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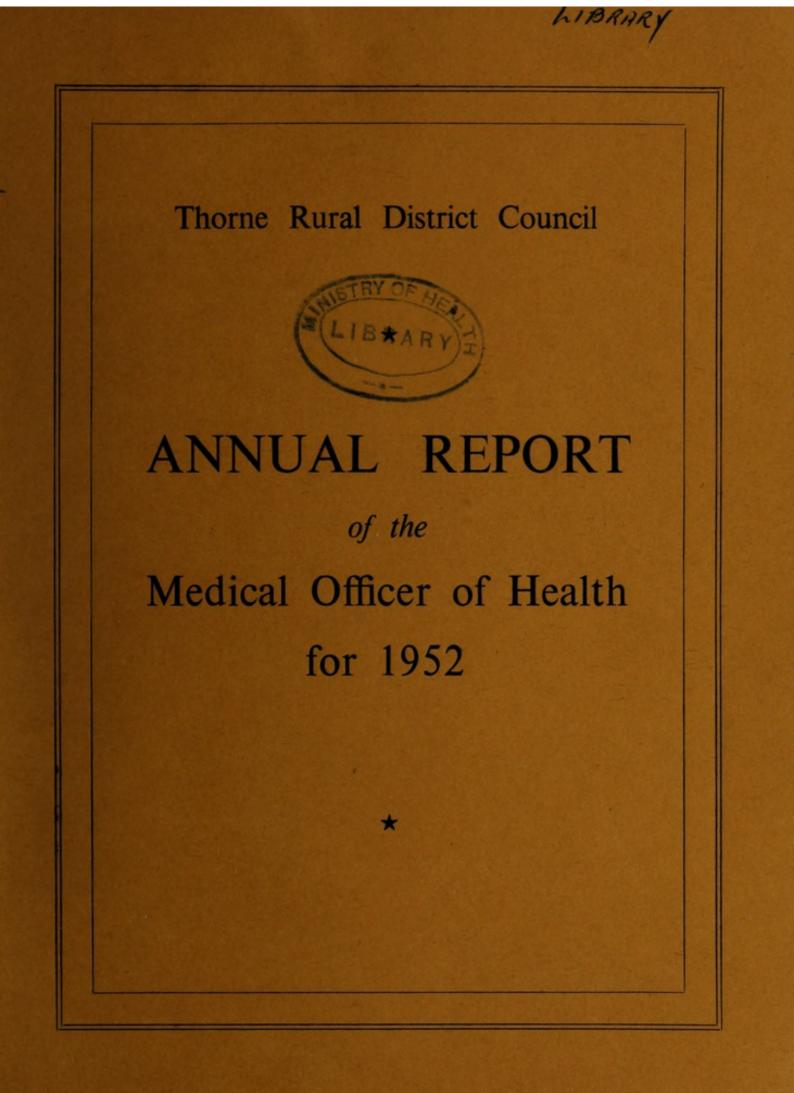
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Thorne Rural District Council

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THE FIFTY-FIFTH ANNUAL REPORT

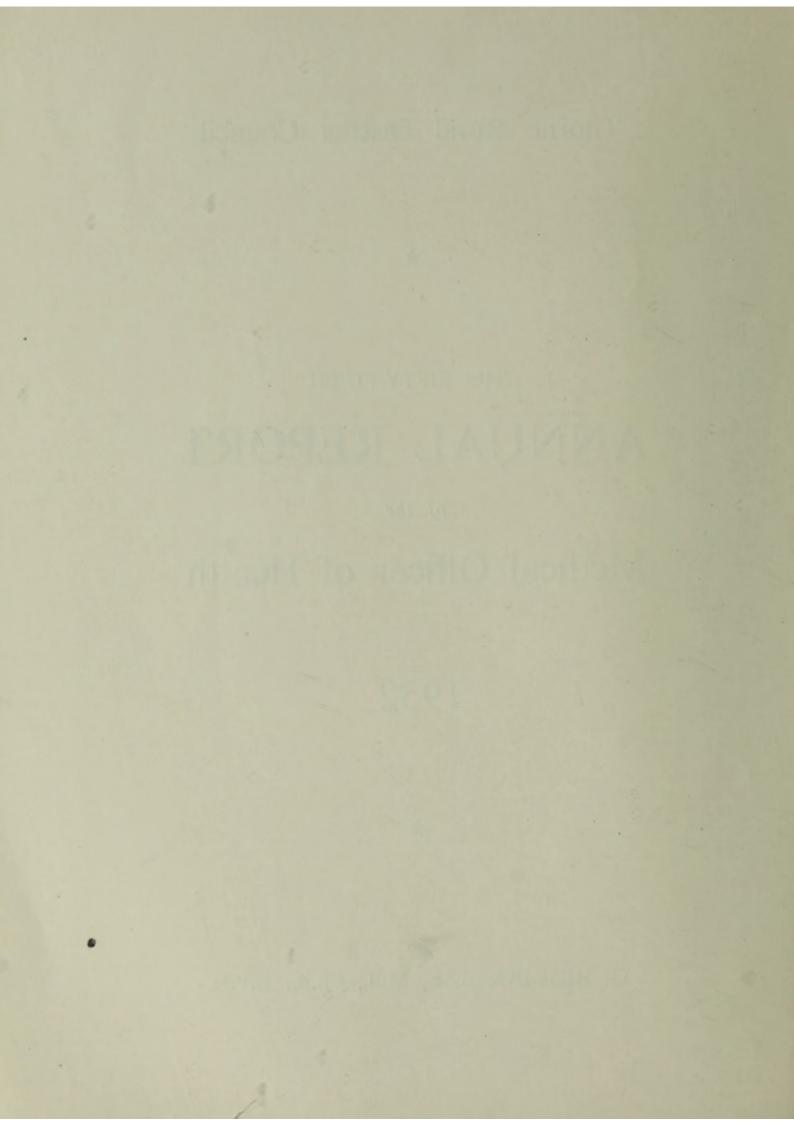
of the

Medical Officer of Health

1952

*

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



THORNE RURAL DISTRICT COUNCIL

(As at 30.6.53)

Chairman :

M. R. GREGORY, Esq.

Vice-Chairman :

V. LOCKWOOD, Esq.

Members :

Mr. D. BALL

, E. Corbett

" F. GRUGAN

" J. E. DENNY

Mrs. E. DUCKETT

Mr. C. A. HIND

" C. W. KENNEDY, J.P.

