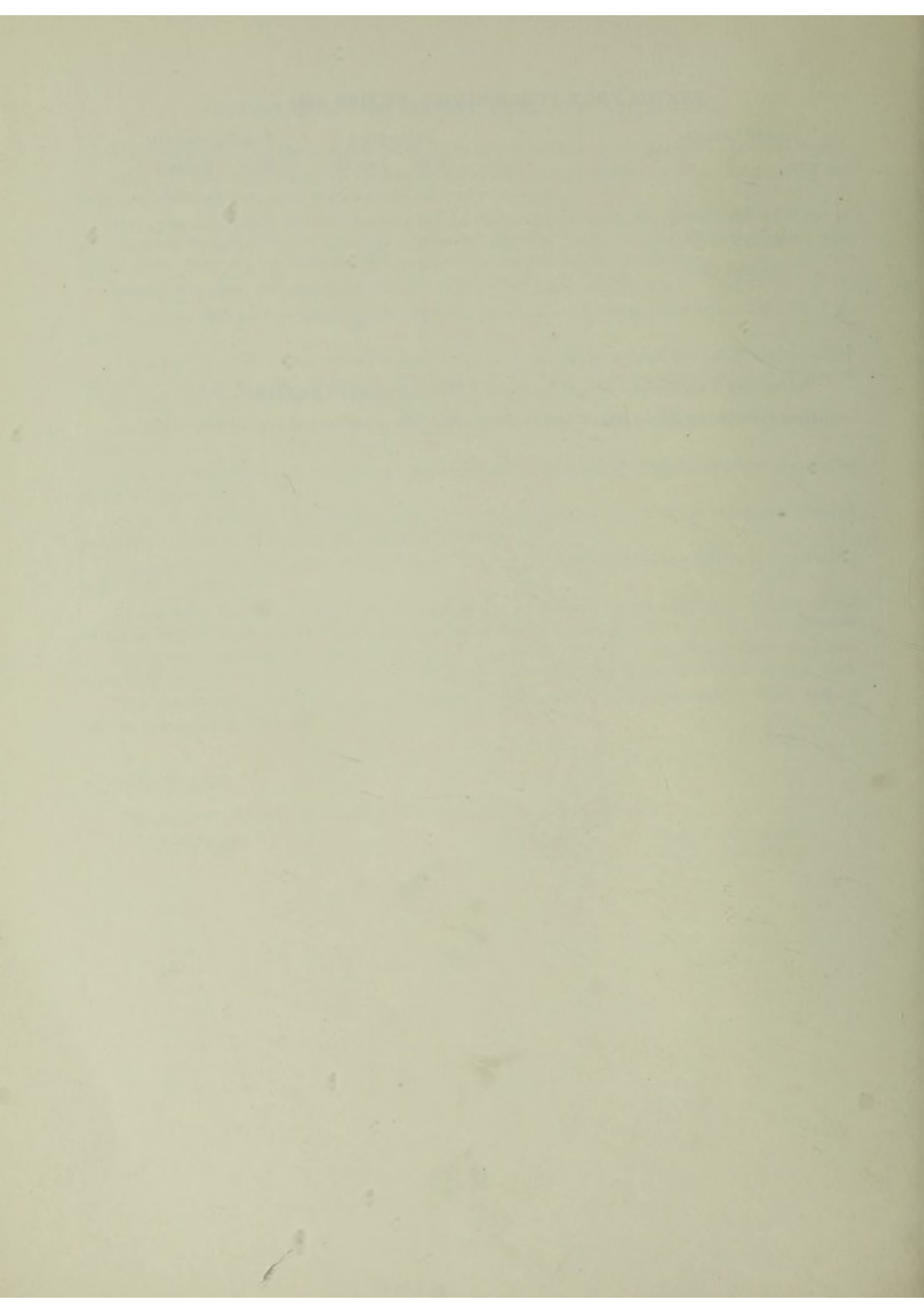
Age Groups	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
0-1	—	—	—	—
1-2	—	1	—	—
3-4	—	—	—	1
5-9	—	—	—	1
10-14	1	2	1	—
15-19	2	6	—	—
20-24	2	3	—	1
25-34	3	8	1	—
35-44	1	2	—	—
45-54	4	1	—	—
55 and over	2	—	—	—
	15	23	2	3

DEATHS FROM TUBERCULOSIS DURING 1951

Age Groups					Pulmonary		Non-Pulmonary	
					Male	Female	Male	Female
0-15	..	..	..	..	—	—	1	—
15-25	..	..	..	..	3	3	1	—
25-45	..	..	..	..	1	—	1	—
45 and over	..	..	..	..	2	—	—	—
					—	—	—	—
					6	3	3	—
					—	—	—	—

Pulmonary Tuberculosis Death Rate per 1,000 of estimated population, 0·28.

