

**[Report 1966] / Medical Officer of Health, Thorne R.D.C.**

**Contributors**

Thorne (England). Rural District Council.

**Publication/Creation**

1966

**Persistent URL**

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

**License and attribution**

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

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

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



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



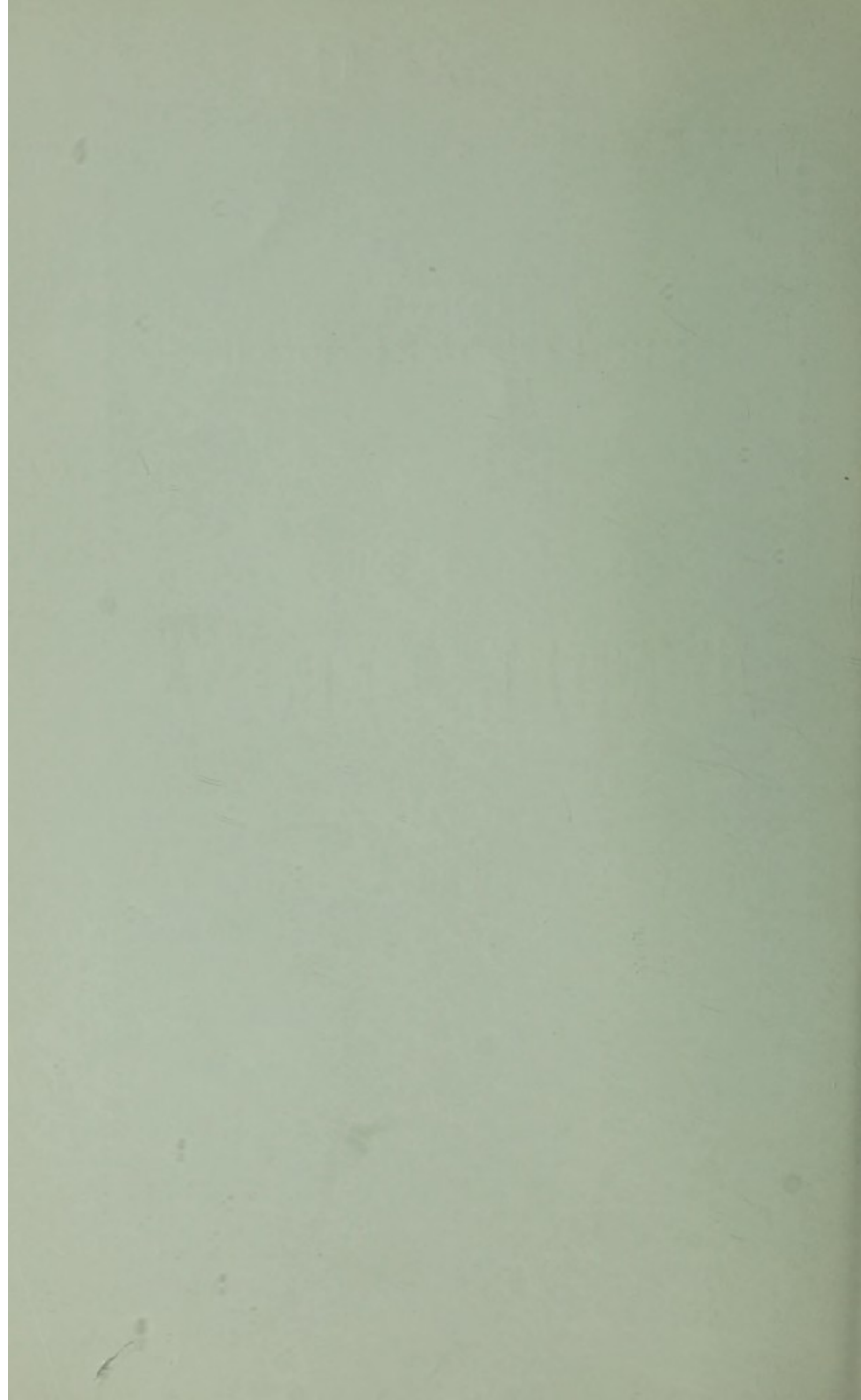
II

Library

Thorne  
Rural District Council

---

THE SIXTY-NINTH  
**ANNUAL REPORT**  
OF THE  
MEDICAL OFFICER OF HEALTH  
1966



Thorne  
Rural District Council

---

THE SIXTY-NINTH  
**ANNUAL REPORT**

OF THE  
MEDICAL OFFICER OF HEALTH  
1966

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



Thomas  
Rural District Council

THE SIXTY-NINTH

# ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF HEALTH

1966

by  
A. HUGHES B.S., M.B., CH. D.P.H.

## **THORNE RURAL DISTRICT COUNCIL**

(As at 31.5.67)

### **Chairman :**

Mrs. E. DUCKITT, J.P.

### **Vice-Chairman :**

Mr. P. M. WINTERBOTTOM

### **Members :**

Mr. F. I. Bowling	Mr. P. Lambert
Mr. M. Bushby	Mr. A. Lanaghan
Mr. S. Cairns	Mr. G. M. McDade
Mr. P. Carlin	Mr. P. E. Moore
Mr. W. Carr	Mr. J. D. Pickering
Mr. G. Hardy	Mr. L. Pickersgill
Mr. J. Harrison	Mrs. P. H. Schofield
Mr. J. C. Harrison	Mr. J. E. Thomas, J.P.
Mr. C. A. Hind	Mr. R. W. Turner
Mr. G. W. Kenny, J.P.	Mr. J. Weaver

## **OFFICERS OF THE THORNE RURAL DISTRICT**

### **Medical Officer of Health**

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

### **Chief Public Health Inspector :**

**H. MORDUE, F.R.S.H., M.A.P.H.I.**

### **Deputy Chief Public Health Inspector :**

**J. NASH, M.R.S.A.S., M.A.P.H.I., M.R.S.H.**

### **Public Health Inspector :**

**A. TATE, M.A.P.H.I.**

### **Technical Assistant :**

**A. LITTLEWOOD**

## **OFFICES OF THE THORNE RURAL DISTRICT**

Public Health Department,

P.O. Box No. 4 Council Offices, Thorne.

Telephone : Thorne 2147 Exts. 30 and 27.

# THORNE RURAL DISTRICT COUNCIL

(As at 31.12.67)

Chairman:

Mr. E. DICKSON, V.P.

Vice-Chairman:

Mr. F. M. WINTERBOTTOM

Members:

Mr. F. Lanning	Mr. F. I. Bowling
Mr. A. Langford	Mr. M. Bubb
Mr. G. M. Mudge	Mr. S. Cline
Mr. P. E. Munn	Mr. P. Cuthbert
Mr. J. D. Munn	Mr. W. Cunn
Mr. J. P. Munn	Mr. G. Hardy
Mr. F. H. Munn	Mr. J. Hutton
Mr. A. E. Thomas, J.P.	Mr. J. C. Hutton
Mr. H. W. Thomas	Mr. C. A. Hoad
Mr. J. Wynn	Mr. G. W. Keay, J.P.

## OFFICERS OF THE THORNE RURAL DISTRICT

Medical Officer of Health

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

Chief Public Health Inspector:

R. MONTAGUE, F.R.S.B., M.A., R.I.C.

Deputy Chief Public Health Inspector:

J. NASH, M.B.A.S., M.A., R.I.C., M.R.S.B.

Public Health Inspector:

A. TATE, M.A., R.I.C.

Technical Assistant:

A. LITTLEWOOD

## OFFICES OF THE THORNE RURAL DISTRICT

Public Health Department,  
P.O. Box No. 4 Council Office, Thorne  
Telephone: Thorne 2147 (Ext. 20 and 21)



Council Offices,  
Thorne.

June 1967.

To the Chairman and Members of the Thorne Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report for the year ending December 31st, 1966.

The number of live births in the area was 816, a reduction of 22 compared with the previous year, giving a birth rate of 21.3 per 1000 population, still well above the County and National rates. The deaths of children under 1 year of age showed an increase of 4 on the previous year being entirely due to rise in the number of children succumbing to disease of the respiratory system.

The number of deaths from all causes numbered 342, a rise of 15 compared with the previous year, giving a crude death rate of 8.9 per 1000 population. The natural increase being 474 inhabitants. As usual the main causes of death were circulatory disease and cancer. Deaths from cancer again showed a reduction to 64. Deaths from lung cancer showed a slight fall from those of the previous year.

With regard to infectious diseases, the measles epidemic continued throughout the early part of the year and 683 cases were notified, the disease continued to be of a mild nature and no deaths occurred.

From the report will be noted the considerable increase in the notifications of tuberculosis. This was the result of an influx of gypsy families into the area, in one of which all the 7 members (including 6 children) were discovered by my alert nursing staff, after investigation, to be infected with this condition and caused considerable work and anxiety in following up and testing all the numerous school contacts of the children involved. This resulted in the discovery of one further active case and several who showed evidence of having been in contact. All the active cases were treated in hospital and no further cases have occurred. It is indeed fortunate that the condition was discovered very shortly after the family had moved to this area and illustrates the alertness all staff must have in protecting the public health and the dangers involved to the community from those families with sub-normal living standards.

There were some interesting developments during the past year, the increase in co-operation between the three branches of the health service has gained increased momentum with the formation of four planning committees concerned with obstetrics, mental health, geriatrics and cervical cytology, on all of which this area is represented by myself. Although this has entailed many extra hours being spent on committee work, the benefits obtained have undoubtedly proved well worthwhile.

The cervical cytology scheme has got off to a good start and three monthly clinics are now in operation, the medical staffing of which has been done by part-time practitioners due to the continued inability to obtain local authority medical staff.



In June the wardens scheme for the visiting of aged persons was started in the Moorends area with eight wardens being appointed, and has proved a very useful service. In October following a report to the wardens sub-committee, it was recommended that the scheme should be extended throughout the whole district and this is now being undertaken. It is anticipated that the full implementation of the scheme will involve between forty and fifty wardens with relief for sickness and holidays. To undertake the necessary clerical work it proved necessary to appoint an additional clerk who until the scheme is in full operation is shared with the Public Health Inspectors Department. For the benefit of new Council members, the details of the scheme have been included in the report.

All the services for which the County Council are responsible have continued to run in a satisfactory manner with expansion in most fields, including the home help service where some 76 women are now engaged in part-time employment.

There has been an increase in the number of confinements taking place in hospital and this trend is expected to gain considerable momentum when the new hospital maternity block in Doncaster opens in 1968.

Once again the main difficulty throughout the year has been the lack of full-time medical assistance which is delaying development of some services, mainly in connection with the school health service.

My thanks are due to all those General Practitioners who have helped to staff the various clinic services, and especially to Dr. Kropacz from the Doncaster Division for her help in the ascertainment of handicapped school children. Thanks are also due to the whole staff, both lay and professional for their work and loyal support during the year, including my Chief Clerk who again has been mainly responsible for the statistical part of the report.

I am,

Your obedient Servant,

G. HIGGINS

Medical Officer of Health.



## OFFICERS OF THE WEST RIDING COUNTY COUNCIL

(As at 31.12.66)

Divisional Medical Officer: G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H.  
Assistant County Medical Officer: Dr. A. KROPACZ, L.R.C.P., L.R.C.S.  
(Part-time)

Part-time General Practitioners Dr. R. M. L. ANDERSON.  
Employed as Assistant County Dr. D. W. BALDWIN.  
Medical Officers: Dr. J. DISLEY, M.B., Ch.B., D.P.H.  
Dr. R. B. LAIDLAW BECKER,  
M.D., D.P.H., D.P.M.  
Dr. J. G. RIDER.  
Dr. J. S. TAYLOR.  
Dr. A. M. WOODWARD, M.B.,  
Ch.B., D.S.H., M.R.C.P.