" R. KELLEY

Mrs. M. LLOYD

Mr. W. MACHEN

Mr. S. MORGAN

" G. H. NASH

" G. H. NICHOLSON

- " J. T. PEACE, J.P.
- " T. RATCLIFFE
- " E. STOCKTON
- " G. H. SYKES
- J. E. THOMAS, J.P.
- " A. WILCOCK
- , R. W. WILSON

OFFICERS OF THE THORNE RURAL DISTRICT

Medical Officer of Health : 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:

Assistant County Medical Officer : R. B. LAIDLAW-BECKER, M.D., D.P.H., D.P.M.

> Health Visitors : (As at 1.7.53)

Miss I. J. BEATY " P. B. MABBIT S. MACPHAIL

Miss W. RICHARDS " S. WILLETT Mrs. I. WILL

,,

Assistant Health Visitors :

Mrs. M. HAYES

Miss M. F. MASON

Home Nurses : (As at 1.7.53)

Mrs. J. CAWTHROW Mrs. S. CLAYBOURN Mrs. P. MOULDS Miss A. K. SCHULLER

Mrs. M. Allport (temporary)

Midwives :

Miss R. AUTHERSON Mrs. M. DAVIDSON . J. E. C. GREEN " G. M. MOONEY " V. L. C. SMITH

Miss E. CLIFFE Mrs. E. GORST " S. KENYON " M. WALKER

Mental Health Social Worker : Miss P. M. CONWAY

Mental Health Home Teacher Mrs. M. Tyas (part-time)

> Speech Therapist : Miss K. TYAS

Chief Clerk : J. T. HOWITT

Clerical Staff:

G. BEECHAM M. FIELDING J. Moss

W. RAMSDEN P. WILKINSON V. R. WHEATLEY

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Public Health Department, Council Offices, Thorne.

July, 1953.

TO THE CHAIRMAN AND MEMBERS OF THE THORNE RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen.

I have the honour to submit for your consideration the Annual Report on the health conditions of your district for the year ending 31st December, 1952.

Reviewing the year as a whole, I may say that while it has been comparatively uneventful it has none-the-less been filled with profitable work and that general progress has been made.

The year was noteworthy as the area had its worst outbreak of poliomyelitis with, however, no fatal cases.

As you will note from the statistical figures, most sections of the various welfare services have again shown expansion, the figures being almost unbelievable when compared with those of a few years ago.

There is, however, one black spot to which I would draw your attention, and that is the continuous rise year by year in the notifications of tuberculosis. It gives me the utmost concern to see the rise in this figure, especially when so many of the cases are young adults in the prime of life, when their work is of so great a value to the rest of the community.

It will be seen that the most common groups of diseases of death, accounting for more than two-thirds of all deaths are heart diseases, circulatory diseases and cancer.

Since most of these are diseases of increasing age and since death is for all of us inevitable it is relatively more satisfactory that deaths should be due to diseases of later life than those of young adults and children.

In conclusion, I again wish to thank the staff, both clerical, clinical and administrative, with a special note of thanks to my chief clerk, who has been responsible for most of the detail work of this report.

I am,

Your obedient servant, G. HIGGINS, Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE THORNE RURAL DISTRICT

Area (in acres)			 	 	38419
Population (Registrar's mid-year	estin	nate)	 	 	33340
Number of Inhabited Houses				 	8294
Sum represented by penny rate			 	 	£490

VITAL STATISTICS

LIVE BIRTHS :				MALE	FEMALE	TOTAL
Legitimate	 	 	 2.2	350	303	653
Illegitimate	 	 	 	18	12	30
				368	315	683

Birth Rate per 1,000 estimated population, 20.5.

Birth Rate of England and Wales per 1,000 population, 15.3.

STILL BIRTHS :

				MALE	FEMALE	TOTAL
Legitimate	 	 	 	10	6	16
Illegitimate	 	 	 	1	-	1
				11	6	17
				—		

Still-birth Rate per 1,000 live and stillbirths, 24·3 Still-birth Rate for England and Wales, 22·6

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

				MALE	FEMALE	TOTAL
Legitimate	 	 	 	17	10	27
Illegitimate	 	 	 	3	-	3
						-
				20	10	30
				-		

DEATHS OF INFANTS UNDER FOUR WEEKS OF AGE

		(Include	ed in al	bove)	MALE	Female	TOTAL
Legitimate	 					12	5	17
Illegitimate						2		2
						14	5	19

INFANT MORTALITY RATE :

All Infants per 1,000 live births, 43.9 Infants under 4 weeks of age per 1,000 live births, 27.8 Infant Mortality Rate England and Wales, 27.6

CAUSES OF DEATH IN THE THORNE RURAL DISTRICT AS SUPPLIED BY THE REGISTRAR GENERAL FOR 1952 (Including infants under 1 year)

C

CAUSE	OF DEATH :		MALE	FEMALE	TOTAL
	Tuberculosis	 	7	1	8
	Meningococcal Infections		1	_	1
	Malignant Neoplasm Stomach	 	5	4	9
	" " Lung, bronchus		5	_	5
	", ", Breast	 	_	2	2
		 	-	4 .	4
	Other Malignant and Lymphatic Neopla		13	14	27
	Leukemia, Aleukemia	 	2		2
	Diabetes	 	2	2	4
	Vascular Lesions of Nervous system	 	16	13	29
	Coronary Disease, Angina		17	6	23
	Hypertension with Heart Disease	 	4	ĩ	5
	Other Heart Diseases	 	28	24	52
	Other Circulatory Disease		4	5	9
	Influenza	 	2	-	2
	Pneumonia	 	9	7	16
	Bronchitis	 	22	12	34
	Other Diseases of Respiratory System	 	2	2	4
	Ulcer of Stomach and Duodenum	 	2	_	2
	Gastritis, Enteritis and Diarrhoea	 	ī	-	ī
	Nephritis and Nephrosis	 	_	4	4
	Hyperplasia of Prostate	 	3	2 •	3
	Congenital Malformations	 	1	2	3
	Other Defined and Ill-defined Diseases	 	27	14	41
	Motor Vehicle Accidents		3	1	4
	All other Accidents	 	8	î	9
	Suicide	 	-	2	2
	All causes		184	121	305

Death Rate per 1,000 estimated population, Thorne Rural District, 9.1. Death Rate per 1,000 estimated population, England and Wales, 11.3

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

			Natural	Infant	Infan	t Mortality
Year	Births	Deaths	Increase	Deaths	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
1952	683	305	378	30	43	27

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INFANT DEATHS 1952.— Compared with three previous years.