Non-Pulmonary Tuberculosis Death Rate per 1,000 of estimated population, 0·10.



SECTION III.

WEST RIDING COUNTY COUNCIL SERVICES

CLINIC ARRANGEMENTS

ANTE-NATAL AND POST-NATAL CLINICS

Thorne : Temperance Institute, Thorne	Friday afternoons	2-0 p.m. to 4-0 p.m.
Moorends : Wesleyan Chapel, Northgate, Moorends	Thursday afternoons	1-30 p.m. to 4-0 p.m.
Stainforth : Wesleyan Chapel, Church Road, Stainforth	Friday mornings	10-0 a.m. to 12 noon
Dunscroft : Church Hall, Station Road, Dunscroft	Wednesday afternoons	1-30 p.m. to 4-0 p.m.
Lindholme : Child Welfare Centre, R.A.F. Station, Lindholme	Monday mornings	10-0 a.m. to 12 noon

INFANT WELFARE CLINICS

Thorne : Temperance Institute, Thorne	Wednesday afternoons	1-45 p.m. to 4-0 p.m.
Moorends : Wesleyan Chapel, Northgate, Moorends	Tuesday afternoons	1-45 p.m. to 4-0 p.m.
Stainforth : Wesleyan Chapel, Church Road, Stainforth	Wednesday afternoons	1-45 p.m. to 4-0 p.m.
Dunscroft : Church Hall, Station Road, Dunscroft	Tuesday afternoons	1-45 p.m. to 4-0 p.m.
Lindholme : Child Welfare Centre, R.A.F. Station, Lindholme	Monday afternoons	2-0 p.m. to 4-0 p.m.

SCHOOL CLINICS

Thorne : Temperance Institute South End Primary School	Tuesday mornings Wednesday mornings	9-30 a.m. to 10-30 a.m. 9-30 a.m. to 10-30 a.m.
Moorends : West Road Infants Secondary Modern Girls' School	Wednesday mornings Monday mornings	9-30 a.m. to 10-30 a.m. 9-30 a.m. to 12 noon
Stainforth : Wesleyan Chapel, Church Road, Stainforth	Monday and Wednesday mornings	9-30 a.m. to 12 noon
Dunscroft : Church Hall, Station Road, Dunscroft Hatfield Dunsville School	Tuesday and Thursday mornings Wednesday mornings	9-30 a.m. to 12 noon 9-30 a.m. to 12 noon
Hatfield : Secondary Modern School Hatfield Woodhouse Junior School	Tuesday mornings Monday mornings	9-30 a.m. to 12 noon 9-30 a.m. to 12 noon

SPECIALISTS' CLINICS

Attendances made by appointment at the Divisional Health Office, Council Offices, Thorne

Paediatric Clinic :	Every 2nd Thursday	9-15 a.m. to 12-30 p.m.
Ophthalmic Clinic :	Every Friday morning	9-30 a.m. to 12-30 p.m.
Ear, Nose and Throat Clinic :	Every 2nd Wednesday	9-30 a.m. to 12-30 p.m.
Orthopaedic Clinic :	Every 2nd and 4th Thursday	2-0 p.m. to 4-30 p.m.
Ultra Violet Light Clinic :	Every Monday	1-30 p.m. to 4-0 pm.
	Every Thursday	9-30 a.m. to 12 noon
Speech Therapy Clinic :	Every Monday and	9-20 a.m. to 12 noon &
	Alternate Wednesdays	1-30 p.m. to 4-0 p.m.
Child Guidance Clinic :	As necessary	
Vaccination and Immunisation :	As necessary	

LABORATORY SERVICES

These are provided at the Public Health Laboratory, Wakefield.

The examinations carried out at the Laboratory include those for milk, water and other biological tests in connection with the clinical services.

The Sheffield Regional Hospital Board arrange for the blood examinations for the Ante-Natal Clinics. Occasionally, use is made of the pregnancy diagnosis laboratory in Edinburgh.

AMBULANCE SERVICE

All cases requiring this Service, including infectious diseases, are now dealt with by the County Council Ambulance Depot, Bentley near Doncaster. Telephone number: Doncaster 49468.

VENEREAL DISEASE

There is no Centre for Venereal Disease in this area, the nearest Centre being at the Doncaster Royal Infirmary.

TUBERCULOSIS—PREVENTION, CARE AND AFTER-CARE

For a discussion of this, refer to the section dealing with Infectious Diseases.

CHILD WELFARE AND HEALTH VISITING

Infant Welfare Clinics are held at various Centres throughout the Division and are staffed by Assistant County Medical Officers and Health Visitors.