Divisional Nursing Officer: Miss D. M. E. GOLDTHORPE

### NURSING STAFF

#### Midwives :

Miss J. M. Barkworth	Miss M. Elliott	Mrs. E. Gorst
Mrs. D. Harries	Mrs. M. Morris	Miss M. Ryall
	Mrs. M. Wade	

#### Home Nurses :

Mrs. W. Cairns	Mrs. M. E. Edwards	Miss E. Gutteridge
Mrs. J. M. Johnson	Mrs. M. P. Lynskey	Mrs. P. Moulds
	Mrs. R. Symons	

#### Health Visitors :

Mrs. K. Gott	Mrs. M. Hayes	Mrs. A. D. Jones
Mrs. M. Jude		Mrs. I. Will

#### Assistants to Health Visitor :

Miss C. Ella	Mrs. M. Kenny
--------------	---------------

#### Mental Health Service :

Mental Welfare Officer: Mr. R. Milner

#### Speech Therapist:

Mrs. J. C. Wedgewood

#### Chief Clerk :

Mr. J. T. Howitt

#### Clerical Staff :

Miss G. Bee	Mrs. D. Collins	Mrs. M. Copley
Mrs. N. Fox	Mrs. B. Lucas	Mrs. F. M. Myers
	Mrs. A. P. Smith	

#### Clinic Clerks :

Mrs. J. Smith	Mrs. B. Seddon	Mrs. M. Watts
---------------	----------------	---------------

#### Offices :

Divisional Health Office,  
Council Offices,  
Thorne.

Telephone : Thorne 3130  
and 2147 Ext. 28



# NATURAL AND SOCIAL CONDITIONS OF THE THOMAS RURAL DISTRICT

Area in acres	78,349
Population (1920)	38,310
Number of families	11,527
Number of farms	2,126

## VITAL STATISTICS

	Male	Female	Total
Births	304	301	605
Deaths	25	28	53
Marrriages	100	100	200
Divorces	10	10	20
Adoptions	10	10	20
Stillbirths	10	10	20
Infants	10	10	20
Children	10	10	20
Adults	10	10	20
Elderly	10	10	20

## Section 1 – Vital Statistics

Births	304	301	605
Deaths	25	28	53
Marrriages	100	100	200
Divorces	10	10	20
Adoptions	10	10	20
Stillbirths	10	10	20
Infants	10	10	20
Children	10	10	20
Adults	10	10	20
Elderly	10	10	20
Births	304	301	605
Deaths	25	28	53
Marrriages	100	100	200
Divorces	10	10	20
Adoptions	10	10	20
Stillbirths	10	10	20
Infants	10	10	20
Children	10	10	20
Adults	10	10	20
Elderly	10	10	20
Births	304	301	605
Deaths	25	28	53
Marrriages	100	100	200
Divorces	10	10	20
Adoptions	10	10	20
Stillbirths	10	10	20
Infants	10	10	20
Children	10	10	20
Adults	10	10	20
Elderly	10	10	20

## Section I - Vital Statistics



1966  
**NATURAL AND SOCIAL CONDITIONS OF THE  
THORNE RURAL DISTRICT**

Area (in acres)	...	38,419
Population (Registrar's mid-year estimate)	...	38,310
Number of inhabited houses	...	11,523
Sum represented by Penny Rate (Estimated)	...	£ 3220.

**VITAL STATISTICS**

**Live Births :**

	Male	Female	Total
Legitimate ..	394	365	759
Illegitimate ..	29	28	57
	<hr/> 423	<hr/> 393	<hr/> 816

Birth Rate per 1,000 estimated population	21.3
Birth Rate of England & Wales per 1,000 population	17.7
Birth Rate of West Riding Administrative County	18.2

**Still Births :**

	Male	Female	Total
Legitimate ..	1	8	9
Illegitimate ..	—	—	—
	<hr/> 1	<hr/> 8	<hr/> 9

Still Birth rate per 1,000 live and still births	10.9
Still Birth rate for England & Wales	15.4
Still Birth rate for West Riding Administrative County	14.4

**Infant Deaths :**

	Male	Female	Total
Legitimate ..	14	8	22
Illegitimate ..	—	—	—
	<hr/> 14	<hr/> 8	<hr/> 22

Deaths of Infants under 4 weeks of age (included in the above)

	Male	Female	Total
Legitimate ...	5	4	9
Illegitimate ..	—	—	—
	<hr/> 5	<hr/> 4	<hr/> 9

**Deaths of Infants Under 1 Week of Age :**

	Male	Female	Total
Legitimate ..	4	4	8
Illegitimate ...	—	—	—
	<hr/> 4	<hr/> 4	<hr/> 8

Infant Mortality rate per 1,000 live births	27.0
Infant Mortality rate for England & Wales	19.0
Infant Mortality rate of West Riding Administrative County	19.8



Perinatal Mortality rate — per 1,000 live births	...	20.6
"            "            W.R.C.C.	...	25.1
"            "            E. & W.	...	26.3

Causes of Death in the Thorne Rural District as supplied by the Registrar General for 1966 (including Infant Deaths)

Cause of Death :				Male	Female	Total
Tuberculosis, Respiratory	...	...		1	—	1
Syphilitic Disease	...	...		—	1	1
Meningococcal Infections	...	...		—	1	1
Malignant Neoplasm, Stomach	...	...		3	4	7
Malignant Neoplasm, Lung, Bronchus	...	...		11	3	14
Malignant Neoplasm, Breast	...	...		—	1	1
Malignant Neoplasm, Uterus	...	...		—	1	1
Other Malignant and Lymphatic Neoplasms	...	...		18	19	37
Leukaemia, Aleukaemia	...	...		1	3	4
Diabetes	...	...		1	2	3
Vascular Lesions of Nervous System	...	...		19	19	38
Coronary Disease, Angina	...	...		34	22	56
Hypertension with Heart Disease	...	...		2	3	5
Other Heart Disease	...	...		12	19	31
Other Circulatory Disease	...	...		10	10	20
Influenza	...	...		1	1	2
Pneumonia	...	...		9	8	17
Bronchitis	...	...		22	5	27
Other Diseases of Respiratory System	...	...		2	1	3
Ulcer of Stomach and Duodenum	...	...		3	—	3
Gastritis, Enteritis and Diarrhoea	...	...		4	—	4
Nephritis and Nephrosis	...	...		4	2	6
Hyperplasia of Prostate	...	...		3	—	3
Congenital Malformations	...	...		4	1	5
Other Defined and Ill-Defined Diseases	...	...		9	13	22
Motor Vehicle Accidents	...	...		3	3	6
All Other Accidents	...	...		10	9	19
Suicide	...	...		3	—	3
Homicide and Operations of War	...	...		2	—	2
				191	151	342

**Death rate per 1,000 population :**

Thorne Rural District	8.9
West Riding Administrative County	12.1
England & Wales	11.7

## INFANT DEATHS 1966

There were 22 infant deaths during the year. Details are as follows:—

Cause of Death	Total Under One Year of Age			Under 4 Weeks of Age			Under 1 Week of Age		
	M	F	T	M	F	T	M	F	T
Prematurity	3	4	7	3	4	7	3	4	7
Disease of Respiratory System	6	3	9	1	—	1	1	—	1
Gastritis, Enteritis and Diarrhoea	2	—	2	—	—	—	—	—	—
Congenital Malformation	1	—	1	1	—	1	—	—	—
Other defined and ill defined diseases	2	1	3	—	—	—	—	—	—
	14	8	22	5	4	9	4	4	8

### Infant Mortality Rate per 1,000 Live Births

Thorne Rural District	27.0
West Riding Administrative County	19.8
England and Wales	19.0

### Infant Mortality of Infants Under 1 Week of Age

Thorne Rural District	20.6
West Riding Administrative County	25.1
England and Wales	26.3

Table of Births, Deaths, Natural Increase, Infant Deaths and Infant Mortality Since 1956.

Year	Births	Deaths	Natural Increase	Infant Deaths	Infant Mortality	
					Thorne Rural Dist.	England and Wales
1956	763	289	474	29	38	23
1957	729	292	437	25	34	23
1958	699	316	383	27	38	24
1959	719	256	463	15	20	20
1960	696	276	420	14	20	21
1961	780	294	486	16	20	21
1962	795	317	478	23	28	21
1963	788	325	463	28	35	20
1964	777	344	433	22	28	20
1965	838	327	501	18	21	19
1966	816	342	474	22	27	19



(Medically diagnosed after their tuberculosis) during 1966

Disease	Age Group							Affected to Hospital
	Total	Under 1 year	1-4 years	5-9 years	10-14 years	15-25 years	25 years and over	
Dysentery (confirmed cases only)	6	-	1	1	-	1	1	-
Malaria	643	24	375	174	3	1	-	2
Parasitosis	16	1	4	4	3	1	1	1
Scabies	9	-	-	1	-	1	-	-

## Section II - Infectious Diseases

It is pleasing to record that once again no cases of poliomyelitis or diphtheria occurred during the year.

The number of measles cases recorded was slightly higher than the average over the previous 5 years, mainly in the 1-4 age group. The epidemic had started by the end of the year.

Although gastroenteritis is not a notifiable disease under the Public

Health Act, it is interesting to note that during the year 34 children under 4 years of age were admitted to the Litchfield Ward Institution Hospital suffering from the infection.

Table 10. Deaths from Infectious Diseases, Infant Deaths, and Infant Mortality Rates, 1924

Year	Deaths	Infant Deaths	Infant Mortality	Infant Mortality	
				Per 1,000 Live Births	Per 1,000 Live Births
1924	185	174	25	38	25
1925	202	181	24	36	23
1926	216	183	23	35	24
1927	238	187	18	30	20
1928	246	173	14	27	21
1929	244	166	16	26	21
1930	257	176	11	23	21
1931	257	151	10	22	20
1932	257	143	12	20	17
1933	257	141	13	20	19
1934	242	124	12	22	18

## Section II - Infectious Diseases



**(Notifiable diseases other than Tuberculosis) during 1966**

Disease	Age Group						Admitted to Hospital
	Total	Under 1 year	1-4 years	5-9 years	10-14 years	15-25 years	25 years and over
Dysentery ... (confirmed cases only)	6		1	3		1	1
Measles ...	683	24	378	278	2	1	7
Pneumonia ...	16	1	4	4	1	2	3
Scarlet Fever ...	9		5	4			
Whooping Cough	23	3	9	10	1		

It is pleasing to record that once again no cases of poliomyelitis or diphtheria occurred during the year.

The number of measles cases notified was slightly higher than the previous year — the increase being mainly in the 1-4 age group. The epidemic had abated by the end of the year.

Although gastroenteritis is not a notifiable disease under the Public

Health Act, it is somewhat disturbing to note that during the year 36 children under 4 years of age were admitted to the Tickhill Road Isolation Hospital suffering from the infection.

## TUBERCULOSIS

The numbers of new cases notified in 1966 are as follows. Shown also for comparison are figures of four previous years.

Age Groups	New Cases — ALL FORMS				
	1966	1965	1964	1963	1962
0- 4 years ...	7	1			
5- 9 years ...				1	
10-14 years ...					1
15-19 years ..	3				
20-24 years ..	1		1	1	2
25-34 years ..				5	5
35-44 years ..	3	1	3	3	
45-54 years ..		1	2	2	1
55-64 years ..	1		3	3	3
65-75 years ...	2	3	3	1	1

Of the 17 primary notifications, 13 males and 4 females were shown to be suffering from respiratory infection. This figure is the highest recorded since 1961 when 26 notifications were received.

Your attention is drawn to the remarks on this increase in my introductory letter.