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$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		1950	6 I I I I 2 4 2 I I I I 2	31
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	1	1951	00 00 4 01 -	30
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	•	Total 1952	9 1 4 6 1 1 1 2 1 2 1 2 1 2 1 2 2 1 2 2 2 2 2	30
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		10–11 mths.	1111111111111	1
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		8–10 mths.	-	1
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		6–8 mths.		5
Under $Under Under 1 2 4 wk. wks. wks. wk. $		4–6 mths.	∞	3
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	1952	2-4 mths.	∞	3
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		1–2 mths.	≈	5
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		4 wks.	111111111111	1
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	dor	3 wks.	11111111111-	1
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our			00 0 - - 0	16
8	Cause of Death	「「「「「「」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」	chitis bour	

INFANT DEATHS

During the year 30 children died before reaching their first birthday out of a total of 683 live births. This represents a rate of 43.9. For England and Wales the rate was 27.6.

The rate is practically identical with that of the previous year.

The difference between the rate of England and Wales and that of Thorne is more than accounted for by the comparatively large number of infants dying from chest infections (pneumonia and bronchitis) in this area.

As the majority of these deaths must have been preventable, it is obvious that there is some way to go before the Infant Mortality Rate for this area will approximate to the National Rate.

A combined effort is called for by all concerned in infant welfare—parents, doctors and nurses. It is hoped that as the number of health visitors employed in this Division approaches its establishment infants will be visited in their homes more frequently, and thus help in reducing the above figure.

BIRTHS AND DEATHS OF INFANTS UNDER ONE YEAR OF AGE SHOWN IN DISTRICTS FOR THE PAST FOUR YEARS

										-				
					1952	-			1951	51	1950	50	1949	49
	Parish and				Infant Deaths	Deaths				~				
	area or Residence	Live	At Home	ome	In Hospital	spital	Total	tal	Live B+be	Infant	Live Rthe	Infant	Live	Infant
		Duns.	Under 4 wks.	Over 4 wks.	Under 4 wks.	Over 4 wks.	Under 4 wks.	Over 4 wks.		nus.	-sind	-cimo	- ma	-cima
	Hatfield, Hatfield/ Woodhouse, Lindholme	67	61	61	61	1	4	3	90	5	87	5	80	10
1	Dunscroft	107		1	1	2	1	3	101	3	137	õ	100	4
	Dunsville	5			1	.			8	1	6	1	8	
	Stainforth	166	1	2	3	1	4	2	193	4	188	6	175	12
	Thorne	198	5	3	4		9	3	197	15	183	11	173	8
	Moorends	125	1		3		4	1	120	9	121	4	145	7
	Sykehouse	7			1	1	1	1	7	1	8	1	10	1
	Fishlake	8		1	1	1	1	I	8	1	13	1	15	1
		683	9	8	13	3	19	11	724	31	746	31	706	43
									-					

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SECTION 2.

SOR OWNER IN THE PARTY TARE TO PARTY DISTORTION IN THE PARTY OF THE PA

INFECTIOUS DISEASES

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Disease	R			Age	GROUPS	5		Total	Adm. to	Dths.
DISEASE		0-1	1-4	5-9	10-14	15-24	25-	Cases	Isol. Hosp.	Dths.
Scarlet Fever		1	1	6	-	1	_	9	4	
Whooping Cough		20	97	42	4	-	-	163	4	
Measles		17	186	123	8	3	-	337	3	
Acute Pneumonia		2	10	4	2	-	12	30	-	16
Dysentry			1	-	-	1	3	5	2	
Erysipelas		-	-	-	-	-	5	5	-	
Food Poisoning			-		-	-	1	1	-	
Ophthalmia Neonatorum		2	-	-	-	-	-	2	1	
Puerperal Pyrexia		_	_	-	_	1	1	2	2	
Poliomyelitis—Non- Paralytic Paralytic		_	17	$\frac{1}{2}$	2	1		5 12	4 12	-

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING 1952.

(Confirmed Cases.)

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

DISEASE		1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Scarlet Fever		 29	33	9	14	31	29	48	20	45	20
Whooping Cough		 21	9	54	26	67	41	76	90	113	111
Measles		 441	133	157	404	147	216	289	442	599	208
Acute Pneumonia		 13	22	11	7	9	12	6	18	28	22
Dysentry		 -	-	-	1.	-	-	-	-	39	2
Erysipelas		 9	3	2	4	4	4	4	7	10	2
Food Poisoning		 	-	-	-	-	-	3	1	4	5
Ophthalmia 1		 2	-	1	3	4	4	2	5	6	4
Neonatorum 5		 -			, U	T	Т	1.324	°,	1.10	-
Puerperal Pyrexia		 1	1	1	-	-	1	3	1	8	1
Acute Poliomyelitis-	-Non-									1	
Paralytic		 -	-	-	-	-	-	-	-	3	2
Paralytic		 1	-	-	-	-	3	-	1	2	-

As will be seen from the above-quoted figures, there has been a considerable rise in the numbers of measles and whooping cough.

We have, as yet, no satisfactory method of preventing these two diseases, although much work is being done on these problems and vaccination against whooping cough is at present on trial.

Both are important diseases as they may be the cause of serious after-effects, such as diseases of the lungs and ears, and thus give rise to appreciable life-long handicaps in a number of cases.

It is again my pleasure to report the absence of diphtheria from the above tables, due to the efficiency of the type of immunisation now available.

POLIOMYELITIS.

The year has been a notable one due to the sharp outbreak of poliomyelitis which occurred in Thorne, Moorends and Hatfield. It commenced with a case in Thorne on 25th July, 1952, and during the next 12 weeks 23 more cases were notified, all confined, bar one case, to the Thorne and Moorends areas.

At the outset all the usual precautions were taken and in view of the distance of this area from any hospital, arrangements were made with the Medical Officer of the Isolation Hospital, Doncaster, for the admittance of all suspected cases as they occurred. In this way the cases were assured of hospital treatment in the earliest stages of the disease. This precaution was probably the main reason why, out of a total of 24 cases notified, there were no fatal cases.

It was also deemed advisable to close the outdoor paddling pool in the Thorne Park, and this was done with the co-operation of the Thorne Parish Council.

Discussions were also held with one of the Ministry of Health Research Medical Officers.

