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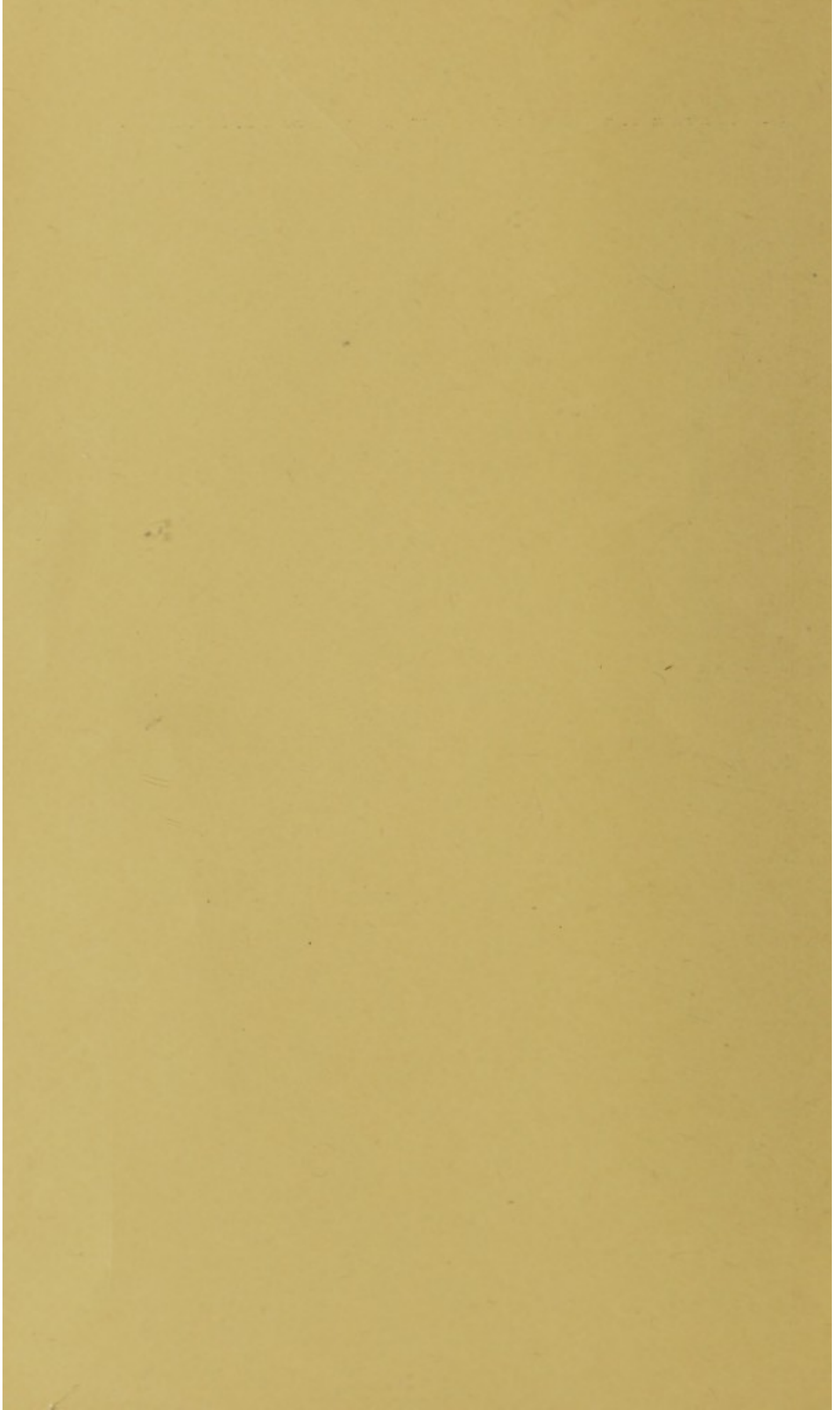


URBAN DISTRICT OF WOMBWELL

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
CHIEF SANITARY INSPECTOR
FOR THE YEAR 1955

Taylor's, Printers, Wombwell, Yorks.






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PUBLIC HEALTH COMMITTEE

Chairman of the Council : Councillor H. Wilkinson, J.P.

Chairman : County Alderman J. W. Mellor, J.P.

Councillors : Mrs. E Mellor and Messrs. Councillors T. Bird,
B.E.M., J. A. Hall, C.B.E., J.P., J. Kitchin,
J. Rose and E. Wainwright.