The figures given below show brief details of attendances :—

Clinic situated at	Sessions held	Number of children who attended	First attendances	Total attendance
Thorne ..	51	686	260	2265
Moorends ..	48	391	116	1449
Stainforth ..	51	572	191	2030
Dunscroft ..	48	416	154	1685
Lindholme ..	48	268	139	874
	<hr/>	<hr/>	<hr/>	<hr/>
	246	2333	860	8303
	<hr/>	<hr/>	<hr/>	<hr/>

Compared with last year, the number of children who attended fell from 2521 to 2333 the fall being especially in the Thorne and Moorends areas. The total clinic attendances, however, show a large increase from 7,047 to 8,303—probably due to the increase in the amount of attention now paid by the Health Visitors of the County staff.

The clinics, well supported by the public as they are, would be of much greater benefit if the premises could be improved.

It is considered that the best needs of the area would be met by the use of mobile clinics—these could also be used to visit the inaccessible parts of the area where the present services are inadequate. It is understood that this use of mobile clinics is envisaged as a future development by the County Council Health Committee.

The establishment of Health Visitors in this Division is 7. No new appointments were made during the year, but one Health Visitor returned to duty in April 1952 after a long illness.

Below is a list of Health Visitors at present employed :—

AREA COVERED

Miss B. Gallagher	..	Dunscroft and bottom half of Broadway.
Miss P. B. Mabbitt	..	Dunsville, Hatfield, Hatfield Woodhouse and top half of Broadway.
Miss S. MacPhail	..	Moorends, Lindholme Camp, Boston Park.
Miss W. Richards	..	Thorne and Sykehouse.
Mrs. I. Will	..	Stainforth and Fishlake.

Visits paid by these Health Visitors during 1951 are as follows :—

	First Visits	Total Visits
Expectant Mothers	66	175
Children under 1 year	582	2593
Children between 1 and 5 years	30	2536
Other cases	196	878
	<hr/> 874	<hr/> 6182

As compared with the previous year, the number of first visits made has fallen slightly during the year, but the total number of visits paid has considerably increased from 5,069 to 6,182.

MIDWIFERY SERVICE

The following list shows the midwives practising in this area, all of whom are employed by the West Riding County Council :—

Name	Address	Telephone No.
Miss R. Autherson	17 Durham Avenue, Thorne	Thorne 3147
Miss E. Cliffe	5 Millcroft Crescent, Hatfield	Stainforth 241
Mrs. M. Davidson	106 Doncaster Road, Hatfield	Stainforth 247
Mrs. E. Gorst	1 Southfield Road, Thorne	Thorne 2130
Mrs. S. Kenyon	40 Princess Avenue, Stainforth	Stainforth 224
Mrs. G. M. Mooney	4 Mile End Avenue, Hatfield	Stainforth 317
Mrs. E. Smith	45 Wembley Road, Moorends	Thorne 3132
Mrs. V. L. C. Smith	"Relay House," King Edward Road, Thorne	Thorne 3120
Mrs. M. Walker	38 South Road, Moorends	Thorne 3191
Mrs. J. E. C. Green (Relief Midwife)	68 Doncaster Rd., Hatfield	Stainforth 285

Brief details are shown below of the work which was carried out by them during the year :—

- (i) Number of maternity cases attended 435
- (ii) Number of women discharged from hospital to care of midwife 27
- (iii) Number of occasions where midwives summoned medical aid 229
- (iv) Number of patients who took advantage of Gas & Air Analgesia 131

ANTE-NATAL CLINICS :

The following figures give an indication as to the number of patients who attended the joint Ante-Natal and Post-Natal Clinics :—

CLINIC	ANTE-NATAL		POST-NATAL	
	Number of women who attended		Total attendances	
Thorne	244	629	27	30
Moorends	264	894	23	25
Stainforth	323	557	8	8
Dunscroft	169	625	18	18
Lindholme	37	207	18	18
	<hr/> 1037	<hr/> 2912	<hr/> 94	<hr/> 99

The number of patients who were referred from the above Ante-Natal Clinics to the Obstetrical Consultant at the Wood Street Clinic, Doncaster, were :—

	Number referred	To Hospital for treatment or confinement	To own district for treatment or confinement, etc.
Thorne	46	21	25
Moorends	61	35	26
Stainforth	40	18	22
Dunscroft	29	21	8
Lindholme	7	4	3
	<hr/> 183	<hr/> 99	<hr/> 84

Patients who wish to apply for Maternity Home accommodation on behalf of bad social conditions may do so at the Ante-Natal Clinic, and each case is visited by the midwife or health visitor.

In 1951, of the 93 women who applied :—

- (i) 59 were found Maternity Home accommodation.
- (ii) 34 were refused and offered the services of a home help.