From notifications received from hospitals and sanatoria regarding tuberculous patients, there were 16 known admissions and 13 known discharges as follows, these being arranged between the General Practitioner and Hospital Medical Officer.

Hospitals Concerned	Admissions		Discharges	
	Adults	Children	Adults	Children
Tickhill Road Hospital	12	4	9	4



## DEATHS FROM TUBERCULOSIS

During the year there was one death from pulmonary tuberculosis.

Shown below are details together with details for the past four years for comparison.

Age Groups	Deaths all Causes				
	1966	1965	1964	1963	1962
0-15 years ..					
15-25 years ...					
25-45 years ...		1			
45 and over ..	1		2	4	
	1	1	2	4	

The tuberculosis death rate per 1,000 population :

	Other	Respiratory	All Forms
Thorne Rural District	—	0.03	0.03
West Riding Administrative County	—	0.05	0.05
England & Wales	0.01	0.04	0.05

# DEATHS FROM TUBERCULOSIS

During the year there was one death from pulmonary tuberculosis. Shown below are details together with details for the last year for comparison.

Age Group		1965		1964		1963		1962	
0-15 years									
15-25 years									
25-45 years						1			
45 and over		1		2		2		4	
Total		1		2		1		2	

The tuberculosis death rate per 1,000 population:

	Other	Respiratory	All forms
Thames Rural District	—	0.02	0.02
West Riding Administrative County	—	0.02	0.02
London & Wales	0.01	0.04	0.02

The following table shows the number of deaths from tuberculosis in the various administrative areas of the County during the year 1965.

The following table shows the number of deaths from tuberculosis in the various administrative areas of the County during the year 1964.

The following table shows the number of deaths from tuberculosis in the various administrative areas of the County during the year 1963.

Administrative Area	1965		1964		1963	
	Male	Female	Male	Female	Male	Female
Thames Rural District	1	0	2	0	1	0

## WEST RIDING COUNTY COUNCIL - CLINIC SERVICES

Doncaster Child Welfare Centre, Spring Dg Lane, Doncaster.

Telephone: Doncaster 3011

Home Nurse Infants Clinic

Antenatal and Infant Welfare Clinic

Infant Welfare Clinic only

Infant Welfare Clinic

Physiotherapy (Infants only)

Physiotherapy Clinic

Paediatric Ward Clinic for Physio

Screening Testing of Infants

Community Clinic

Monday 9.00 - 11.00 a.m.

Tuesday 9.00 - 11.00 a.m.

Wednesday 9.00 - 11.00 a.m.

Thursday 10.00 - 11.00 a.m.

Friday 9.00 - 11.00 a.m.

Saturday 9.00 - 11.00 a.m.

Sunday 9.00 a.m. - 12.00 noon

1st Friday 9.00 - 11.00 a.m. and

1.30 - 4.30 p.m.

2nd Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m. and

6.30 - 7.30 p.m.

3rd Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

4th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

5th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

6th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

7th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

8th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

9th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

10th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

11th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

12th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

13th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

14th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

15th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

16th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

17th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

18th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

19th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

20th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

21st Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

22nd Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

23rd Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

24th Friday 9.00 - 11.00 a.m.

1.30 - 4.30 p.m.

## Section III.

## W.R.C.C. Services

Doncaster Child Welfare Centre, Welfare Chapel, Doncaster, Doncaster.

Antenatal and Infant Welfare Clinic Tuesday 9.00 - 11.00 a.m.

Infant Welfare Clinic only Wednesday 9.00 - 11.00 a.m.

Antenatal and Infant Welfare Clinic Thursday 9.00 - 11.00 a.m.

Community Clinic Monday and Tuesday

9.00 - 11.00 a.m.

Physiotherapy Clinic Friday 9.00 - 11.00 a.m.

Physiotherapy Clinic Saturday 9.00 - 11.00 a.m.

Physiotherapy Clinic Sunday 9.00 - 11.00 a.m.

Physiotherapy Clinic Monday 9.00 - 11.00 a.m.

Physiotherapy Clinic Tuesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Wednesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Thursday 9.00 - 11.00 a.m.

Physiotherapy Clinic Friday 9.00 - 11.00 a.m.

Physiotherapy Clinic Saturday 9.00 - 11.00 a.m.

Physiotherapy Clinic Sunday 9.00 - 11.00 a.m.

Physiotherapy Clinic Monday 9.00 - 11.00 a.m.

Physiotherapy Clinic Tuesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Wednesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Thursday 9.00 - 11.00 a.m.

Physiotherapy Clinic Friday 9.00 - 11.00 a.m.

Physiotherapy Clinic Saturday 9.00 - 11.00 a.m.

Physiotherapy Clinic Sunday 9.00 - 11.00 a.m.

Physiotherapy Clinic Monday 9.00 - 11.00 a.m.

Physiotherapy Clinic Tuesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Wednesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Thursday 9.00 - 11.00 a.m.

Physiotherapy Clinic Friday 9.00 - 11.00 a.m.

Physiotherapy Clinic Saturday 9.00 - 11.00 a.m.

Physiotherapy Clinic Sunday 9.00 - 11.00 a.m.

Physiotherapy Clinic Monday 9.00 - 11.00 a.m.

Physiotherapy Clinic Tuesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Wednesday 9.00 - 11.00 a.m.

Physiotherapy Clinic Thursday 9.00 - 11.00 a.m.



Section III.  
W.R.C. Services

## WEST RIDING COUNTY COUNCIL — CLINIC SERVICES

### **Dunscroft Child Welfare Centre, Sheep Dip Lane, Dunscroft.**

( Telephone: Stainforth 502 )

Home Nurses Injection Clinic	—	Monday from 2-0 p.m.
Ante-natal and Infant Welfare Clinic	—	Tuesday 9-0 - 12 noon
Infant Welfare Clinic only	—	Tuesday 2-0 - 4-0 p.m.
Infant Welfare Clinic (Hatfield Mothers only)	—	Wednesday 10-0 - 12 noon.
Mothercraft Class	—	Monday 2-0 - 4-0 p.m.
Handicraft/Social Club for Blind	—	Thursday 12-45 - 4-0 p.m.
Screen Testing of Infants	—	Thursday 9-0 a.m. - 12-0 noon.
Chiropody Clinic	—	2nd Friday 9-0 - 12 noon and 1-30 - 4-30 p.m. 3rd Friday 9-0 - 12 noon, 1-30 - 4-30 p.m. and 4-30 - 7-30 p.m.
Child Guidance Clinic	—	4th Friday in month 9-30 a.m. - 4-30 p.m.

### **Hatfield Child Welfare Centre, Victoria Hall, Hatfield.**

Ante-natal and Infant Welfare Clinic	—	1st Monday in month 1-30 - 4-0 p.m.
Infant Welfare Clinic	—	Remaining Mondays of month 1-30 - 4-0 p.m.

### **Moorends Child Welfare Centre, Wesleyan Chapel, Northgate, Moorends.**

Ante-natal and Infant Welfare Clinic	—	Tuesday 1-30 - 4-0 p.m.
--------------------------------------	---	-------------------------

### **Stainforth Child Welfare Centre, Church Road Stainforth.**

(Telephone: Stainforth 400)

Mothercraft Class	—	Monday 2-0 - 4-0 p.m.
Cervical Cytology Clinic	—	3rd Tuesday 2-0 - 4-0 p.m.
Infant Welfare Clinic only	—	Wednesday 9-30 - 12 noon
Ante-natal and Infant Welfare Clinic	—	Wednesday 1-30 - 4-0 p.m.
Chiropody Clinic	—	Monday and Thursday 2-0 - 5-0 p.m.
Screen Testing of Infants	—	Friday 9-30 - 12 noon
Home Nurses Injection Clinic	—	Friday from 2-0 p.m.

### **Thorne Child Welfare Centre and Dental Wing, Stonegate, Thorne.**

(Telephone: Thorne 2435)

Speech Therapy	—	Monday 8-45 a.m. - 5-20 p.m.
Mothercraft Class	—	Monday 2-0 - 3-0 p.m. Tuesday 2-30 - 3-30 p.m.
Screen Testing of Infants	—	Tuesday 9-0 a.m. - 12 noon
Home Nurses Injection Clinic	—	Tuesday from 2 p.m.
Infant Welfare Clinic only	—	Wednesday 10-0 a.m. - 12 noon
Ante-natal and Infant Welfare Clinic	—	Wednesday 1-30 - 4-30 p.m.
Chiropody Clinic	—	Thursday 9-0 - 12 noon and 1-30 - 4-30 p.m. Alt. Thursdays 9-0 - 12 noon and 4-0 - 7-0 p.m.

### **Fishlake and Sykehouse Mothers'**

Infant Welfare Clinic

Cervical Cytology Clinic

Dental Clinic

— Alt. Thursdays 2-0 - 3-0 p.m.  
— 1st/3rd Fridays 10.0 - 12 noon  
— Monday 9-15 - 12 noon  
1-30 - 5-0 p.m.  
Thursday 5-30 - 8-0 p.m.  
Friday 9-15 - 12 noon  
1-30 - 3-0 p.m.

---

## **SPECIALISTS AND CONSULTANT CLINICS**

(Attendances made by Appointment only at the Divisional Health Office,  
Council Offices, Thorne)

Paediatric Clinic :	...	...	C. C. Harvey, B.Sc., M.D., B.S., F.R.C.S., M.R.C.P.
Ophthalmic Clinics :	...	...	K. H. Mehta, M.B., M.R.C.S.(Eng.) D.O.
Orthopaedic Clinic :	...	...	W. H. Maitland Smith, M.D., Ch.B., F.R.C.S., M.C.L., D.R., T.H.
Child Guidance Clinic :	...	...	By Arrangement.
Speech Therapy :	...	...	By Arrangement.
Vaccination and Immunisation :	...	...	By Arrangement.

## **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.

## **AMBULANCE SERVICE**

All cases requiring this service, including infectious diseases, are now dealt with by the County Council Ambulance Depot, Bentley, near Doncaster. Telephone No. Doncaster 49468.

## **VENEREAL DISEASE**

There is no Centre for venereal disease in this area, the nearest one being at the Doncaster Royal Infirmary.



## CHILD WELFARE CENTRES

During the year the following attendance at Centres was made:-

	Thames C.W.C.	Moorside C.W.C.	Thameside C.W.C.	Donatons C.W.C.	Harfield C.W.C.
Infants Welfare Standard held with Health Visitors only	52	1	78	54	36
General Practitioners employed by L.R.A.	75	37	43	45	12
	127	38	121	99	48
Total children attending from 1964	127	78	207	194	47
1965	127	78	207	194	47
Total attendance (all children)	254	156	414	388	94

## Maternity and Child Welfare Service

A Medical Officer is in attendance weekly, except Harfield where one attends once monthly. There are five child welfare centres in the district. The routine routine being shown under "W.C.C. Clinics". In addition, each clinic is staffed by one health visitor and one midwife, together with assistance from voluntary staff.

It is interesting to note that the attendance of children at the Moorside Clinic exceeded the previous year by over 300 attendances. The increase in attendance was due to the introduction of the "Donatons" clinic and to the fact that the routine routine being shown at the Harfield clinic was held on Tuesday and not on Wednesday as was the case previously. The Harfield clinic was held on Tuesday and not on Wednesday as was the case previously. The Harfield clinic was held on Tuesday and not on Wednesday as was the case previously.

The attendance at the Harfield clinic for mothers and babies from February and February continued satisfactorily throughout the year.

It is with pleasure that I have to report that a plot of land is being purchased in Moorside by the County Council with a view to the erection of a new clinic to replace the present dilapidated one.

During the year the attendance at the Harfield clinic for mothers and babies from February and February continued satisfactorily throughout the year.