PUBLIC HEALTH STAFF

Medical Officer of Health :

R. S. Hynd, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health :

R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Wombwell Welfare Clinic :

L. Taylor, M.R.C.S., L.R.C.P.

Medical Officer of Jump Welfare Clinic :

J. H. Fairclough, M.B., Ch.B.

Medical Officers of Wombwell Ante-Natal Clinic :

W. G. S. Maxwell, M.B., B.Ch., B.A.O.

J. M. Dickinson, M.B., Ch.B.

Chief Sanitary Inspector :

J. Finney, Cert.S.I.B., M.S.I.A., M.R.S.I.

(Certificated Inspector of Meat and Other Foods)

Additional Sanitary Inspector :

J. Turner, Cert.S.I.B., M.S.I.A.

(Resigned 31st March, 1955)

B. Hague, Cert.S.I.B., M.S.I.A.

(Commenced 20th May, 1955)

Health Visitors :

F. H. Whittlestone, S.R.N., S.C.M., H.V.Cert.

L. Chapman, S.R.N., S.C.M., H.V.Cert.

B. Hunter, S.R.N., S.C.M., H.V.Cert.

Tuberculosis Health Visitor :

M. Mellor, S.R.N.

Senior Clerk, Divisional Health Office :

L. S. Wrigg.

WOMBWELL URBAN DISTRICT COUNCIL

Divisional Health Office,
6, Victoria Road,
BARNSELEY.

June, 1956.

ANNUAL REPORT

for the Year ended 31st December, 1955.

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

Mr. Chairman, Councillor Mrs. Mellor and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1955. The report has the same general outline as those for previous years and again includes a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics were in general satisfactory, but comment will be made on two only, neither of which can fail to escape attention and which, at the same time, represent both sides of the public health credit and debit account.

No one can yet forget the epidemic of Poliomyelitis which marred the wonderful summer of last year. The attack rate of the disease in your district was particularly high with 69 cases per 100,000 population as compared with 20 for the area of the West Riding County Council and 14 for England and Wales. The disease, fortunately, was relatively mild but, of the 13 adults and children affected, it appears likely that two at least will be left with some residual paralysis.

As a measure of compensation the statistics for Tuberculosis were as favourable as those for Poliomyelitis were unfavourable. Not only was the incidence of the disease further reduced but for the first time on record no deaths from Tuberculosis occurred during the year. There are good grounds for the belief that the country's battle against Tuberculosis will be won in the not too distant future. We must hope that the fight against Poliomyelitis will be as equally successful and wish the vaccination campaign, now being undertaken against the disease, every success.

I would like to take this opportunity to thank the Chairman and Members of the Public Health Committee for the courtesy and many kindnesses they have shown, the Chief Sanitary Inspector for his help and co-operation and the staff of the divisional health office for their loyal support.

I am,

Your obedient servant,

R. S. HYND,
Medical Officer of Health.



URBAN DISTRICT OF WOMBWELL

Statistics and Social Conditions.

Area	3,850 acres
Population Census 1951	18,837
Registrar General's estimate of population mid 1955	18,950
No. of inhabited houses according to rate book	5,834
Rateable Value	£75,215
Nett product of a Penny Rate	£287/6/9d.

The soil of the district consists of marl and clay with a sandy sub-soil resting on the shales and sandstones of the coal measures. The surface is undulating and the average height above sea level is 200 feet. The chief occupations of the population are coal-mining, textile manufacturing, the manufacture of by-products from coal, engineering and printing. Coal-mining is by far the largest source of employment.

VITAL STATISTICS

Births.

The number of births registered during the year was 308, a decrease of 13 compared with 1954. There were 7 illegitimate births or 2.27% of the total births registered.

The Registrar General has again supplied a comparability factor for the births in 1955 which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted rate which is comparable with similar adjusted rates for other districts and with the rate for the country as a whole.

The adjusted birth rate for the district was 16.3 per 1,000 estimated population as compared with 17.1 per 1,000 estimated population for the previous year and with 15.0 per 1,000 estimated population for England and Wales.

The excess of births over deaths or the natural increase of population was 129 as compared with 140 in 1954.

Stillbirths.

There were 11 stillbirths last year, 6 more than in 1954. The stillbirth rate was 34.4 per 1,000 total live and stillbirths as compared with 15.3 for 1954 and with 23.1 for England and Wales.

BIRTH RATE

Year	BIRTHS			Rate per 1,000 Population		
	Males	Females	Total	Wombwell Adjusted	Crude	England & Wales
1951	169	175	344	18·7	18·3	15·5
1952	202	169	371	20·1	19·7	15·3
1953	177	165	342	18·6	18·2	15·5
1954	162	159	321	17·1	17·1	15·2
1955	158	150	308	16·2	16·2	15·0

BIRTHS IN THE WARDS

Year	S.E.	S.W.	C.	N.	H.	Total
1951	44	158	30	46	66	344
1952	47	151	49	53	71	371
1953	33	128	49	32	100	342
1954	39	101	67	30	84	321
1955	31	92	59	36	90	308

STILLBIRTHS

Year	Still Births	Total Births Live and Still	Percentage of Still Births to Total Births
1951	11	355	3·09
1952	6	377	1·59
1953	6	348	1·72
1954	5	326	1·53
1955	11	319	3·44

Deaths.

The total number of deaths last year, including deaths of residents dying outside the district but excluding non-residents who died in the district was 179, comprised of 108 males and 71 females. The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 11·1 per 1,000 estimated population as compared with 11·4 per 1,000 estimated population for the previous year and with 11·7 per 1,000 estimated population for England and Wales.

Causes of Death.

The principal causes of death in order of numerical importance were: heart and circulatory diseases, cancer, respiratory diseases.