PREMATURE BABIES

Below are brief details regarding the 51 premature babies born during 1951 :—

Birth Weight	TOTAL BORN				No. died under 28 days old		No. of times Prem. Cot was used	No. who survived 28 days
	Dead		Alive					
	At Home	In Hosp.	At Home	In Hosp.	At Home	In Hosp.		
Under 3 lb.	3	2	2	6	1	6	1	1
3-4 lb.	—	3	1	4	—	3	—	2
4-5½ lb.	1	2	19	19	2	4	4	32
	4	7	22	29	3	13	5	35
	11		51		16			

From the above figures it will be noted that regarding the babies born under 3 lbs. in weight of the six born in hospital all died before they could be discharged, of the two born on the district one has survived.

Regarding the children born alive over 4 lbs. in weight, 19 were born in hospital and 19 on the district, and of these four of the hospital cases died, compared with only two of the district cases.

Although the figures are too small for real comparison, they do tend to show that a premature child has a better chance of survival if born at home. This is a remarkable tribute to the quality of the nursing and midwifery staff serving this area.

It is considered that the district figures may be still better if more use were made of the premature outfit available which, it will be noted, was only used on five occasions during the year.

HOME NURSING SERVICE

At the time of writing this report, the Home Nurses operating in this area are as follows :—

Name	Address	Telephone No.
Mrs. J. Cawthrow	6 Market Place, Thorne	Thorne 3221
Mrs. P. Moulds	61 Oldfield Crescent, Stainforth	Stainforth 370
Mrs. J. Orrell	24 Barnsley Road, Moorends	Thorne 3225
Miss A. K. Schuller	49 High Street, Hatfield	Stainforth 375
Miss I. Mason, who was the nurse for Moorends, went off duty through ill-health and resigned in March, 1952.		

During 1951, the Home Nurses of this area attended 696 patients, making a total of 15,821 visits.

The number of cases attended has risen from 480 to 696 and the total visits paid have increased from 11,738 to 15,821 (a rise of 35%).

As envisaged in my report of the previous year, there is now definite need of a further Home Nurse to be allocated to this Division.

It is still considered that this vital service will continue to expand in the future.

HOME HELP SERVICE

TYPE OF CASE	1951		1950		1949
	No. of cases	Hours worked	No. of cases	Hours worked	No. of cases
Illness (excluding aged) :—					
(i) Tuberculosis ..	—	—	2	343	—
(ii) Other	44	4278	18	2656	6
Expectant Mothers ..	9	1997	8	647	3
Lying-in	54	4933	61	4490	29
Mental Defective ..	2	198	2	30	—
Aged :—					
(i) Illness	47	8881	16	1936	6
(ii) Infirmary	15	3278	13	1632	—
		23565		11734	
	171		120		44

As will be seen from the above figures, this service has again shown very considerable expansion during the year, the hours worked being more than double as compared with the previous year.

Although not a cheap service from the point of view of the local Health Authority, its actual cost to the public is much less, as by its use there is considerable saving in the less use made of expensive hospital beds.

ULTRA VIOLET LIGHT CLINIC

The Ultra Violet Light Clinic which was opened at the Temperance Institute, Thorne in May 1950 has functioned throughout the year.

Two sessions weekly are held.

The number of sessions held in 1951 was 100.

	AGE GROUPS			
	0-5	5-15	Others	Total
Referred for treatment from :—				
(a) General Practitioners ..	3	27	1	31
(b) School Medical Officer ..	—	17	—	17
(c) Infant Welfare Clinics ..	38	—	—	38
(d) Other sources	13	23	—	36
	54	67	1	122
Number who attended	50	62	1	113
Number of attendances	661	1127	20	1808

The use made of this clinic by the General Practitioners and nurses has greatly increased, the number of attendances (1,808) being nearly four times that of the previous year when 587 attendances were made.

DIPHTHERIA IMMUNISATION

The following table gives the number of immunisations carried out during the last four years :—

PRIMARY COURSES :	1948	1949	1950	1951
0-5 years old	252	305	288	277
5-15 years old	82	93	104	161
	—	—	—	—
	334	398	392	438
	—	—	—	—
REFRESHER COURSES ..	4	309	142	425
	—	—	—	—

As mentioned in the report of last year, the vigorous policy of immunisation among the school children was undertaken and has resulted in the improvement shown in the above figures, the number of refresher courses in this year being nearly equal to the total of the previous three years together.

It is roughly estimated that over 60% of the school population is immunised and it is now some years since any notifications of Diphtheria were received.

VACCINATION AGAINST SMALLPOX

Vaccinations done during the past four years are as follows :—

VACCINATIONS :	1948	1949	1950	1951
0-5 years old	19	112	109	136
5-15 years old	3	18	20	11
16 years and over	7	39	72	25
	—	—	—	—
	29	169	201	172
	—	—	—	—
RE-VACCINATIONS :				
0-5 years old	—	1	—	3
5-15 years old	2	5	—	—
16 years and over	2	11	1	13
	—	—	—	—
	4	17	1	16
	—	—	—	—

When the National Health Service Act, 1946, came into operation the Vaccination Acts were repealed, and thus vaccination is now on a voluntary basis. It is carried out on the request of the parents by the General Practitioners or at the Child Welfare Clinics of the County Council.