Paediatric and Syphilis Mothers  
 Infant Welfare Clinic  
 Central Cystology Clinic  
 Dental Clinic

All Thursday 2.0 - 3.0 pm  
 All Friday 10.0 - 12 noon  
 Monday 9.15 - 12 noon  
 1.30 - 3.0 pm  
 Thursday 5.30 - 8.0 pm  
 Friday 9.15 - 12 noon  
 1.30 - 3.0 pm

## SPECIALIST AND CONSULTANT CLINICS

(All clinics are held at the General Hospital, 100, Devonian Road, Exeter)

### Maternity

Maternity Clinic

J. C. Harvey, B.Sc., M.D., B.S., F.R.C.S.

### Infant and Child Welfare Service

Infant and Child Welfare Clinic

W. H. Marshall Smith, M.D., F.R.C.S.,  
 F.R.C.P., M.C.L., D.S., T.M.

Child Consultant Clinic

By Arrangement

Infant Therapy

By Arrangement

Venereal and Infectious Diseases

By Arrangement

## LABORATORY SERVICES

The General Hospital, 100, Devonian Road, Exeter.

The laboratory is open to all patients of the hospital and to the public. It is equipped with the latest facilities for the examination of blood, urine, and other body fluids, and for the culture of bacteria and other micro-organisms.

## PHYSICIAN SERVICE

All cases are treated by the General Practitioner, who is in consultation with the Consultant. The General Practitioner is available for consultation at the General Hospital, 100, Devonian Road, Exeter. Telephone No. 100.

## VENEREAL SERVICE

There is a Venereal Clinic at the General Hospital, 100, Devonian Road, Exeter. The clinic is open to all patients of the hospital and to the public.

## CHILD WELFARE CENTRES

During the year the following attendances at Centres were made :—

	Thorne C.W.C.	Moorends C.W.C.	Dunscroft C.W.C.	Stainforth C.W.C.	Hatfield C.W.C.
Infant Welfare Sessions held with Health Visitors only	52	1	78	56	36
General Practitioners employed by L.H.A.	78	47	43	48	12
	<u>130</u>	<u>48</u>	<u>121</u>	<u>104</u>	<u>48</u>
Total children attending born in 1966	194	88	218	161	47
1965	174	78	237	194	68
1961-1964	97	57	131	132	68
	<u>465</u>	<u>223</u>	<u>586</u>	<u>487</u>	<u>183</u>
Total attendances (all children)	5356	1901	6102	4385	1355

A Medical Officer is in attendance weekly, except Hatfield where one attends once monthly. There are five child welfare centres in the district. The various sessions being shown under "W.R.C.C. Clinics". In addition, each clinic is staffed by one health visitor and her assistant, together with assistance from voluntary staff.

It is interesting to note that the attendances of children at the Moorends Clinic exceeded the previous year by some 304 attendances. The increase in sessions held and attendances made at the Dunscroft clinic was due to an additional session weekly being introduced in July on Wednesday mornings, the normal Tuesday clinic had so many mothers and babies attending that the Hatfield mothers were asked to attend at a separate session, at which they had the opportunity of meeting the Health Visitor for this area who was appointed in June.

The arrangement at Thorne clinic for mothers and babies from Fishlake and Sykehouse continued satisfactorily throughout the year.

It is with pleasure that I have to report that a plot of land is being purchased in Moorends by the County Council with a view to the erection of a new clinic to replace the present rented premises..

Health Education continues to take an increasing proportion of the Health Visitors time and it is anticipated that this trend will continue in the future.

## NATIONAL WELFARE FOODS

Ministry of Health Welfare Foods have continued to be issued throughout the year at all child Welfare Centres during the Infant Welfare Clinics, also at the Child Welfare Centre at R.A.F. Station, Lindholme.

The distribution at three centres is undertaken by voluntary workers, and I would like to express my sincere thanks for all their efforts during the year.

Issues made were as follows :

Period	N.D. Milk			Cod Liver Oil			A and D. Tablets			Orange Juice		
	1966	1965	1964	1966	1965	1964	1966	1965	1964	1966	1965	1964
Jan.-Mar.	249	273	450	195	180	217	82	136	147	1719	1646	1309
Apl.-June	267	216	331	194	158	170	92	97	151	2311	2119	1631
July-Sept.	304	288	279	149	164	116	86	119	138	2138	2172	1739
Oct.-Dec.	287	342	285	221	236	223	111	99	179	2085	1796	1641
	1107	1119	1345	759	738	726	371	451	615	8253	7733	6320



## MATERNITY HOME ACCOMMODATION

Any expectant mother who considers that she will be unable to have her delivery at home, due to unsuitable conditions, may apply through her own doctor or midwife for consideration to have her baby in hospital.

Each applicant for a bed is visited at home by a midwife who discusses the possibility of a home confinement and if it is felt to be unsuitable, application for a bed is then recommended.

During the year 77 expectant mothers applied for beds on social grounds.

Analysis of the applicants is as follows :—

(a)	Number referred from—General Practitioners	...	57
	Midwives and Health Visitors		20
(b)	(i) Number who obtained social bookings	...	72
	(ii) Number refused social bookings on grounds of adequate facilities at home	...	5
	(iii) Cancellation of application by applicant	...	4

---

## DENTAL TREATMENT—EXPECTANT AND NURSING MOTHERS

Mothers are offered treatment during the time they are attending their General Practitioners or Local Health Authority ante-natal/post-natal clinic.

They attend for treatment at a dentist of their own choice under the National Health Service.

With the introduction of the new County Council dental wing at the Thorne Child Welfare Centre, seventeen known mothers took advantage of the service provided and 12 received full treatment.



## PREMATURE INFANTS

During 1966 there were 66 premature live births. Special visits are arranged by both midwife and health visitor during the first 28 days of life to ensure that the utmost care available is given to the child. Mothers are strongly urged to pay regular visits to the Child Welfare Centre after this period to ensure supervision.

Shown below are details of such babies born during 1966 and their survival :—

Premature Births	T O T A L	Birth Weights				
		1½-lbs. & under	1½-lbs. to 2½-lbs	2½-lbs. to 3½-lbs.	3½-lbs. to 4½-lbs.	4½-lbs. to 5½-lbs.
<b>Born at home :</b>						
Alive	11		1	2		8
Dead	2			1	1	
<b>Born in Hospital:</b>						
Alive	55		1	5	9	40
Dead	5		1	3		1
<b>Total Born :</b>						
Alive	66		2	7	9	48
Dead	7		1	4	1	1

Birth Weight	Days Survived														Over 14 up to 28	Over 28 Days
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
1½-lbs. and under																
1½-lbs. to 2½-lbs.		1														1
2½-lbs. to 3½-lbs.	2	1														4
3½-lbs. to 4½-lbs.	2	1														6
4½-lbs. to 5½-lbs.															1	47

From the above it will be observed that of live births 58 survived the initial period of 28 days.

Of the infants born alive at home 5 were removed to hospital care.

The number of premature live births (66) shows a considerable increase from the previous year's figure of 48, as the cause of this condition is not fully understood it is difficult to give any reason for this considerable increase.

For many years now a special "Sorrento" premature baby cot with equipment and oxygen has been available for immediate use for the care of a premature or sickly infant at home, or if necessary transfer to hospital.

The County Medical Officer has for some time been investigating the possibilities of providing an electrically heated portable incubator for the transportation of premature or sickly infants to hospital.

During 1966 the County Council purchased a supply of the new type of incubator, specially adapted for use in the County Council ambulances. The incubators are kept at Ambulance Depots and constantly kept at a set temperature for immediate use when called for by either the midwife or general practitioner; on arrival at the infant's home, the incubator is already warm and kept at the proper temperature during the journey to hospital.



## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

The registered child minder removed from the area during the year and cancelled her registration.

Two other persons were registered during the year, both in the Hatfield area. At the time of writing, one is minding six children and the other only one. Both homes have been visited and show a satisfactory standard of care.

### CARE OF THE UNMARRIED MOTHER AND HER CHILD

During the year there were 57 illegitimate live births registered.

Unmarried mothers receive special consideration and every help is given to them. In many cases the County Council accept financial responsibility to enable the mother to have her child in a Mother and Baby Home.

Analysis of the known cases in 1966 is as follows:— Cases ascertained through :

Moral Welfare Organisations	...	...	...	...	1
Own Staff	...	...	...	...	40
Referred by other services	...	...	...	...	5

Analysis of Cases :

Married :	with previous illegitimate children	...	...	5
	without previous illegitimate children	...	...	8
Single :	With previous illegitimate children	...	...	10
	without previous illegitimate children	...	...	21
Widowed or	with previous illegitimate children	...	...	1
Divorced :	without previous illegitimate children...	...	...	1

Ages :

Under 15 years of age	...	...	...	...	...	—
15—19	...	...	...	...	...	12
20—24	...	...	...	...	...	15
25—29	...	...	...	...	...	13
30—39	...	...	...	...	...	3
40 and over	...	...	...	...	...	3

Of the 46 known cases, they were settled as follows:—

Married 3, Grandparents to take baby 1, baby adopted 4, baby died 4, and mother kept baby 35. One mother had twins one of which died.

# HOME HELP SERVICE

TYPE OF CASE													Total Cases and hours worked	
Maternity		Tuberculosis		Aged 65+ Chronic Sick				Aged 65— Chronic Sick				Others		
	C	Hours	C	Hours	C	Hours	C	Hours	C	Hours	C	Hours	C	Hours
1961	16	942	11	1722	223	45628 $\frac{3}{4}$	15	1791	22	3159	287	53242 $\frac{3}{4}$		
1962	16	1113 $\frac{1}{2}$	10	2622	236	48080 $\frac{3}{4}$	20	3045	20	2655 $\frac{1}{4}$	302	57516		
Cases Reclassified During 1963 Under 65 years on first visit during year														
	Aged 65 and over on first visit		Chronic Sick and Tuberculous		Mentally Disordered		Maternity		Others		Total Cases and Hours			
1963	246	50684	24	5208	3	473	19	1250	27	3321	319	60936		
1964	274	53837	17	4272	4	696	16	722	19	3007	330	62534		
1965	276	56832	18	3879	5	560	10	388	17	2433	326	64092		
1966	299	62507	25	4333 $\frac{3}{4}$	3	480	12	287	15	2224 $\frac{1}{2}$	354	69832 $\frac{1}{2}$		



The number of cases provided with domestic help was 28 more than the previous year, the number of overall hours worked exceeded the previous year by 5740 hours.

It is interesting to note that this increase, like previous years, is accredited to the over 65 years of age category, where 62507 hours were worked, an increase of 5675 hours over the previous year, the remaining four categories showing little change.

Despite the number of domiciliary confinements, only 12 cases took advantage of this service. It is known that many families refuse this help when the cost to them is known.

All chronic cases are reviewed frequently and hours increased or decreased according to varying individual needs.

The approved basic establishment of equivalent whole time home helps for this area was increased to 26 per week, and upon application to the County Council an average of 9 per week, was also granted from the County reserve pool.

On the basis of hours worked during the year, the number of home helps that could have been employed weekly on a 40 hour basis was 33.6, the previous year being 29.3.

The department now employs a total of 76 part-time and full-time employees on this service which continues to expand rapidly.

It is interesting to note that when this service was first introduced in 1948 only 44 cases were dealt with, the establishment of home helps at that time being 6.

## MIDWIFERY SERVICE

The establishment of a midwifery service for this area is the first of its kind in the County. It was established between General Practitioners and midwives. All General Practitioners' and midwives' clinics are attended weekly by County Council midwives.

Staff employed as at 31st December, 1966 are as follows:

Miss J. M. Baskworth	Miss M. Eileen
Mrs. E. Goss	Mrs. D. Harries
Mrs. M. Morris	Miss M. Ryle
Mrs. M. Wade	

Two midwives attended childbirth courses during the year.