The outbreak ceased quite suddenly, the last case being notified on the 17th October, 1952.

It is a remarkable fact that of the cases only one occurred in the Hatfield area. It seems possible that the Stainforth and Keadby canal which runs through this area acted as a barrier to the spread of infection as all the cases, but the one in Hatfield, occured on the North side of the canal.

TUBERCULOSIS

The number of new cases notified during 1952 are as follows :---

A

Age Group			Pulm Male	nonary Female	Non-Pu Male	lmonary Female
0-1		 	 			
1-2		 	 -		-	-
2-5		 	 -	1	1	-
5-10		 	 1	3		2
10 - 15		 	 3	1	1	
15 - 20		 	 6	2		1
20 - 25		 	 5	4	1	-
25 - 35		 	 6	6	·	1
35 - 45		 	 2	1		
45-55		 	 4	1	-	
55 - 65		 	 1	1		
65 and O	ver	 	 	-		
			_	_		
			27	20	3	4

DEATHS FROM TUBERCULOSIS DURING 1952.

A	ge Group			Male	Female
	0-15	 	 	 	-
	15 - 25	 	 	 1	
	25 - 45	 	 	 3	
	45 an Over	 	 	 3	1
					_
				7	1

Tuberculosis Death Rate per 1,000 estimated population, 0.24. Tuberculosis Death Rate England and Wales, 0.24 It is disturbing to note that the notifications of tuberculosis in this area continue to rise. The figure for pulmonary tuberculosis for 1952 shows a rise of 24 per cent. over that of the previous year, and is by far the highest ever recorded in this area.

As mentioned in the report for last year, the area was investigated by the Mass Radiography Unit and it is possible that some of the above increase in notifications is the result of much contact tracing resulting from the above survey.

If this be so then the notifications should show a decrease in 1953, but at the time of writing this report (July, 1953) there are no indications in this direction.

Factors in an area predisposing to a high rate of tuberculosis include poverty, undernourishment, bad housing, overcrowding, dirt and alcoholism and there is no doubt that as regards this particular area overcrowding associated with a very high birth rate is a major factor.

Dusty trades, especially those dealing with siliceous material (mining), show a high incidence of pneumoconiosis and persons with this disease are very susceptible to tuberculosis.

The shortage of sanatorium beds must also play its part as there are too many active cases being nursed at home in this area.

Since July, 1948, the treatment of tuberculosis cases has been the responsibility of the Regional Hospital Board.

Since the above date, 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 Tuberculosis Health Visitor. She assists at the clinic and undertakes the social work and contact tracing so essential in this disease.

During the last two years an assistant health visitor has been allocated to this work, and it is possible that the efficiency of this arrangement has been a factor in the large number of notifications of tuberculosis being received.

From the preventive angle more use is now being made of the vaccination of children by B.C.G. vaccine. The tuberculosis health visitor arranges for child contacts of the disease to be skin tested and for those found negative to receive the benefit of this vaccination procedure.

In this area which is densely populated, one of the main difficulties is arranging for contacts, especially young children of the same family, to be segregated and this is bound up with the shortage of houses and sanatorium beds.

Extra nourishment in the form of milk is provided by the County Council for those cases nursed at home on the recommendation of the Tuberculosis Consultant. During 1952, 79 cases received the benefit of this provision.

SECTION III.

WEST RIDING COUNTY COUNCIL SERVICES

CLINIC ARRANGEMENTS

(As at 1.7.53)

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 afternoon	s 1-30 p.m. to 4-0 p.m.
Hatfield : Victoria Hall, High Street, Hatfield	Monday mornings	10-0 a.m. to 12 noon
	LFARE CLINICS	
Thorne : Temperance Institute, Thorne	Wednesday afternoon	s 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 afternoon	s 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.
Hatfield : Victoria Hall, High Street, Hatfield	Monday afternoons	2-0 p.m. to 4-0 p.m.
	L 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 10-30 a.m.
Stainforth : Wesleyan Chapel, Church Road, Stainforth	Monday and Wednesday morning	s 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
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SPECIALISTS' CLINICS

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

Paediatric Clinic : Ophthalmic Clinic : Ear, Nose and Throat Clinic : Orthopaedic Clinic :

Ultra Violet Light Clinic :

Speech Therapy Clinic :

Child Guidance Clinic : Vaccination and Immunisation : Relaxation Classes—(Thorne Child Welfare Centre) Every 2nd Thursday9-15 a.m. to 12-30 p.m.Every Friday morning9-30 a.m. to 12-30 p.m.Every 2nd Wednesday9-30 a.m. to 12-30 p.m.Every 2nd and 4thThursdayEvery Monday2-0 p.m. to 4-30 p.m.Every Monday1-30 p.m. to 4-0 p.m.

Every Thursday 9-30 a.m. to 12 noon Every Monday and 9-20 a.m. to 12 noon & Alternate Wednesdays 1-30 p.m. to 4-0 p.m.

- As necessary
- As necessary

Wednesday evenings 6-30 p.m. to 9-0 p.m.

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 antenatal 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 CENTRE ATTENDANCES

Infant welfare clinics are held at premises as shown under the heading "Clinic Arrangements."

They are all staffed by an Assistant County Medical Officer and Health Visitors.

Assistance is also given by voluntary committees, and I would like to take this opportunity of giving my sincere thanks to their efforts.

The figures shown below give an indication as to attendances during 1952 :---

Clinic			Number of Children who attended	First attendances	Total attendances
Thorne			211	147	1743
Moorends			167	84	1379
Stainforth			259	174	2429
Dunscroft			167	97	1824
Lindholme (cl	losed or	n 26.1.53)	102	28	698
			906	530	8073

In view of the low number of attendances at the Lindholme clinic, and the growing need for a clinic to be established in Hatfield, negotiations were completed and the Lindholme clinic closed in January, 1953.

A new clinic was established at the Victoria Hall, Hatfield, in February, 1953.

HEALTH VISITING

The establishment of health visitors for the Thorne Rural District is 7. This number, however, is under review.

No new appointments were made during 1952. Unfortunately, one health visitor left to go to another authority in 1952. A further two are commencing duty in July, 1953, at which time the area will be served as follows :—

AREA COVERED (1.7.53)

Miss I. J. Beaty		Dunscroft and small portion of Stainforth
Miss P. B. Mabbit		Dunsville, Hatfield, Hatfield Woodhouse,
		Lindholme, &c.
Miss W. Richards	2	Thorne
Miss S. Willett	5	and the state of the set of the s
Mrs. I. Will		Stainforth and Fishlake
Miss S. MacPhail		Moorends and Sykehouse

In addition to the above, there are two assistant health visitors employed on clinical and school duties.