In spite of the fact that the inoculation is now voluntary, the number of vaccinations done during the year has continued at a surprisingly high rate in this area. The proportion of children being vaccinated is very much higher than most other areas.

During the year, approximately one-fifth of the children born were being vaccinated.

CONVALESCENT HOMES

The County Council provide convalescence for patients in need of such care.

Applications are forwarded to the Divisional Health Office, and must be supported by a Doctor's certificate.

NUMBER OF PATIENTS WHO PROCEEDED TO :	During		
	1949	1950	1951
Hunstanton Convalescent Home	—	3	3
Seabright Convalescent Home, St. Annes-on-Sea	—	1	—
West Hill Convalescent Home, Southport	—	1	1
District Provident Society's Convalescent Home, Southport ..	—	1	—
Rockfield Convalescent Home, St. Annes-on-Sea	—	2	1
Manchester and Salford Convalescent Home, Southport ..	—	2	—
Semon Convalescents' Home, Ilkley	—	1	2
Blackburn & District Convalescent Home, St. Annes-on-Sea ..	—	1	—
Horncliffe Convalescent Home, Blackpool	1	—	—
	—	—	—
	1	12	7
	—	—	—

SECTION 47, NATIONAL ASSISTANCE ACT

No cases were dealt with in accordance with the above Act during 1951.

SCHOOL HEALTH SERVICE

MEDICAL INSPECTIONS OF SCHOOLS :—

Age Groups	No. of Inspections	NUTRITION			Total number of defects found and require	
		A. Good	B. Fair	C. Poor	Treatment	Observation
Entrants	648	254	393	1	187	257
Second	668	204	461	3		
Third	562	174	388	—		
	1878	632	1242	4		

Special and Re-Inspections—403.

MINOR AILMENT CLINICS :

Number of cases treated during the year at the various School Clinics were as follows :—

Ringworm (a) Scalp	4
(b) Body	17
Scabies	6
Impetigo	661
Other Skin Diseases	347

HANDICAPPED CHILDREN :

(a) Physically Handicapped.

	Awaiting admission to Special Schools	Number in Special Schools	Number Discharged
Deaf	4	3	—
Debility	—	—	—
Rheumatism	1	1	—
Bronchitis, &c.	2	1	2
Cervical Adenitis	—	—	1
Cardiac Cases	—	—	—
Chorea	—	—	—
Spastic Hemiparesis	—	—	1
T.B. Spine	—	1	—

(b) Educationally Sub-Normal.

Recommended for special treatment in ordinary schools	—	11	—
Recommended for Special Day Schools for educationally sub-normal ..	4	—	—
Recommended for Residential Special Schools	17	3	—
Ineducable	—	4	—

(c) Maladjusted.

Ordinary School with Child Guidance Treatment	7
Recommended for Hooper House Residential Hostel	2

CONSULTANT PAEDIATRIC CLINIC

Dr. C. C. Harvey conducts a special clinic each month for the children of this area.
During 1951—

(i) Number of sessions held	12	
	0-5 years	5-15 years
(ii) Number of individual cases seen	18	66
(iii) Total attendances made	26	82

EAR, NOSE AND THROAT CLINIC

Children requiring treatment are seen by Mr. H. M. Petty, the Consultant, once monthly at the Doncaster Royal Infirmary by arrangement with the Divisional Health Office.

During 1951—

(i) Number of sessions held	12	
	0-5 years	5-15 years
(ii) Number of children referred	11	113
(iii) Number who required operative treatment	9	84
(iv) Number who obtained operative treatment	5	92
(v) Treated at school clinics	—	5

ERRORS OF REFRACTION

Dr. J. Kirkwood, the Ophthalmologist, examined children at clinics held in various schools twice monthly until the end of November. In February, 1952, the Hospital Eye Service became responsible for examinations and treatment, and children now have to attend the Wood Street Clinic at Doncaster.

(i) Number of children who were prescribed spectacles	102
(ii) Number of children known to have received spectacles	42

SPEECH THERAPY

A Speech Therapist was appointed and took up duties in February, 1951. Arrangements were made for her to hold clinics twice weekly in one of the near-by school medical rooms.

All children requiring attention are referred through the Divisional Office.
During 1951 :—

Number of sessions held, 80.