Details of the work carried out by County Council midwives during 1966 are as follows:— (1) Number of Deliveries

Live births	141	Stillbirths	3
of which a further 212 resulted in the delivery of 117 caesareans.			

## NURSING SERVICES

- (a) At day night week
- (b) After 48 hours and to include the 1st day 199
- (c) After the 5th day but before the tenth 60

(2) In accordance with the rules of the Central Midwives Board, a midwife is required to examine every woman at risk in all cases of illness, to the patient and child, and during 1966 midwives and requested was as follows:

- (a) For pregnancy
- (b) During labour
- (c) During the lying in period
- (d) For the child

The following statutory notices were received from midwives:

- (a) Liability to be a source of infection or annoyance of contact with Puertal Pyrexia

The number of mothers who received analgesia at the time of confinement is as follows. All County Council midwives are qualified to administer analgesia:

Pethidine	124
Gas and Air alone	124
Gas and Air with Pethidine	124
Tricaine alone	47
Tricaine with Pethidine	124

Facilities for the attendance of the mother and the newborn child will be changed if a mother particularly desired this. But for many years in this area the practice has been for the mother to attend her own general practitioner or midwife where she wishes the midwife who, in consultation with the general practitioner, makes satisfactory arrangements for the confinement.

General practitioners acting in partnership with specially arranged midwives in their surgeries and during the year County Council midwives attended on 442 occasions.

The purpose of this study is to determine the effect of the nursing intervention on the patient's knowledge and attitude towards the disease and its prevention.

The study was conducted in a community health center in a rural area of the state. The sample consisted of 100 patients who were selected by simple random sampling.

The data were collected through a questionnaire and a structured interview. The questionnaire was used to collect data on the patient's knowledge and attitude towards the disease and its prevention.

The results of the study showed that the nursing intervention had a significant effect on the patient's knowledge and attitude towards the disease and its prevention.

The study concluded that the nursing intervention is an effective way to improve the patient's knowledge and attitude towards the disease and its prevention.

## NURSING SERVICES

The nursing services provided by the community health center are aimed at promoting the health and well-being of the community.

The services include health education, health promotion, and health care. The health education services are aimed at increasing the community's knowledge and understanding of health and disease.

The health promotion services are aimed at encouraging the community to adopt healthy behaviors and lifestyles. The health care services are aimed at providing the community with access to health care services.



## MIDWIFERY SERVICE

The establishment of domiciliary midwives for this area is ten.

First class working relations continued between General Practitioners and midwives. All General Practitioners' ante-natal clinics are attended weekly by County Council midwives.

Staff employed as at 31st December, 1966 are as follows:

Miss J. M. Barkworth	Miss M. Elliott
Mrs. E. Gorst	Mrs. D. Harries
Mrs. M. Morris	Miss M. Ryall
Mrs. M. Wade	

Two midwives attended refresher courses during the year.

Details of the work carried out by County Council midwives during 1966 are as follows :— (1) Number of Deliveries :

Live births	348	Stillbirths	3
of which a doctor was present at the delivery on 117 occasions.			

(2) Number of women discharged from hospital during the lying-in period to the care of the midwife for nursing at home :

(a) At forty eight hours	57
(b) After 48 hours and including the fifth day	159
(c) After the fifth day but before the tenth	60

(3) In accordance with the rules of the Central Midwives Board, a midwife is required to summon medical aid, in all cases of illness, to the patient and child, and during 1966 medical aid requested was as follows :

(a) For pregnancy	4
(b) During labour	1
(c) During the lying in period	1
(d) For the child	—

The following statutory notices were received from midwives :

(a) Liability to be a source of infection on account of contact with Puerperal Pyrexia	1
--	---

The number of mothers who received analgesia at the time of confinement is as follows. All County Council midwives are qualified to administer analgesia :

Pethedine	104
Gas and Air alone	—
Gas and Air with Pethedine	—
Trilene alone	47
Trilene with Pethedine	159

Facilities for the ante-natal care of the mother exist at the various Child Welfare Centres if a mother particularly desired this, but for many years in this area the practice has been for the mother to attend her own general practitioner's ante-natal clinic where she meets the midwife who, in consultation with the general practitioner, makes satisfactory arrangements for the confinement.

15 general practitioners many in partnerships hold specially arranged ante-natal sessions in their surgeries and during the year County Council midwives attended on 448 occasions.



Special weekly mothercraft and relaxation classes are arranged at both the Duncroft and Stainforth Child Welfare Centres by County Council midwives.

During 1966 the following sessions were held:

**Duncroft Child Welfare Centre**

Wednesday afternoons — 40 sessions were held, when 59 expectant mothers attended on 342 occasions.

**Stainforth Child Welfare Centre**

Monday afternoons — 24 sessions were held, when 16 expectant mothers attended on 85 occasions.

**Thorne Child Welfare Centre**

Monday and Tuesday afternoons — 79 sessions were held, when 49 expectant mothers attended on 243 occasions.

## HOME NURSING SERVICE

The staffing situation of Home Nurses during the year has been satisfactory. The establishment of qualified nurses has been fully maintained throughout the year.

Good co-operation continued with the General Practitioners.

One nurse was absent on maternity leave for 18 weeks.

The following nurses were employed at the 31st December, 1966:

Mrs. J. M. Johnson	—	Duncroft
Mrs. M. P. Lynskey	—	Thorne (South)
Miss E. Gutteridge	—	Moorends
Mrs. M. E. Edwards	—	Thorne (North)
Mrs. P. Moulds	—	Stainforth, Fishlake, Sykehouse
Mrs. R. Symons	—	Duncroft and part of Stainforth
Mrs. W. Cairns	—	Divisional Relief Nurse for all areas.

Details of work carried out by these nurses during the year are as follows :

Cases Attended :	No. of Cases	No. of Visits
Medical	492	14677
Surgical	158	3810
Tuberculosis	13	620
Maternal Complication	23	197
Infectious Diseases	13	103
	<hr/> 699	<hr/> 19407

Included in the above are :

(a) Patients over 65 at first visit	337	11158
(b) Patients who received more than 24 visits	209	14720

The special weekly injection clinics continued satisfactorily at Stainforth Thorne and Duncroft throughout the year.

## HEALTH VISITING

For many years the department has enjoyed the services of seven fully qualified Health Visitors. However, during 1965 two retirements and one resignation occurred. The County Council could not arrange for replacements until June 1966 when one qualified Health Visitor was appointed. Extra help was obtained with the appointment of two Assistants.

All babies visited by a Health Visitor for the first time have a phenylketonuria test, and during 1966 of all the 807 babies visited no positive cases were found.

New babies also receive the Ortolani Test, and during 1966 no positive cases were found.

The following analysis shows the work undertaken by Health Visitors last year :—

				Cases	
Domiciliary Visiting :				First Visit	Total Visits
Expectant Mothers	...	...	...	17	24
Children born in 1966	...	...	...	756	2322
Children born in 1965	...	...	...	630	1659
Children born in 1961-64	...	...	...	1955	2457
Persons aged 65 and over (excluding Home Help visits)...	...	...	...	144	232
Home Help Cases	...	...	...	—	2145
Mentally disordered persons	...	...	...	5	14
Tuberculous households visited	...	...	...	41	159
Infectious diseases in households	...	...	...	19	46
Attendances at Clinic Sessions :					
Maternity and Child Welfare	...	...	...	897	
Vaccination and Immunisation (Clinic and Schools)	...	...	...	13	
School Health Service :					
Cleanliness inspections to schools	...	...	...	151	
School Medical Inspections	...	...	...	90	
School medical inspection follow-up visits	...	...	...	81	
Health Education Sessions at :					
Evening Sessions	...	...	...	2	
Schools	...	...	...	2	
Relaxation classes	...	...	...	33	



## DAY AND NIGHT NURSING SERVICE

Other than in exceptional circumstances, the scheme is intended to meet the needs of patients suffering from cancer and other forms of serious illness for short periods in the terminal stage of illness.

Patients who may require this service, which, if required covers both day and night, are referred through their own General Practitioner.

During 1966 the following cases were attended:—

Cancer—7 cases; total number of hours assistance provided—321 hours.  
Other types of illness—20 cases; total number of hours assistance provided—902 hours.

On each occasion service was provided the same evening upon the day requested by general practitioners.

This is an expanding service, much appreciated by patients. It is difficult however to obtain suitable women to undertake this work. At the moment only one nurse is employed on this service.



## Prevention of Illness, Care and After Care Service

	Age Groups (years)					All Ages
	0-4	5-9	10-14	15-19	20-24	
Vaccinated	8	10	5	3	1	27
(i) Successful	3	10	4	1	1	20
(ii) Unsuccessful	5	0	1	2	0	7
Not Assessed	1	1	1	1	1	5

It is the policy of the National Industrial Training Service to provide training for the unemployed and for the underemployed in order to enable them to obtain employment in the industrial field.

The Service is organized into three main divisions: the Training Division, the Placement Division, and the Research Division.

The Training Division is responsible for the selection and training of personnel for the industrial field.

The Placement Division is responsible for the placement of trained personnel in the industrial field.

The Research Division is responsible for the research and development of new training methods and techniques.

The Service is organized into three main divisions: the Training Division, the Placement Division, and the Research Division.

## Prevention of Illness Care and After Care Service

### TUBERCULOSIS — PREVENTION OF, CARE AND AFTER CARE

The work of the department directed towards the prevention of, and the care and after care of patients suffering from Tuberculosis has continued throughout the year.

Patients from this area now attend the Doncaster Royal Infirmary, being under the care of the Hospital Board Chest Physician.

Health Visitors visit patients in their homes ensuring that treatment advised is continued with, and that the general care and welfare of the patient is maintained.

During the year there were 17 new cases notified as compared with 6 the previous year. From the 17 new cases and 6 cases removing into the area, 107 contacts were found, and of these 33 received B.C.G. vaccination by arrangements with the Chest Physician.

During the year 159 visits were made by Health Visitors to tuberculous households, compared with 197 for the previous year.

Details of B.C.G. vaccination of contacts undertaken by the Chest Physician on behalf of the County Council during the year are as follows :

	Under 1 Year (months)				Age Groups (years)					All Ages
	0-1	1-3	3-6	6-12	1-2	2-3	3-4	5-10	11-20	
Vaccinated	3	10	5	1	2	1	2	4	5	33
(i) Successful	3	10	4	1	1	1	2	4	5	31
(ii) Unsuccessful	—	—	—	—	—	—	—	—	—	—
Not Ascertained	—	—	1	—	1	—	—	—	—	2



Under the County Council scheme for the prevention of, care and after care of tuberculosis, patients suffering from active tuberculosis and being nursed at home, can, upon the recommendation of the Chest Physician be provided with two pints of milk per day.

The numbers of patients involved are shown below, together with two previous years for comparison.

	1966	1965	1964
(a) Patients receiving nourishment at beginning of year	12	13	18
(b) Patients granted nourishment during the year	4	7	5
(c) Grants discontinued	7	8	10
(d) Patients receiving nourishment at end of year	9	12	13

Recommendations also were made for patients to receive help from the Chest and Heart Association, a voluntary association, sponsored by the County Council and other authorities.

---

### MASS RADIOGRAPHY UNIT

The South Yorkshire Mass Radiography Unit did not visit the area during the year.

---

### B.C.G. Vaccination of Schoolchildren

B.C.G. vaccination against tuberculosis is available to schoolchildren under the County scheme.

No vaccinations were undertaken during the year, this being due to the absence of a Medical Officer trained in this work.