One health visitor attended a refresher course in London during December, 1952.

Visits made by all health visitors during 1952 are as follows :---

	First Visits	Total Visits
Expectant Mothers	 78	215
Children under 1 year	 676	2707
Children between 1 and 5 years	 37	2819
Other cases	 150	1141
	941	6882

HOME NURSING SERVICE

At the time of writing this report, the following home nurses are employed :--

Name	Address	Telephone No.
Mrs. J. Cawthrow (S.R.N.)	6 Market Place, Thorne 7 Benelin View Thorne Boad	Thorne 3221
Mrs. S. Claybourn (Queen's)	7 Ramskir View, Thorne Road, Stainforth	Stainforth 475
Mrs. P. Moulds (S.R.N.) Miss A. K. Schuller (Queen's)	61 Oldfield Crescent, Stainforth 49 High Street, Hatfield	Stainforth 370 Stainforth 375
Mrs. M. Allport (S.R.F.N.) (Temporary)	57 Fieldside, Thorne	

During the year, home nurses attended cases as shown below. Details of previous years are also shown to give an indication as to how this vital service has grown :---

	1952	1951	1950	1949	1948
Number of individual cases attended by all					
nurses	889	696	480	402	N/A
Number of visits made by all nurses	18553	15821	11738	10093	1760
As will be seen, there has been a substantial in	ncrease e	each year			

MIDWIFERY SERVICE

The following list shows the midwives practising in the Thorne Rural District, 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	8 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. 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 Road, Hatfield	Stainforth 285

Details are shown below of the work carried out by them during 1952 :--

(i)	Number of deliveries—Live Births Still Births	 ::	 	 $\begin{array}{c} 410 \\ 6 \end{array}$
. (ii)	Number of women discharged from hospit 14th day			41
(iii)	Number of occasions midwives summoned			
(iv)	Number of Cases— where Gas and Air was administered where Pethidine was administered		 	$204 \\ 89$

The above figures show the remarkable rise in the number of births at which facilities for the relief of pain were used. Gas and air or pethidine were used in 293 cases, compared with 131 during 1951 and only 89 in 1949.

It is again very satisfactory to report that there have been no maternal deaths during the year attributed to childbirth.

One of the midwives, Mrs. E. Smith, retired in November, 1952, after serving the County Council for 15 years and prior to that as an independent midwife for many years.

During November, 1952, two midwives attended a special course of training in the methods of relaxation.

A special class, solely for expectant mothers, has now been opened at the Temperance Institute, Thorne and is held every Wednesday evening, with the two midwives in attendance.

It is hoped that in the near future more midwives will attend the course, when additional classes in other parts of the area will be held.

One midwife was sent on a refresher course in July, 1952.

ANTE-NATAL AND POST-NATAL CLINICS

Ante-natal clinics are held in premises as shown under heading "Clinic Arrangements." Each clinic is staffed with a Medical Officer and two midwives. The midwives are entirely responsible for the administration of these clinics.

The clinic held at Lindholme was closed down in January, 1953 and a new clinic established at the Victoria Hall, Hatfield, in February, 1953.

The following figures give an indication as to the number of patients who attended the clinics during 1952

		ANTE-NA	TAL	POST-NA	TAL
CLINIC		Number of women who attended	Total attendances	Number of women who attended	Total attendances
Thorne		 180	546	27	36
Moorends		 130	821	24	24
Stainforth		 149	747	8	8
Dunscroft		 184	670	19	19
Lindholme		 28	206	11	12
(closed 26	.1.53)				
		671	2990	89	99
•				_	

PREMATURE BABIES

Given below are brief details of the 47 premature babies $(5\frac{1}{2})$ lbs. and under) born during 1952 :—

Birth	D	TOTAL		Alive		er who under days	Number who survived	
Weight	At Home	In Hosp.	At Home	In Hosp.	At Home	In Hosp.	28 days	
Under 3 lb.			1	3	1	2	1	
3-4 lb		1	3	3	1	2	3	
$4-5\frac{1}{2}$ lb.	. 1	1	11	23	2	3	29	
	1	2	15	29	.4	7	33	

The above figures can be compared with the survival of premature babies in 1950 and 1951 :---

Birth Weight		Total born alive			er died 28 days	Number survived 28 days	
Under 3 lbs.		 1951 8	$\begin{array}{c} 1950 \\ 2 \end{array}$	1951 7	$\begin{array}{c} 1950 \\ 2 \end{array}$	1951 1	1950
3-4 lbs.		 5	6	3	3	2	3
$4-5\frac{1}{2}$ lbs.		 38	56	6	4	32	52
	The Real	51	64	16	9	35	55

From the above figures, it will be seen that where the birth weight is under 3–4 lbs. there is little chance of survival.

Compared with the previous year, there has been a fall in the number of premature births and a fall in the proportion who survived 28 days.

In this Division two midwives have been trained in the Sorrento method of caring for the premature child.

A Sorrento cot is always available in this area with full equipment for nursing these infants in their homes.

During the year the equipment was only used on five occasions.

	19	952	1	951	19	950	1949
Type of Case	No. of Cases	Hours Worked	No. of Cases	Hours Worked	No. of Cases	Hours Worked	No. of Cases
Maternity	54	6184	63	6930	69	5137	32
Tuberculosis	1	120			2	343	
Chronic sick (including aged	. 63	12422	62	12159	29	3568	6
and infirm) Others	36	5849	46	4476	20	2686	6
112 1/2 1/2	154	24575	171	23565	120	11734	44

HOME HELP SERVICE

This essential service has continued very much as last year, there being a moderate increase of 1,010 in the hours worked during 1952.

A limiting factor in the usage of this service is the present method of assessing financial responsibility.

There have been cases where the help was necessary but has had to be declined due to alleged inability to pay or where other members of the household have declined to accept responsibility.

During the year there was a decrease in the number of home helps used for maternity cases. This is probably related to a decrease in the actual number of births as compared with 1951.