	Stammerers	Speech Defects
New cases admitted for treatment	5	10
Cases discharged during the year :—		
(a) Speech normal	—	1
(b) Unsuitable for treatment	—	1
(c) Reason of non-attendance	1	—
Number of cases awaiting treatment at end of year	28	65

DENTAL TREATMENT

Below are brief details of dental treatment done during the year :—

SCHOOL CHILDREN—TREATMENT CARRIED OUT BY DENTAL OFFICERS OF THE WEST RIDING COUNTY COUNCIL.

Number of pupils examined—Routine	534
Casual	43
Number offered treatment—Routine	445
Casual	43

TOTAL NUMBER OF PUPILS TREATED :

(a) Temporary Teeth	426
Permanent Teeth	67
(b) Temporary Teeth	19
Permanent Teeth	950
(c) Temporary Teeth	272
Permanent Teeth	496

EXPECTANT AND NURSING MOTHERS—TREATMENT CARRIED OUT BY DENTIST OF PATIENT'S CHOICE.

(a) Number referred to Dentist of own choice	90
(b) Number who received full treatment	20
(c) Number who received only part treatment	3
(d) Number who did not attend for treatment	67

MENTAL HEALTH SERVICE

Since 1948 all the visiting to mental defectives in this area had to be undertaken by the Health-visiting staff.

A Mental Health Social Worker finished her training and took up duties in May 1951, but through unforeseen circumstances had to leave at the end of the year.

However, during her short stay extremely good progress was made. All outstanding visits and reports were brought up to date, and many problems of the defectives' parents were settled.

At the time of writing this report, another Social Worker has been appointed and the work is being continued.

A Mental Health Home Teacher started duty during the year. Her duties consist of visiting homes to give occupational training. A special class in one of the local schools is held each week, which caters for the training of 6 defective children. School dinners are provided.

The Chief Sanitary Inspector's Report

WILLIAM BELL, M.S.I.A.
HARVEY MORDUE, M.R.S.I., M.S.I.A.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting this report on the work of the department during the year.

Housing :

1. *Inspection of Dwelling-houses during the year :*

1	(a)	Total number of dwelling-houses inspected for housing defects under Public Health and Housing Acts	546
	(b)	Number of inspections made for the purpose	1406
2	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	nil
	(b)	Number of inspections made for the purpose	nil
3		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	nil
		Houses	nil
4		Number of dwelling-houses exclusive of those referred to under the preceding sub-head found not to be in all respects reasonably fit for human habitation	436

2. *Remedy of defects during the Year without Service of Formal Notices :*

		Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	440
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3. *Action under Statutory Powers during the Year :*

(a)—Proceedings under Section 9 and 10 of the Housing Act, 1936 :

1		Number of dwelling-houses in respect of which notices were served requiring repairs	nil
2		Number of dwelling-houses which were rendered fit after service of formal notices :—	
	(a)	By owners	nil
	(b)	By Local Authority in default of owners	nil

(b)—Proceedings under Sections 93 and 94 of the Public Health Act, 1936 :

1		Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	106
2		Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a)	By owners	55
	(b)	By owners after Litigation under Section 94	51

(c)—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

1		Number of dwelling-houses in respect of which Demolition Orders were made	nil
2		Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

(d)—Proceedings under Section 12 of the Housing Act, 1936 :

1		Number of separate tenements or underground rooms in respect of which Closing Orders were made	nil
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2 Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	nil
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4. *Housing Act, 1936—Part IV—Overcrowding :*

(a)—1 Number of dwellings overcrowded at the end of the year	899
2 Number of families dwelling therein	1731
3 Number of persons dwelling therein	6043
(b) —Number of new cases of overcrowding during the year	34
(c) 1 Number of cases of overcrowding received during the year	36
2 Number of persons concerned in such cases	140
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	nil

Number of New Houses erected during 1950.

1. State Aided :

(a) By the Local Authority	36
(b) By Private Enterprise	nil
Public Utility Societies etc.	nil

2. Without State Aid	9
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WATER SUPPLY.

A piped water supply is provided by the Thorne and District Water Company and an estate of 207 houses in Hatfield is supplied from a private borehole thus :—

Parish	Houses	Piped Supply	Standpipe	Wells
Thorne	3708	3415	162	131
Hatfield	2150	1903	32	215
Stainforth	1677	1619	5	53
Fishlake	171	107	—	64
Sykehouse	118	—	—	118
Total	7824	7044	199	581

The following extensions have been completed during the year and the percentage of houses with a piped supply is 90·03—including standpipes 92·5.

Parish	Diameter of pipe	Length in lineal Yards
Hatfield	6"	2080
do.	3"	160
Thorne	4"	1034
do.	3"	1485
Fishlake	3"	367

Chemical and bacteriological samples from the mains were satisfactory and various results were obtained from wells, bores, &c.