## SCREENING FOR THE PREVENTION OR EARLY DETECTION OF CANCER OF THE CERVIX

Proposals for a scheme approved at the May 1965 meeting of the County Council were submitted to the Ministry of Health. In subsequent correspondence, minor amendments were made, but on the 10th August, 1965, the County Council were advised that the Minister approved under Section 28 of the National Health Service Act 1946 the following proposal:—

### Cervical Cytology

The Council will provide a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities. The service will be made available to all women at risk after the necessary laboratory facilities have been provided by the hospital authorities.

The Council will provide a service for the examination of the breasts of women who attend for cervical smears and for instruction in self examination.

In consequence of the above, negotiations were opened with the hospital authorities for the purpose of establishing a scheme for this area.

In July 1966 I was able to advise General Practitioners in this area that a scheme had been prepared and that they could forthwith refer to me any patient who desired such screening.

Arrangements were made at the Thorne Child Welfare Centre for two sessions monthly, but due to the co-operation of the Pathologist at the Doncaster Infirmary who was prepared to accept further smears, I was able to arrange a further clinic, once monthly at Stainforth.

During the year the following information was recorded.

				Thorne C.W.C.	Stainforth C.W.C.
No. of sessions	...	...	...	6	3
Patients attending for first time	...	...	...	76	32
Total smears taken	...	...	...	76	32
Patients with positive smear	...	...	...	1	—
Patients referred to G.P. for ? breast tumour	...	...	...	—	—
Patients on waiting list at 31.12.66	...	...	...	61	85



## CHIROPODY SERVICE

The County Council scheme covers persons of pensionable age, physically handicapped persons and expectant mothers. Each patient is allowed to have six treatments in a period of one year and for patients who, for medical reasons, cannot attend the various centres for treatment, provision is made for domiciliary treatment.

One Voluntary Association administers a clinic on behalf of the County Council.

Details of patients attending for treatment during the year are as follows :

	Patients		Treatment, Treatments Given	
	At Clinic	At Home	At Clinic	At Home
W.R.C.C. Clinics at :				
Stainforth Child Welfare Centre	115	80	536	323
Dunscroft Child Welfare Centre	69	25	292	72
Thorne Child Welfare Centre	130	51	661	228
Voluntary Association :				
Moorends O.P.A. ...	101	33	502	159
	<hr/> 415	<hr/> 189	<hr/> 1991	<hr/> 782

## CONVALESCENT HOME TREATMENT

The County Council, under the care and after care scheme, provides for patients of all ages convalescence for those in need, and whom it is felt after such a period of convalescence would be able to return to their former way of life.

Applications must be supported by the patient's own doctor and after consideration the final decision is made by the Divisional Medical Officer.

A number of applications, especially amongst the aged, have had to be refused as it was considered that they were not strictly convalescent cases.

All patients going on convalescence are assessed according to their financial circumstances.

Analysis of the cases is as follows :

		1966	1965	1964
Tudor Convalescent Home, Bridlington	...	—	—	5
Metcalf Smith Home, Harrogate	...	1	—	1
Hunstanton Convalescent Home	...	—	1	—
Blackburn and District, St. Annes on Sea	...	—	2	—
Binswood Short Stay, Manchester.	...	1	—	—



## DOMICILIARY NURSING EQUIPMENT FOR THE SICK

Under the County Council care and after care scheme many items of domiciliary nursing equipment are available to patients being nursed at home.

The equipment is loaned from the Divisional Health Office for a temporary period only (renewable every month) upon application being made by the patient's General Practitioner or the Home Nurse who may be in attendance.

The main items of equipment loaned are shown below. During the year 528 issues of equipment were made, as compared with 564 the previous year:—

					Number on loan at 31.12.66	Total Issues in the year
Bedding — blankets	...	...	...	...	25	25
Bedding — pillows	...	...	...	...	9	9
Bedding — sheets	...	...	...	...	16	16
Bed Cradles — all sizes	...	...	...	...	6	11
Bed pans — all types	...	...	...	...	57	75
Bed rests	...	...	...	...	30	35
Bedsteads — ordinary	...	...	...	...	6	6
Bedsteads — special	...	...	...	...	8	10
Commodes	...	...	...	...	16	20
Enuresis Alarms	...	...	...	...	14	41
Mattresses — all types	...	...	...	...	11	11
Open air shelters	...	...	...	...	1	1
Pressure rings	...	...	...	...	40	42
Rubber Bed Sheets	...	...	...	...	66	75
Urinals — male and female	...	...	...	...	49	50
Walking aids — special types	...	...	...	...	23	29
Wheelchairs	...	...	...	...	14	40
Special Lifting Hoists	...	...	...	...	2	5
Adjustable crutches	...	...	...	...	2	2
Electric Liquidisor	...	...	...	...	1	1



## CARE OF THE AGED — WARDENS SCHEME

During 1965 a Sub-Committee was formed by the Thorne Rural District Council to explore the possibility of providing a Wardens Service for the daily visitation of aged persons in their homes, as part of the County Council Welfare Service.

In consultation with Old Peoples Organisations in Moorends, a draft scheme was prepared for the appointment of eight wardens, each of whom would be responsible for approximately 20 aged persons, and for the appointment of two relief wardens.

This scheme was submitted to the County Council Sub-Committee in March 1966, and in April 1966 the West Riding Health Committee finally approved the scheme.

During the month of June/July 1966 the eight wardens were appointed and daily service commenced.

The general terms under which the wardens operate are as follows:—

- (1) The service is provided primarily for those elderly persons who, while they are able to live normally in their own homes and look after themselves, may from time to time need help and guidance and a friendly oversight from someone who can readily be contacted.
- (2) A warden is not required to provide physical help except of course in an emergency, when assistance given would be that normally expected from any good neighbour.
- (3) The basic responsibility is to ensure that any service required by an elderly person is sought as soon as possible, whether this be medical, nursing, domestic, social or financial.
- (4) Wardens are provided with telephones and they should have available the telephone number of all appropriate agencies whether statutory or voluntary. Where necessary, contact by telephone can also be made with relatives of elderly persons in situations of emergency.
- (5) Wardens in most cases are housewives with normal household commitments. Their primary object is to establish a friendly contact and mutual understanding with those to whom they give oversight.
- (6) In order to maintain reasonable contact it is generally required that the warden carries out a daily round of visits to ensure that any requirements of individuals in the group are being met. There should be concentration upon those persons who for the time being are in need of more help than others.
- (7) In most instances the duration of a visit need not be lengthy, and generally the routine calls can be limited to week days; the only necessary visitation at weekends can be restricted to cases requiring special or urgent attention during those periods.
- (8) The success of a scheme depends upon the interest and goodwill of the warden who should encourage the elderly persons under surveillance to regard her as a "good neighbour" to whom they can readily turn for help. At the same time the elderly tenants should be clearly advised as to the limits of the warden's responsibility and method of visitation.

In October 1966 a report was submitted to the Thorne Rural District Council Wardens Sub-Committee on the first three months operation of the scheme in Moorends. It was reported that all eight wardens had carried out their duties satisfactorily and their services much appreciated by the aged population.

It was further recommended by the Sub-Committee that the Medical Officer of Health be requested to proceed as speedily as possible with the preparation of Warden Schemes to cover the whole of the Rural District and that the County Council be informed and advised that it was estimated to involve the appointment of approximately 40 additional wardens. Each warden to be provided with a telephone and a suitable illuminated sign.

During 1966 a total of 139 aged persons in Moorends received 16,706 visits.

### **CARE OF THE AGED — HARD OF HEARING**

The problem of more convenient centres for the supply of hearing aid batteries for the elderly and infirm deaf was raised in the Doncaster and Thorne areas.

In correspondence between the County Medical Officer and the Sheffield Regional Hospital Board, it was agreed that the Hospital Board would make available batteries for issue to persons who are inconvenienced by infirmity and disability through the County Council Child Welfare Clinics.

On production at a Child Welfare Centre of the booklet issued to every holder of a N.H.S hearing aid, batteries are provided free by the Clinic Clerks at Infant Welfare sessions.

---

### **NATIONAL ASSISTANCE ACT — SECTION 47**

During 1966 no cases were removed under the above Act.





## Diphtheria, Whooping Cough and Tetanus Immunisation

The parents of each child born in the area, together with as many known new babies arriving in the area, were written to asking their co-operation in ensuring their child received the necessary protection against diphtheria, whooping cough, tetanus and measles. Parents are also provided with special "personal record cards" as a plastic folder for their own use in recording dates when their child received the various injections.

During the year 224 letters were sent to parents, via the Health Visitor, on the first visit to the child. 504 parents replied about showing their willingness to allow rather than general practitioners or the Local Health Authority doctor to arrange immunisation. 145 inquiries to parents who failed to reply were now being followed up. 10 parents have not accepted. 10 parents refused immunisation for their child.

A course of three injections with triple antigen is recommended for protection against diphtheria, whooping cough and tetanus, usually about 2-4 months of age, followed at 5-10 months by a second dose of polio-vaccine.

## Vaccination and Immunisation

Boosters/reinforcing doses are required later in life, usually just before or after entry to school.

New babies now receive primary immunisation against tetanus, before their first birthday with the use of triple antigen, but for those children on entry to school who have not received such protection, they are offered it in conjunction with a diphtheria-reinforcing injection.

### Immunisations during 1966 - other single or combined

Primary Courses	Year of Birth					Others	
	1966	1965	1964	1963	1961-59	Under 16	Total
Diphtheria	257	305	21	25	29	35	691
Whooping Cough	257	305	21	25	13	2	624
Tetanus	257	305	21	25	46	61	695

### Reinforcing Doses during 1966

Diphtheria	—	1	—	—	351	241	592
Whooping Cough	—	1	—	—	77	67	145
Tetanus	—	1	—	—	329	235	565

Vaccination and Immunisation



## Diphtheria, Whooping Cough and Tetanus Immunisation

The parents of each child born in the area, together with as many known new babies arriving in the area, were written to seeking their co-operation in ensuring their child received the necessary protection against diphtheria, whooping cough, tetanus and smallpox. Parents are also provided with special "personal record cards" in a plastic folder for their own use in recording dates when their child received the various injections.

During the year 821 letters were sent to parents, via the Health Visitor, on her first visit to the child. 604 parents replied direct showing their willingness to allow either their general practitioner or the Local Health Authority doctor to arrange immunisation. 248 reminders to parents who failed to reply were sent and 80 of these were returned accepting. 10 parents refused immunisation of their child.

A course of three injections with triple antigen is recommended for protection against diphtheria, whooping cough and tetanus, usually about 2–6 months of age, followed at 6–10 months by three oral doses of poliomyelitis vaccine.

A final vaccination at 18–24 months against smallpox gives the child immunity from all four diseases.

Booster/reinforcing doses are required later in life, usually just before or after entry to school.

Most babies now receive primary immunisation against Tetanus before their first birthday with the use of triple antigen, but for those children on entry to school who have not received such protection, they are offered it in conjunction with a diphtheria reinforcing injection.

### Immunisations during 1966 — either singly or combined

Primary Courses	Year of Birth					Others	
	1966	1965	1964	1963	1962/59	Under 16	Total
Diphtheria	257	305	23	25	46	35	691
Whooping Cough	257	305	22	25	13	2	624
Tetanus	257	305	23	25	46	41	697
<b>Reinforcing Doses during 1966</b>							
Diphtheria	—	1	—	—	333	241	575
Whooping Cough	—	1	—	—	77	47	125
Tetanus	—	1	—	—	329	235	565

## IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1966, who had completed a course of immunisation at any time before that date (i.e. 1st January, 1952) either singly or in combination with other antigens.