DIPHTHERIA IMMUNISATION

The following table gives the number of immunisations carried out during 1952, together with the number for the four previous years :---

a construction of the second se	1952	1951	1950	1949	1948
PRIMARY COURSES : 0-5 years old 5-15 years old	227	277 161	288 104	305 93	252 82
REFRESHER COURSES	588 629	$\begin{array}{r} 438\\ 425\end{array}$	392 142	398 309	334 4

At first sight the above figures seem very satisfactory as 588 children have been immunised for the first time as against only 438 last year. However, the above figures show a rather disturbing factor in that those immunised under 5 years of age have shown a gradual decrease over the years, from 305 in 1949 to 227 this year.

This means that of those children under 5 only one in three is being immunised and this is certainly insufficient to prevent the possibility of a diphtheria outbreak, yet in any such outbreak it is just this group of children that is likely to show the highest number of fatal cases.

In spite of all propaganda both generally and locally it seems that parents just do not realise what diphtheria can do and are leaving their children unprotected until they enter school, where they are being done under our "immunisation in school" scheme.

Due to the absence of diphtheria in this area during the last few years the parents of the present "under fives" have no practical experience of diphtheria and its effects, and are even in many instances openly disinterested. It appears that little other than an outbreak of actual cases of this disease locally will convince these parents of the necessity of diphtheria immunisation.

This lack of parental interest has greatly increased the importance of the "immunisation in school" scheme and its success can be judged from the figures quoted in the table. 588 primary courses and 629 refresher courses were completed during the year.

The co-operation of the head teachers of all the local schools has been most unstinted and has much to do with the success of the scheme.

VACCINATION AGAINST SMALLPOX

Vaccinations carried out during 1952 are shown below, together with details of the vaccination done in the four previous years.

	1952	1951	1950	1949	1948
VACCINATIONS : 0-5 years old 5-15 years old 16 years and over	$\begin{array}{c}109\\5\\16\end{array}$	$\begin{array}{c}136\\11\\25\end{array}$	109 20 72	112 18 39	19 3 7
	130	172	201	169	29
RE-VACCINATIONS : 0-5 years old 5-15 years old 16 years and over		3 13	=_1	1 5 11	
_	20	16	1	17	4

As will be seen from the above table, the number of vaccinations has continued at a fairly even rate since 1949.

The rate shows that one in every six persons is being vaccinated against smallpox.

ULTRA VIOLET LIGHT CLINIC

Two sessions are held weekly at the Thorne Child Welfare Centre.

Any child requiring treatment is notified to the Divisional Office, when an appointment for attendance is made.

Details of attendances for 1952 are as follows :---

	AGE GROUPS						
Referred for treatment from : -	0-5	5–15	Others	Total			
(a) General Practitioners	11	54	2	67			
(b) School Medical Officer		11		11			
(c) Child Welfare Centres	24		-	24			
(d) Other sources	36	95	_	131			
The distance state provide a set	71	160	2	233			
and the second states and the second states are a							
Number who actually attended		1	A LOUGH STORY				
clinic	53	106	2	161			
and the second of the second states of							
Number of attendances made	927	1341	6	2274			
supported the second states and second states							

It is usual for children to receive two courses of six weeks each.

In addition to the above figures a special Saturday morning class was held for older children between the ages of 10–15 during October, 1952, to March, 1953. ,51 children were referred, of which 46 actually attended, making 498 attendances.

CONVALESCENT HOME TREATMENT

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

All applications, supported by a doctor's certificate, are forwarded to the Divisional Health Office for attention.

The number of patients who proceeded on convalescence is as follows :---

1952	1951	1950	1949
7	7	12	1

SECTION 47-NATIONAL ASSISTANCE ACT

During 1952 one case was dealt with under Section 47.

This was an aged person who was unable to devote to himself proper care and attention. Removal to hospital was effected in November, 1952.

SCHOOL HEALTH SERVICE

1. MEDICAL INSPECTIONS OF SCHOOLS :--

During 1952 the following routine medical inspections of pupils in schools were made by myself and my assistant :---

	No. of		Nutrition		Total number of Defects found and which required				
Age Groups	in- spec- tions	A. Good	B. Fair	C. Poor	Defect	Treat- ment	Observa tion		
Entrants	606	180	424	2	Skin Eyes	12 115	41 114		
Second	568	94	473	1	Ears	$\frac{11}{32}$	17 87		
Third	622	151	471	-	Speech Heart and	8	5		
	1796	425	1368	3	Circulation Lungs	$\frac{2}{2}$	25 16		
					Orthopaedic Nervous System	9 1	26 10		
					Psychological Others	$\frac{3}{7}$	$\begin{array}{c}11\\32\end{array}$		

2. MINOR AILMENT CLINICS :

The cases treated during the year at the various school clinics were :--

Ringworm			 	-
,,	(ii) I	Body	 	
Scabies			 	10
Impetigo			 	661
Other Skin	Dise	eases	 	264

CONSULTANT PAEDIATRIC CLINIC

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

Nine sessions were held during 1952, in which 67 children were seen.

A very close liaison is maintained by Dr. Harvey with the General Practitioners and the School Medical Officer.

EAR, NOSE AND THROAT CLINIC

As in previous years, children requiring treatment are seen by Mr. H. M. Petty once monthly at the Doncaster Royal Infirmary by arrangement with the Divisional Health Office.

During 1952-

(i)	Number of clinics held		10		
				0-5 years	5-15 years
(ii)	Number of children referred, including those	atten		5	
	from the previous year			22	162
(iii)	Number who required operative treatment			19	143
(iv)	Number who obtained operative treatment			11	91
(v)	Treated in school clinics			- 110	-

HOSPITAL EYE SERVICE

Any child found to be needing attention to the eyes is referred by the School Health Service to the Hospital Eye Service.

A special clinic is held each week for these children in Doncaster. During the year there were 229 children prescribed glasses.

SPEECH THERAPY

Any child requiring attention to his speech is seen by the Speech Therapist, who holds weekly clinics in one of the nearby school medical rooms.

During the year 30 new cases were admitted to the clinic for treatment, 23 of which were discharged by the end of the year.

MENTAL HEALTH SERVICE

Work in the mental health field has continued throughout the year.

All defectives under care were regularly visited by the social worker.

At the end of the year the following number of defectives were under supervision :--

(a) Statutory supervision .. 45

5

- (b) Guardianship
- (c) Voluntary supervision .. 6

Two cases were admitted to institutions during the year.

Defectives under the age of 15 years are catered for by way of a special occupation class held in Thorne once weekly.

The social worker also undertakes visits to patients discharged from Mental Hospitals.