THORNE

								Parts per million
Total Solids	..	..	..	..	..	..	..	300
Chloride	..	..	..	..	..	..	..	25
Nitrite	..	..	..	..	..	..	..	Nil
Nitrate	..	..	..	..	..	..	..	0.10
Free Ammonia	..	..	..	..	..	..	..	0.01
Albuminoid Ammonia	..	..	..	..	..	..	..	0.01
Poisonous Metals	..	..	..	..	..	..	..	Nil
Total Hardness	..	..	..	..	..	..	..	190
Permanent Hardness	..	..	..	..	..	..	..	...
Temporary Hardness	..	..	..	..	..	..	..	190
p.H.	..	..	..	..	..	..	..	7.4
Alkalinity as CaCO ₃	..	..	..	..	..	..	..	320

This is a moderately hard water of good organic purity.

SEWERAGE :

The approximate state of sewage disposal from dwelling houses is shown thus :—

Parish	Houses	Main Drainage	Privy Closets	Privy Midden	Cesspool
Thorne	3708	3370	221	96	21
Hatfield	2150	1876	128	6	140
Stainforth	1677	1577	31	64	5
Fishlake	171	16	40	112	3
Sykehouse	118	—	16	100	2
Total	7824	6839	436	378	171

Public Health Act, 1936 Sec. 47.

The following table shows the number of closets converted during the year to the water carriage system :—

Parish	Pail	Privy Midden
Hatfield	3	—
Thorne	16	9
Total	19	9

The following is the approximate sanitary accommodation of the district :—

No. of dwellings having one water closet on main drainage	.. ..	6280
" " " " two water closets	.. ..	559
No. of water closets constructed in 1951 for new houses	.. ..	81
Total No. of closets in district	.. ..	9043
Percentage of dwellings on the water carriage system of main drainage		84.85
Percentage of closets in dwellings on the water carriage system of main drainage	.. ..	90.1
Percentage of closets in the district on the water carriage system of main drainage	.. ..	90.2

Closets in :—

	Water closets	Privies		pails	Total
		with open middens	with covered middens		
Dwelling houses	7398	40	338	436	8212
Factories	99	—	1	15	115
Shops	243	—	2	7	252
Hotels and Public Houses	108	—	—	6	114
Business premises ..	19	—	—	—	19
Public conveniences ..	12	—	—	—	12
Schools	252	—	6	22	280
Other premises	23	—	—	16	39
	8154	40	347	502	9043

I am indebted to the Surveyor for the following information :—

Dunseroft :

The work of the relaying of existing sewers in Bootham Lane, Crookes Broom Lane—Station Road the construction of new reception chambers at the Bootham Lane Pumping Station and the duplication of the pumping main to Dunston Hill Bridge, Stainforth is being carried out.

Thorne :

The duplication of the sewer for King Edward Road, Thorne, to the Moorends Pumping Station, together with the extension of the existing pumping station and the duplication of the pumping station main to Land Ends Lane is being carried out.

FOOD AND DRUGS

MILK SAMPLING :

Test	Number Satisfactory	Number Unsatisfactory
Methylene Blue	27	9
Presence of Tuberculosis	29	1
Phosphatase	5	—
Total	61	10

ICE CREAM :

No. of premises registered under Food and Drugs Act, 1938	97
No. of Inspections made	112
No. of samples submitted for bacteriological examinations :—	
Satisfactory .. 5	Unsatisfactory .. 1

There is in Thorne an H.T.S.T. pasteurising plant with a laboratory and as other firms retail pasteurised and sterilised milk it is estimated that more than 98 per cent. of the milk supplied in the district is bottled, approximately 93 per cent. is heat treated and of the remainder much is tuberculin tested and accredited which in a rural district is very satisfactory.

PUBLIC CLEANSING :

The service is being maintained satisfactorily by a self-contained unit of a 750 gallon cesspool emptier adapted for the collection of night soil, six refuse collection vehicles, each 7 cubic yards capacity, two of which can be similarly adapted, a utility vehicle, garage, workshop, stores and petrol pump.

Efficient maintenance and an adequate stock of spare parts has reduced the loss of working time to a minimum.

Refuse disposal is by controlled tipping and it is estimated that the life of the tips is sufficient to deal with the collection for some time to come.

The scheme of the provision of dustbins by the Council as a charge against the general rate fund proved successful last year and is again working well.

ATMOSPHERIC POLLUTION :

The results shown by the apparatus at the Council Offices of deposited smoke and solids compares favourably with similar and other stations in the country.

MOVABLE DWELLINGS :

Because of the housing shortage the number increases, many of them having only a semblance of mobility and are controlled particularly with regard to siting and sanitary conditions.

A site with services is in operation and to this vans are directed thus partially alleviating the problem of scattered dwellings.

FOOD INSPECTION :

Three tons, fifteen cwts. two qrs. and twenty-one lbs. were condemned as unfit for human consumption.