### DIPHTHERIA PRIMARY AND BOOSTER

Age at 31-12-66 i.e. born in year	Under 1 1966	1-4 1965-1962	5-9 1961-1957	10-14 1956-1952	Under 15 Total
Number Immunised	257	2212	3803	3660	9932

### WHOOPING COUGH IMMUNISATION

Age at 31-12-66 i.e. born in year	Under 1 1966	1-4 1965-1962	5-9 1961-1957	10-14 1956-1952	Under 15 Total
Number Immunised	257	2204	56	35	2552

### TETANUS IMMUNISATION (PRIMARY AND BOOSTER)

Age at 31-12-66 i.e. born in year	Under 1 1966	1-4 1965-1962	5-9 1961-1957	10-14 1956-1952	Under 15 Total
Number Immunised	257	2210	3590	1320	7359

### POLIOMYELITIS VACCINATION

Fortunately no cases of poliomyelitis occurred during 1966, and although immunisation against the disease continued throughout the year when 2575 doses of oral vaccine were given.

The advantage of the oral vaccine is that it has no side effects to the patient, no discomfort when given, and can be given to persons who have already received Salk vaccine.



Details of oral vaccine administered during the year are as follows : —

Born in the Year	Primary Course (3 Doses)	Reinforcing Dose
1966	180	—
1965	405	—
1964	51	1
1963	29	—
1962/59	53	168
Others under 16 years of age	18	198
	<u>736</u>	<u>367</u>

### Smallpox Vaccination

Vaccination against smallpox is offered to the parents or guardians of all children during their second year of life. Children whose parents accept are invited to attend the Child Welfare Centre or their own General Practitioner, depending on the parents wishes.

From the figures below can be seen the number of children who received protection together with previous years figures. It must be remembered the 1962 figures were in consequence of the Bradford smallpox outbreak.

#### Primary Vaccination

	1966	1965	1964	1963	1962
0 — 5 years ...	229	230	118	73	594
5 — 14 years ...	12	10	3	8	1420
15 years plus ...	—	—	3	—	1136
	<u>241</u>	<u>240</u>	<u>124</u>	<u>81</u>	<u>3150</u>

#### Re-Vaccination

0 — 5 years ...	—	1	14	2	9
5 — 14 years ...	3	—	—	—	246
15 years plus ...	—	—	—	—	505
	<u>3</u>	<u>1</u>	<u>14</u>	<u>2</u>	<u>760</u>

Total vaccinations for year	224	241	138	83	3910
-----------------------------	-----	-----	-----	----	------



# Results of vaccination against measles in 1962

From the 1962 Census, the following figures were obtained for the population of the County of Glamorgan, Wales, in 1962:

Age Group	1962	1961	1960	1959	1958
0-14 years	160	160	160	160	160
15-64 years	402	402	402	402	402
65 years and over	21	21	21	21	21
Total	583	583	583	583	583

Vaccination against measles is offered to the parents or guardians of all children under their second year of life. Children whose parents agree are invited to attend the Child Welfare Centre, 11, West Street, Cardiff, for vaccination on the 1st of each month.

From the figures below can be seen the number of children who received vaccination against measles in 1962. It can be seen that the number of children vaccinated in 1962 was in excess of the number vaccinated in 1961.

Age Group	1962	1961	1960	1959	1958
0-14 years	160	160	160	160	160
15-64 years	402	402	402	402	402
65 years and over	21	21	21	21	21
Total	583	583	583	583	583

Re-Vaccination

Age Group	1962	1961	1960	1959	1958
0-14 years	160	160	160	160	160
15-64 years	402	402	402	402	402
65 years and over	21	21	21	21	21
Total	583	583	583	583	583

During 1962 the following activities and services were made:

Age Group by Years of Birth	No. Inspected	Physical Condition		Special Defects Found & Remarks	Total Examined	Advised Treatment
		Boys	Girls			
1942 and later	73	73	1	None	74	11
1941	136	137	49	High Blood Pressure	285	32
1940	129	129	38	High Blood Pressure	267	28
1939	120	79	4	High Blood Pressure	124	1
1938	26	26	8	None & Hearing	54	8
1937	11	11	1	High Blood Pressure	22	2
1936					2	1
1935					6	25
1934					6	13
1933				Long Sight Glasses	1	6
1932	77	87	6	None	170	22
1931 and earlier	77	37	15	None	129	18
Total				Development		
				Orthodontic	8	1
				Orthopedic	6	12
				Orthopedic	20	4
				Neurological	4	1
				Psychological	2	6
				Adolescent	2	1
				Other	4	19

In addition to routine inspection of pupils and recommendations were made during the year.

#### Education with Parents

Effective action was taken for the purpose of educating parents for their own and their children's health.

During the year 14,442 pamphlets were made, from which 257 pupils were given to be returned.

School Health Service



During 1966 the following routine medical inspections of pupils in schools were made :

Age Groups by Years of Birth	No. Inspected	Physical Condition		Total Defects Found Requiring		
		Sat	Un-sat.	Defects	Treat-ment	Obser-vation
1962 and later	78	76	2	Skin ...	5	12
1961	356	337	19	Eyes (a) Vision ...	52	12
1960	241	208	33	(b) Squint ...	11	10
1959	108	99	9	(c) Other ...	7	1
1958	28	23	5	Ears (a) Hearing ...	6	8
1957	13	12	1	(b) Otitis Media	4	4
1956	10	10	—	(c) Other	3	1
1955	75	62	13	Nose and Throat ...	9	25
1954	34	31	3	Speech ...	8	12
1953	—	—	—	Lymphatic Glands ...	1	6
1952	53	47	6	Heart ...	9	12
1951 and earlier	277	207	70	Lungs ...	7	10
	1273	1112	161	Development		
				(a) Hernia ...	8	3
				(b) Other ...	6	12
				Orthopaedic ...	20	8
				Nervous System ...	4	5
				Psychological ...	5	6
				Abdomen ...	—	1
				Other ...	4	29

In addition to routine inspections 76 special and re-examinations were done during the year.

#### Infestation with Vermin

Health Visitors visit schools once quarterly for the purpose of examining pupils for head and body infestation.

During the year 14,142 examinations were made, from which 292 pupils were found to be infested.

## **SPEECH THERAPY**

In July 1966 a Speech Therapist was appointed to work in this area on a part-time basis to work from the Thorne Child Welfare Centre.

Prior to her appointment a very large waiting list of children considered in need of treatment had been created. In an endeavour to give priority to the most urgent cases the Speech Therapist visited schools for personal contact with the child's teacher.

During the year 42 sessions were held and 29 cases treated.

Analysis of cases treated during the year is as follows:-

- |                               |    |
|-------------------------------|----|
| (a) Stammering                | 2  |
| (b) Defects of Articulation   |    |
| (i) Dyslalia                  | 19 |
| (ii) Sigmatism                | 5  |
| (c) Defective Speech due to   |    |
| (i) Educational sub-normality | 3  |

## **AUDIOMETER TESTING**

All Health Visitors are now specially trained for the ascertainment of hearing loss in very young children. Examinations are undertaken at the Child Welfare Centres and during the year 578 tests were carried out. The portable transistor type audiometer provided by the County Council for Health Visitors was used for the testing of schoolchildren in the 6—7 year age group, and during the year 544 schoolchildren were seen, of which 513 had no appreciable hearing loss. 11 were referred for further investigation by the School Medical Officer and later referred to their General Practitioner for treatment. Two cases were referred for special assessment at the Doncaster Deaf School.

## **EAR, NOSE AND THROAT**

Children found to require treatment from school medical inspections and child welfare clinics are now referred direct to their family doctor. The family doctor then arranges for an out-patient appointment with Miss R.D. Dunsmore, the Consultant Ear, Nose and Throat Specialist at Doncaster Royal Infirmary.

## **HOSPITAL EYE SERVICE**

Children requiring attention to their eyes are referred by the School Health Service to Dr. K. H. Mehta under the Hospital Eye Service, who, in turn, arranges for any necessary treatment.

A special clinic for such children is held once weekly in Doncaster.

During 1966, 112 children were prescribed glasses.

## **ORTHOPAEDIC TREATMENT**

Children from this area can be seen by the Consultant Orthopaedic Surgeon, Mr. W. H. Maitland Smith at a special W.R.C.C. Clinic held at the Doncaster Royal Infirmary.

A clinic is held as required, and during 1966, 16 children were seen from this area.



## **CONSULTANT PAEDIATRIC CLINIC**

Dr. C. C. Harvey, the Paediatrician, holds a special clinic for children of this area as and when required.

During 1966, 7 clinics were held at which he saw 19 new cases and 24 cases from the previous year; attendances totalled 48.

## **CHILD GUIDANCE TREATMENT**

All children with psychological difficulties, emotional disturbances, behaviour disorders, or who appear to be maladjusted in their home or at school, may be referred to the Child Guidance Clinic by appointment.

The clinic is conducted by a Consultant Psychiatrist, Psychologist and Psychiatric Social worker, and is held at the Child Welfare Centre, Woodlands, or at the Dunscroft Child Welfare Centre once monthly.

12 children were seen at the clinic during the year.

## **DENTAL TREATMENT**

The County Dental Officer arranges for the dental examination of children in school and any pupil who may require treatment is invited to attend a very up-to-date and well equipped County Council Dental Clinic at the new Thorne Child Welfare Centre.

## **MEDICAL EXAMINATIONS — ENTRANTS TO TRAINING COLLEGES**

### **EMPLOYMENT OF CHILDREN**

During 1966, 33 entrants to training colleges were examined, also 20 children were examined in connection with applications for employment.

In addition, many other medical examinations were undertaken for entry into the Superannuation Schemes of the County Council and District Council.





## MENTAL HEALTH SERVICE

Persons from the area who receive hospital treatment are usually referred to the new Psychiatric Wing at the Gloucester Royal Infirmary, or to the Gloucester Hospital at Stroud.

A Mental Welfare Officer is in the area at the Gloucester and a number of his duties are to hospital, also care and visit care homes up to patients discharged home.

During the year 133 mentally ill persons were referred to the Authority, of which the following admissions to hospital were returned under the Mental Health Act 1959:

7 patients under Section 29

1 patient under Section 35

1 patient under Section 36

26 known patients admitted voluntarily

There is the capacity to admit voluntary patients during the year by mental welfare officers within the area.

## Mental Health Service

Of the 111 mentally ill persons living in Gloucester, 34 attend daily at the Gloucester Training Centre to receive treatment provided by the County Council, and the other 77 attend the Gloucester Royal Infirmary.

The other 77 persons are sent to hospital at the Gloucester Royal Infirmary or to hospital at Stroud for which a small fee must be paid by the County Council.

The Gloucester Day Centre at Stroud has continued throughout the year to treat 2 patients from the area, and a number of other patients.

Mental Health Service



## MENTAL HEALTH SERVICE

Patients from this area who require hospital treatment are usually admitted to the new Psychiatric Wing at the Doncaster Royal Infirmary or to the Middlewood Hospital at Sheffield.

A Mental Welfare Officer is on the staff of this department and is responsible for admissions to hospital, also care and after care follow up of patients discharged home.

During the year 133 mentally ill persons were referred to the Authority, from which the following admissions to hospital were arranged under the Mental Health Act, 1959:

- 7 patients under Section 29
- 3 patients under Section 25
- 1 patient under Section 26
- 26 known patients admitted informally.

Visits to the mentally ill and sub-normal patients during the year by mental welfare officers totalled 1782.

At the end of the year there were 474 known persons under local Authority care. 2 sub-normal males were on the waiting list for urgent institutional care.

Of the 91 mentally sub-normal patients living at home, 24 attend daily at the Rawcliffe Training Centre by special transport provided by the County Council, and one adult girl attends the Adwick-le-Street Training Centre.