The known number of defectives of all ages in institutions is 33. None are out on licence.

The

Chief Sanitary Inspector's Report

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

25

Mr. Chairman, Ladies and Gentlemen,

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

Housing :

1	1	nspeci	tion of Dwelling-houses during the year :	
	1	(<i>a</i>)	Total number of dwelling-houses inspected for housing defects under Public Health and Housing Acts	543
		<i>(b)</i>	Number of inspections made for the purpose	1394
	2	(<i>a</i>)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regula- tions, 1925	nil
		(1)		
	~	(b)	Number of inspections made for the purpose	nil
	3		ber of dwelling-houses found to be in a state so dangerous or injurious ealth as to be unfit for human habitation. Houses	nil
	4	Num	ber of dwelling-houses exclusive of those referred to under the preceding	IIII
	Ŧ		head found not to be in all respects reasonably fit for human habitation	543
2	ŀ	Remedy	y of defects during the Year without Service of Formal Notices :	
			ber of defective dwelling-houses rendered fit in consequence of informal on by the Local Authority or their Officers	401
3	1	Action	under Statutory Powers during the Year :	
			Proceedings under Section 9 and 10 of the Housing Act, 1936 :	
			Number of dwelling-houses in respect of which notices were served	
			requiring repairs	103
		2	Number of dwelling-houses which were rendered fit after service of	
			formal notices :	
			(a) By owners \dots \dots \dots \dots \dots \dots \dots \dots	58
			(b) By owners after Litigation under Section 94	45
			Proceedings under Public Health Acts :	
		1	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	39
			requiring defects to be remedied	55
		2	of formal notices :	
				38
			(a) By owners .	1
		(c)—P	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)—I	Proceedings under Section 12 of the Housing Act, 1936 :	
		1	Number of separate tenements of underground rooms in respect of which Closing Orders were made	nil
		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

4.	Housing Act, 1936—Part IV—Or	vercrowa	ling :						
	(a)—1 Number of dwellings over 2 Number of families dwellin 3 Number of persons dwellin	ng there	in	e end of 	f the ye 	ar 	 		907 1737 6061
	(b)—1 Number of new cases of ov	vercrow	ding di	uring th	he year				. 74
	(c)—1 Number of cases of overcr 2 Number of persons concern				ng the ;	year 			$\begin{array}{c} 66 \\ 203 \end{array}$
	 (d) Particulars of any cases in overcrowded after the Local of overcrowding 	Author							nil
umber	of new Houses erected during 19	92.							
1.	State Aided :								
	 (a) By the Local Authority (b) By Private Enterprise Public Utility Societies etc. 	· 	··· ···	··· ··	 	 	••• ••• •••	··· ···	66 nil nil
2.	Without State Aid								15

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.

Parish			Piped Supply	Standpipe	Wells
		3959	3669	159	131
		2245	2002	28	215
		1776	1719	5	52
		181	123		58
		133	12		121
Total		8294	7525	192	577
	 	··· ·· ·· ·· ·· ·· ·· ··	3959 2245 1776 181 133	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

The following extensions have been completed during the year and the percentage of houses with a piped supply is 90.73—including standpipes 93.04 compared with 90.03 and 92.5 respectively in 1951.

Parish	Parish Diameter of pipe			
Stainforth	6″	532		
do	4″	29		
do	3″ 3″	473		
Hatfield South Bramwith	3″	134		
Extension	4″	2290		
do	3″	445		

Chemical analysis from the main at :--

	STAIL	NFORTH	I.		Р	arts per million
Total Solids	 					280
Chloride	 					24
Nitrite	 					nil
Nitrate	 					.03
Free Ammonia	 					.05
Total Hardness	 					230
Permanent Hardness	 					nil
Temporary Hardness	 			÷		230
р.Н	 					7.4
Alkalinity as CaCO3	 					230

This water is of satisfactory organic quality.

SEWERAGE :

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

Pa	rish		Houses	Main Drainage	Pail Closets	Privy Midden	Cesspool
Thorne			3959	3629	213	96	21
Hatfield			2245	1970	128	5	142
Stainforth			1776	1682	25	64	5
Fishlake			181	16	49	112	4
Sykehouse			133	12	19	100	2
dits of	Te	otal	8294	7309	434	377	174

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

	Parish		Pail	Privy Midden
Thorne			 8	-
Stainforth			 5	_
Hatfield			 1	1
Total .	ALL STATES	ell's	14	1

		Priv	vies	Ē		
Premises	Water closets	with open middens	with covered middens	pails	Total	
Dwelling-houses	7918	38	339	434	8729	
Commercial Premises	386	-	3	38	427	
Schools	279	-	6	22	307	
Hotels and Public Houses	150	-	1	6	156	
Public Conveniences	12	-	-	-	12	
Total	8745	38	348	500	9631	

No. of water closets constructed in 1952 for new houses			130
No. of dwellings having one water closet on main drainage			6700
No. of dwellings having two water closets on main drainage	e		609
No. of water closets in the district on main drainage			8745
No. of closets in the district			9631
Percentage of dwellings with closets on main drainage			88.12
Percentage of closets in dwellings on main drainage			95.46
Percentage of closets in all premises on the water carri	age syste	m of	
main drainage			90.80

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

The duplication of the main and enlargement of the pumping station has been carried out in Marshland Road Thorne and Moorends.

FOOD AND DRUGS

MILK SAMPLING :

Test				Number Satisfactory	Number Unsatisfactor	
Methylene Blu	ue				15	nil
Biological					16	2
Phosphatase			••		4	nil
				Гotal	35	2

ICE CREAM :

No. of premises registered under Food and Drugs Act, 1938			 112
No. of inspections made			 121 ·
No. of samples submitted for bacteriological examination :			
Satisfactory 14 Unsatisfac	torv	4	

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 99 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 is estimated that the life of the tips is sufficient to deal with the collection for some time to come.

The provision of dustbins by the Council as a charge against the general rate fund has proved successful for the past three years and there is no doubt that the scheme is a useful contribution to the public health.

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 having only a semblance of mobility and are controlled particularly with regard to siting and sanitary conditions.

Three sites with services contain the majority of the vans thus partially alleviating the problem of scattered dwellings.

FOOD INSPECTION :

Three tons and two cwts. were condemned as unfit for human consumption.

SLAUGHTERHOUSES :

Slaughtering for the area is now done at Doncaster.