SLAUGHTERHOUSES :

Slaughtering for the area is now done at Doncaster.

BAKEHOUSES :

There are eight registered and routine inspection has shown them to be in satisfactory condition.

SHOPS ACT, 1934 AND 1950 :

Number of visits paid under the above act during 1951	43
Unsatisfactory .. 5	Remedied 5

FACTORIES ACT, 1937 :

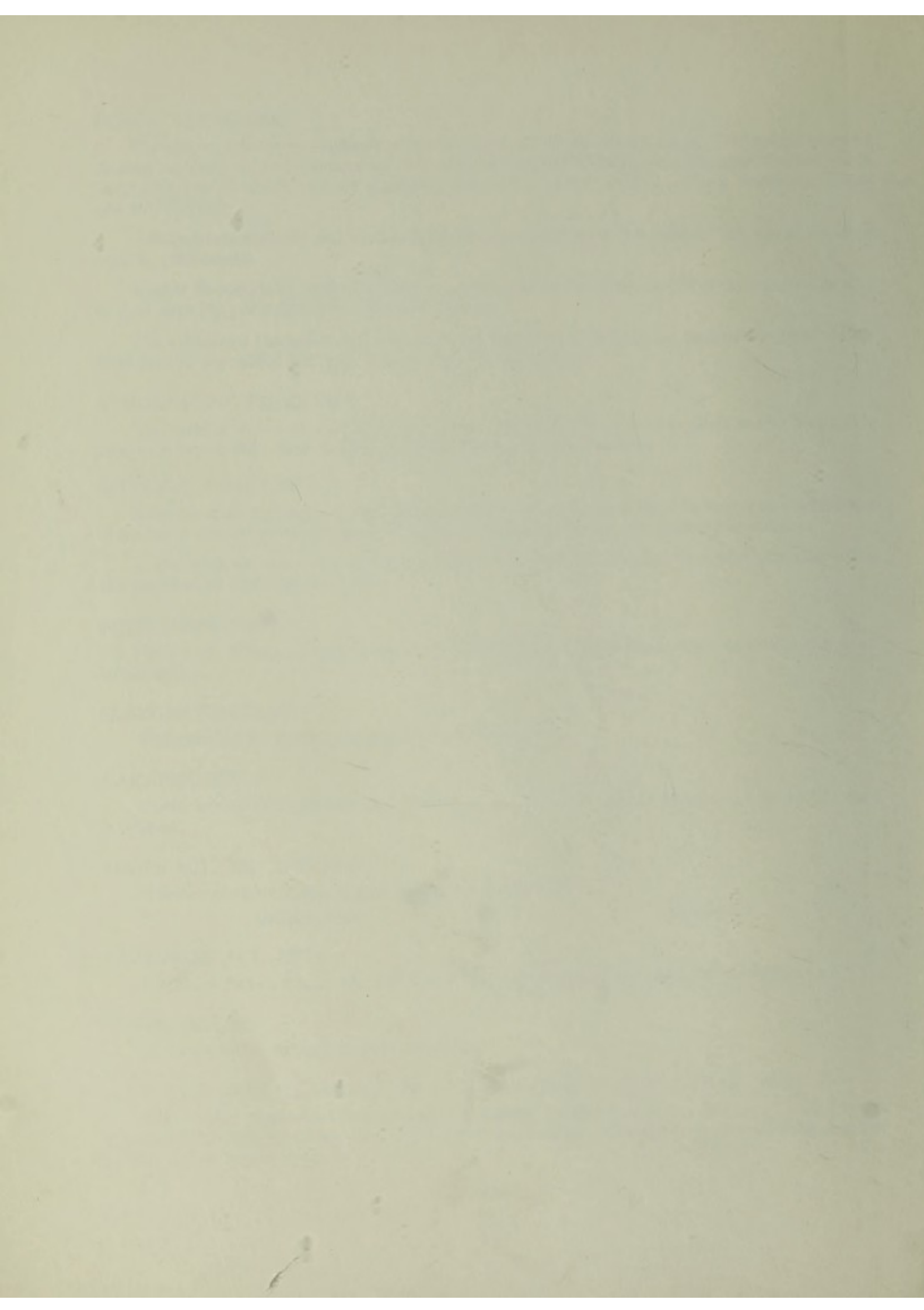
There are 80 factories in the district and inspection has shown them to be satisfactory.

CANAL BOATS :

177 were registered and 21 were inspected.

RATS AND MICE (DESTRUCTION ACT) 1919 INFESTATION ORDER, 1934 :

Destructive measures taken include the gassing of the Duncroft, Moorends and Thorne tips and the treatment of sewers. Small minor infestations in dwellings were dealt with and the public welcome the service.



T. A. TATE,
PRINTER,
MARKET PLACE,
THORNE.