The adult trainees are now employed at the Training Centres on simple contract work for which a small payment is now made by the County Council.

The Psychiatric Day Centre at Snaith has continued throughout the year, at which 9 patients from this area attended at varying intervals.

# MENTAL HEALTH SERVICE

Patients from this area who require hospital treatment are usually admitted to the new Psychiatric Wing at the Forensic Hospital, Inverness, or to the Maudsley Hospital in London.

A Mental Welfare Officer is in the staff of the department and is responsible for admission to hospital and care and after care follow up in patients discharged home.

During the year 1955 monthly 33 patients were referred to the Authority from which the following admissions to hospital were arranged under the Mental Health Act 1959:

7 patients under Section 19
3 patients under Section 21
1 patient under Section 22
20 known patients admitted voluntarily

7 patients in the community 33 and sub-normal patients during the year 35 mental welfare officers reported 1955.

At the end of the year there were 456 known patients under local Authority care 2 sub-normal males were on the waiting list for urgent treatment and 100 patients in the community.

Of the 95 monthly sub-normal patients living at home 24 attend daily at the Forensic Hospital for special treatment provided by the County Council, and one who has been the subject of a Mental Health Act 1959.

The main services are now organized in the Training Centre on a daily basis with a view to a more complete and more efficient service for the community.

The Forensic Hospital is a small hospital but continues throughout the year at which 2 patients from this area are treated at regular intervals.

**The Chief  
Public Health  
Inspector's Report  
1966**

H. Mordue, F.R.S.H., M.A.P.H.I.

J. Nash, M.R.S.A.S., M.A.P.H.I., M.R.S.H.

A. Tate, M.A.P.H.I.

A Littlewood, Technical Assistant.

Mrs. V. Renton, Chief Clerk.



The Chief  
Public Health  
Inspector's Report  
1966

Printed by the  
Government Printer,  
London

H. Maudslayi FRSH, M.A.P.H.I.  
1. Maudslayi FRSH, M.A.P.H.I.  
A. J. Maudslayi  
A. J. Maudslayi, Technical Assistant  
Mr. T. Maudslayi, Chief Clerk

## ANNUAL REPORT

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 dwellinghouses during the year :	
(a) Total number of dwellinghouses inspected for housing defects under Public Health and Housing Acts	... 100
Number of inspections made for the purpose	... 472
2. Number of defective dwellinghouses rendered fit during the year :	
(a) Following informal action	... 5
(b) Following statutory action under Public Health and Housing Acts	... 25
3. Number of cases in which legal proceedings were taken	... 8
4. Number of Notices outstanding at the end of 1966 in respect of dwellinghouses requiring defects to be remedied :	
(a) Informal	... 27
(b) Statutory	... 33
5. Number of premises treated for various kinds of vermin	... 282

### SLUM CLEARANCE — HOUSING ACT 1957

1. Number of houses included in representations made during the year :	
(a) In clearance Areas	... 16
(b) Individually Unfit Houses	... 15
2. Houses demolished in Clearance Areas	... 36
Displaced during the year —	
(a) Persons	... 12
(b) Families	... 5
3. Houses demolished not in the Clearance Areas	... 4
Displaced during the year —	
(a) Persons	... 1
(b) Families	... 1
4. Houses closed	... 2
Displaced during the year —	
(a) Persons	... 5
(b) Families	... 2
Total number of families rehoused during the year into Council owned dwellings	... 9

## NEW DWELLINGS

Completed during the year :

(a) By Local Authority	...	...	...	...	...	75
(b) By Private Enterprise	...	...	...	...	...	258

## HOUSE PURCHASE AND HOUSING ACT 1959 STANDARD GRANT AID

(a) No. of applications for grant aid received during the year	...	85
(b) No. of applications for grant aid approved during the year	...	85
(c) No. of dwellings in which improvements were satisfactorily executed during the year	...	93

## WATER SUPPLY

A piped water supply is provided to the greater part of the district by the Doncaster and District Joint Water Board.

The supply to all dwellings is shown thus :—

Parish	Houses	Piped Supply	Standpipe	Wells
Thorne	5136	5035	60	41
Hatfield	3807	3759	13	35
Stainforth	2237	2221	2	14
Fishlake	210	174	—	36
Sykehouse	133	87	—	46
Totals	11523	11276	75	172

The percentage of dwellings with a piped supply is 97.9 — including standpipes 98.5.

## DRAINAGE AND SEWERAGE

Approximate state of disposal from dwellinghouses is shown thus:—

Parish	Houses	Main Drainage	Pail Closets	Middens Privy	Cesspools	Septic Tanks
Thorne	5136	4952	62	4	111	7
Hatfield	3807	3569	47	7	182	2
Stainforth	2237	2187	14	9	26	1
Fishlake	210	—	64	5	112	29
Sykehouse	133	—	79	8	27	19
Totals...	11523	10708	266	33	458	58



## CLOSET ACCOMMODATION

Premises	Main Drainage	Pail Closets	Privy	Cesspools	Septic Tanks	Totals
Dwelling Houses . . . . .	11344	266	33	458	58	12159
Commercial premises . .	1044	12	—	—	—	1056
Schools . . . . .	282	10	—	12	—	304
Hotels and Public Houses . .	156	10	—	20	12	198
Public Conveniences . .	23	—	—	—	—	23
	12849	298	33	490	70	13740

Number of water closets constructed for new houses on main drainage	331
Percentage of dwellings on Main Drainage ... ..	92.9
Percentage of closets in all premises on Main Drainage ... ..	93.5
Number of drainage conditions remedied — mainly choked drains cleared	1943

## PUBLIC CLEANSING

The service is maintained by two cesspool emptying vehicles of 750 and 1200 gallons capacity both adapted for pail closet emptying. The refuse collection and disposal service is maintained by two vehicles of 50 cu. yards capacity and two of 35 cu. yards capacity, a spare vehicle of 25 cu. yards, a utility vehicle and a loading shovel.

Dustbins and pail closets are emptied weekly privy middens monthly and cesspools by a routine service.

Refuse disposal is by controlled tipping at Bootham Lane, Dunscroft.

Dustbins are provided as a charge against the General rate fund and during the year, 1519 new bins were provided.

## MEAT INSPECTION

Slaughtering is carried out at two private slaughterhouses within the district — one at Thorne and one at Dunscroft.

The following table shows the total kill for the year and the incidence of disease.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. Killed ... ..	246	—	—	316	108	—
No. Inspected ... ..	246	—	—	316	108	—
All diseased except Tuberculosis and Cysticerci						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned...	33	—	—	—	—	—
Percentage of the number inspected affected with disease other than tubercu- losis and cysticerci ... ..	13.4	—	—	—	—	—

Method of disposal of condemned food — Incineration.

Charges made in respect of inspections carried out

Bovine	2/6 each
Sheep	6d. each
Pigs	9d each

## FOOD INSPECTION

21 cwts. 37 lbs of various foodstuffs were condemned as unfit for human consumption, including 2 cwts. 106 lbs. of meat at slaughterhouses.

### FOOD AND DRUGS ACT 1955 — SECTION 16

No applications were made for the registration of premises for the sale of ice cream, under the above Act.

One hundred and thirty three retailers are registered for the sale of pre-wrapped ice cream



## PREVENTION OF DAMAGE BY PESTS ACT 1949

### PROPERTIES OTHER THAN SEWERS

	TYPE OF PROPERTY	
	Non-Agricultural	Agricultural
1. Number of properties in district	12135	312
2. (a) Total number of properties (including nearby Premises) inspected following notification	217	4
(b) Number infested by (i) Rats	161	4
(b) Number infested by (ii) Mice	56	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	—	—
(b) Number infested by (i) Rats	—	—
(b) Number infested by (ii) Mice	—	—

### SEWER TREATMENTS

Routine test baiting of sewers was carried out in April when one system was found to be infested. Follow up poison treatments using Sodium Fluoroacetamide in the infested system were carried out at three monthly intervals.

### ATMOSPHERIC POLLUTION

Deposit gauge and lead peroxide readings were taken throughout the year with the following results :-

Month	Rainfall	Total (Solids) Deposits	Sulphur Dioxide
January	1.04	6.94	2.28
February	4.04	13.34	2.61
March	0.83	14.72	1.69
April	2.85	15.72	0.83
May	1.95	22.22	0.77
June	3.11	23.09	0.46
July	3.37	12.94	0.53
August	3.88	7.58	0.48
September	2.07	4.93	0.65
October	2.07	9.65	2.11
November	2.07	9.45	1.45
December	2.38	13.00	1.99
Totals	29.66	153.58	15.85
Monthly Average	2.47 inches	12.80 Ton/sq. mile	1.32 millegrams/100 cms per day



## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Inspection of registered premises commenced in July under the above Act and seventy six premises had received an initial general inspection by the end of the year representing eight offices, sixty six shops and two warehouses. Only three of the premises inspected complied in all respects with the requirements of the Act. The remainder have been informed by notice of the requirements necessary to comply with the standards set by the Act and have been asked to remedy them immediately.

In addition to the above general inspections, visits were made to premises for which no registration had been received to determine whether or not these premises came within the scope of the Act. The physical survey is carried out in conjunction with the general inspections work progressing on a Parish basis. As a result of this survey twenty three new registrations have been received which in my opinion justify the time spent on the exercise.

Total visits made during the year number 173 of which 82 visits were made to premises in order to carry out the initial general inspection.

The number of premises of all classifications having registered by 31.12.66 totalled 202 and approximately 38% of these have received the initial inspection.

### INSPECTIONS

In general there has been little difficulty experienced in carrying out the initial survey and many of the owners/occupiers of premises visited have indicated willingness to co-operate with the local authority and comply with their recommendations.

Very few re-inspections have been carried out to determine to what extent further action is required to secure compliance with the requirements of the Act and therefore no valid or general comment can be made at this stage. However, of the few re-inspections made the firms concerned have co-operated in order to comply even to the extent of constructing an extension, subject, of course, to normal planning approval to provide space for additional washing facilities and sanitary accommodation, etc.

Some of the premises which fall within the scope of the Act are extremely old and I envisage that the persons who are responsible for compliance may be reluctant to install relatively expensive amenities when the property is of limited life particularly where a Town Redevelopment Plan exists. Another difficulty is that where amenities such as sanitary conveniences are lacking difficulty may be experienced in providing the required space for installation particularly where additional legislation also applies i.e. food shops — food hygiene regulations. Also many of these premises have no room for extension or expansion, the boundary being the four containing walls.

**(A) REGISTRATIONS AND GENERAL INSPECTIONS**

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	4	28	8
Retail Shops	31	156	66
Wholesale shops Warehouses	1	3	2
Catering Establishments open to the public, canteens	1	15	Nil
Fuel storage depots	Nil	Nil	Nil
Totals :	37	202	76

**Total number of visits of all kinds by Inspectors to Registered****Premises under the Act      82**



**(B) ANALYSIS OF CONTRAVENTIONS**

Section	Number of Contraventions found	
4	Cleanliness ... ..	8
5	Overcrowding ... ..	—
6	Temperature ... ..	40
7	Ventilation ... ..	26
8	Lighting ... ..	12
9	Sanitary conveniences ... ..	24
10	Washing facilities ... ..	18
11	Supply of drinking water ... ..	10
12	Clothing accommodation ... ..	14
13	Sitting facilities ... ..	5
14	Seats (Sedentary Workers) ... ..	—
15	Eating facilities ... ..	3
16	Floors, passage and stairs ... ..	6
17	Fencing exposed parts machinery ... ..	—
18	Protection of young persons from dangerous machinery ... ..	—
19	Training of young persons working at dangerous machinery ... ..	—
23	Prohibition of heavy work ... ..	—
24	First aid General provisions ... ..	33
TOTAL		199