BAKEHOUSES :

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

SHOPS ACT, 1934 and 1950:

Number of vists paid under the above act during 1951		 57
Unsatisfactory 8	Remedied	 8

FACTORIES ACT, 1937:

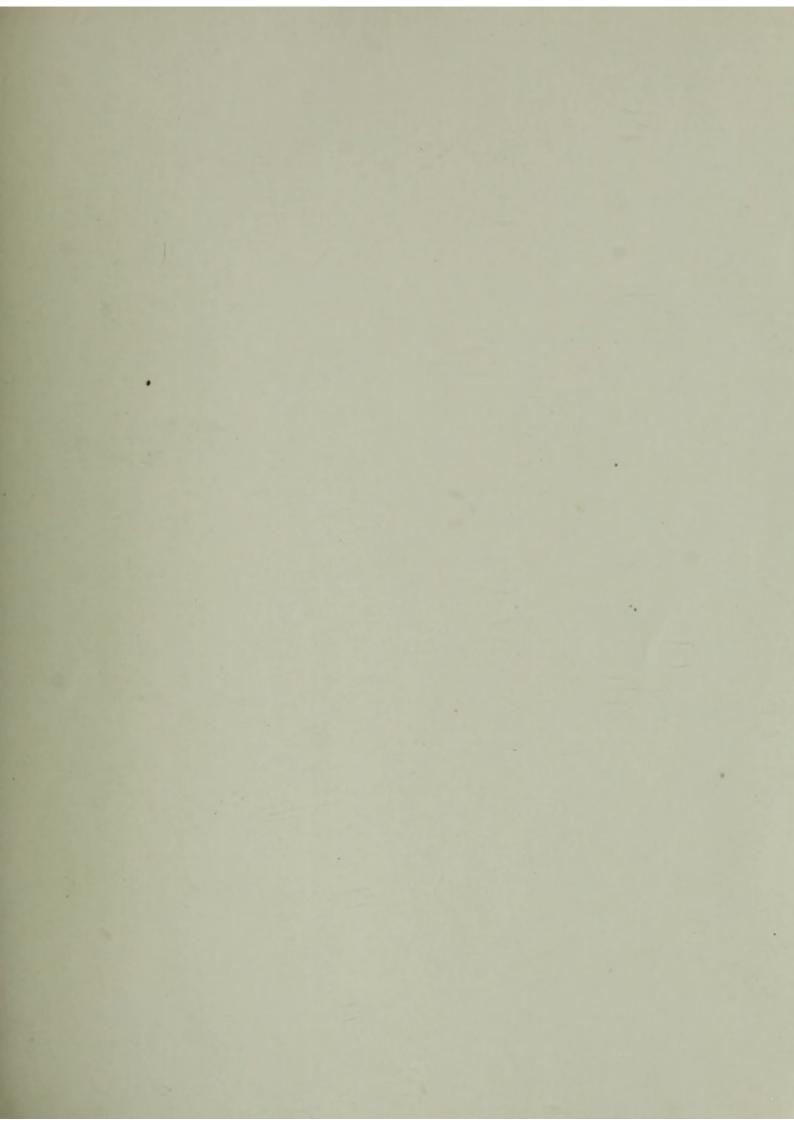
There are 86 factories in the district and inspection has shown them to be satisfactory.

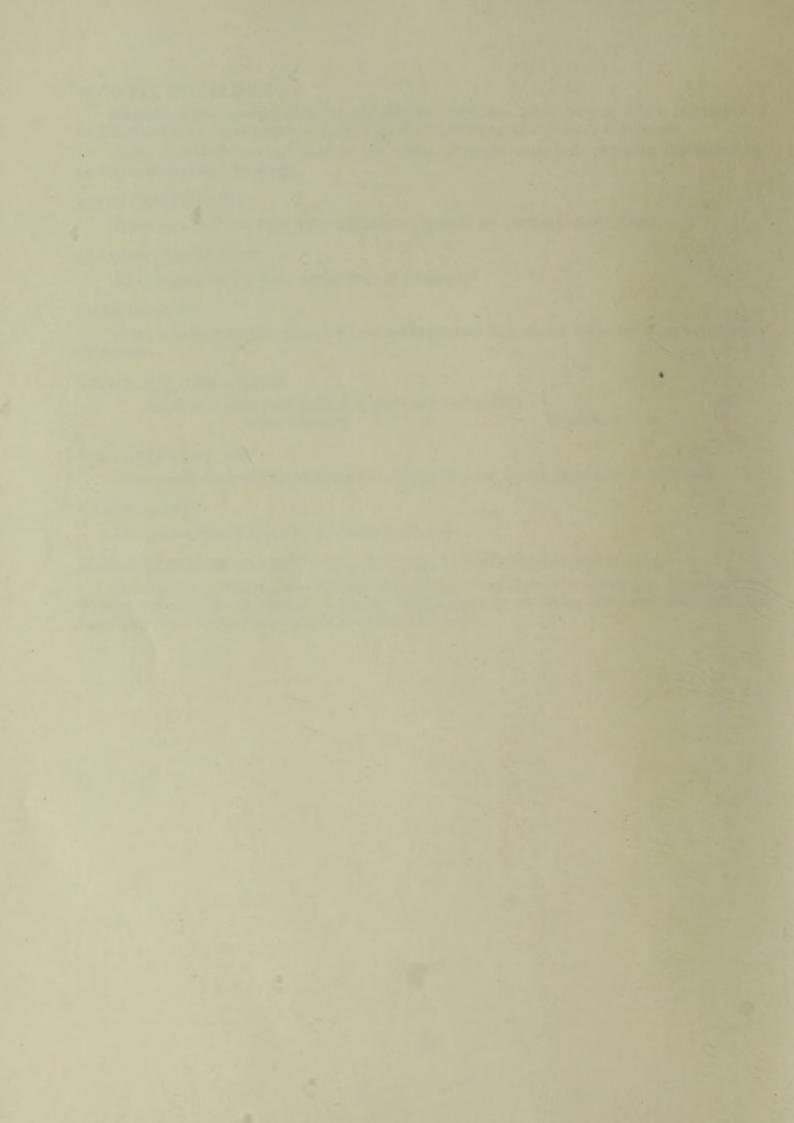
CANAL BOATS :

177 are registered and 31 have been inspected.

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

Destructive measures taken include the gassing of the Dunscroft, Dunsville, Moorends and Thorne tips and the treatment of sewers. Infestations in dwellings and commercial premises have been dealt with and the public welcome the service.





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