There were 16 enquiries held by the Coroner in Wombwell last year. The causes of death as revealed by the inquests were: Misadventure (8); Multiple myelomatosis (1); Bronchiectasis (1); Murder (1); Suicide (1); Coronary atheroma

(1); Pulmonary embolus (1); Quinsey and tonsillitis (1); Silicosis (1).

Post-mortem examinations were made in 32 instances.

Infant Mortality.

The infant mortality rate last year was 29.2 per 1,000 live births as compared with 21.8 per 1,000 live births in 1954 and with 24.7 per 1,000 live births for England and Wales. Of the 9 infant deaths 7 occurred within the first month of life and the neo-natal mortality rate was 22.7 per 1,000 live births.

In my last annual report I commented upon the close relationship which exists between the earlier neo-natal deaths and stillbirths and commended the new concept of peri-natal mortality suggested by the Registrar General. There is a tendency, I feel, for lay-people to regard stillbirths as an unhappy but natural hazard of pregnancy for which nothing can or need be done, and, equally, for them to draw a marked distinction between infants stillborn and infants who live for even the shortest period. This distinction has more an ethical than a medical basis for the causes of death are usually identical as are the methods of prevention.

If we examine the 7 neo-natal deaths we find that none was due to post-natal causes and this fact plainly relates these deaths much more closely to the stillbirths than to the other two infant deaths which were from post-natal causes. In considering, therefore, the prevention of infant deaths we must, for example, equally consider the 11 stillbirths of last year as well as the 7 neo-natal deaths for only by considering them together do we get a true perspective and better realise the magnitude of our task. It must be frankly admitted that with our present medical knowledge few, if any, of these 18 deaths were preventable. Prevention will lie, not only in increasing research in the subject, but in greater ante-natal care and in this the expectant mother must be taught to do her share.

Maternal Mortality.

I am glad to report that no death attributable to maternal causes occurred last year.

DEATH RATES

Year	No. of Deaths	Male	Female	Rate per 1,000 population		
				Wombwell Crude	Wombwell Adjusted	England and Wales
1951	222	127	101	12.14	14.3	12.5
1952	211	116	95	11.2	13.2	11.3
1953	197	112	85	10.5	12.4	11.4
1954	181	101	80	9.6	11.4	11.3
1955	179	108	71	9.4	11.1	11.7

DEATHS IN WARDS

Year	S.E.	S.W.	C.	N.	H.	Total
1951	27	80	34	38	49	228
1952	23	82	38	28	40	211
1953	23	84	38	18	18	197
1954	22	72	35	20	32	181
1955	16	71	36	17	39	179

DEATHS IN AGE GROUPS

	Males	Females	Total
Under 1 year	6	3	9
1—5 years	1	1	2
5—10 years	1	—	1
10—15 years	—	—	—
15—20 years	—	—	—
20—25 years	1	1	2
25—35 years	1	—	1
35—45 years	6	6	12
45—55 years	4	3	7
55—65 years	18	10	28
65—70 years	12	11	23
70—75 years	17	7	24
75—80 years	20	15	35
80—85 years	13	6	19
85—90 years	8	6	14
90 years and over	—	2	2
TOTALS	108	71	179

INFANT MORTALITY

Cause of Death	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 4 weeks	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total under 1 year
	Congenital abnormality	1	—	—	2	3	—	—	—	—
Prematurity	1	1	—	—	2	—	—	—	—	2
Cerebral haemorrhage	1	—	—	—	1	—	—	—	—	1
Atelactasis	—	1	—	—	1	—	—	—	—	1
Pneumococcal Meningitis	—	—	—	—	—	—	1	—	—	1
Acute bronchitis	—	—	—	—	—	—	1	—	—	1
TOTALS	3	2	—	2	7	—	2	—	—	9

CAUSES OF DEATH IN 1955

Cause of Death	Male	Female	Total
1. Tuberculosis, respiratory	—	—	—
2. Tuberculosis, other	—	—	—
3. Syphilitic Disease	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	1	1
7. Acute Poliomyelitis	—	—	—
8. Measles	1	—	1
9. Other infective and parasitic dis- eases	—	—	—
10. Malignant neoplasm, stomach	2	3	5
10. Malignant neoplasm, lung, bronchus	1	—	1
12. Malignant neoplasm, breast	—	4	4
13. Malignant neoplasm, uterus	—	1	1
14. Other malignant and lymphatic neoplasms	15	4	19
15. Leukaemia, aleukaemia	1	—	1
16. Diabetes	1	—	1
17. Vascular lesions of nervous system	15	13	28
18. Coronary disease, angina	14	5	19
19. Hypertension with heart disease	1	4	5
20. Other heart disease	10	9	19
21. Other circulatory disease	5	3	8
22. Influenza	—	—	—
23. Pneumonia	4	4	8
24. Bronchitis	12	1	13
25. Other diseases of respiratory system	2	2	4
26. Ulcer of stomach and duodenum.....	2	—	2
27. Gastritis, enteritis and diarrhoea.....	1	—	1
28. Nephritis and nephrosis	1	5	6
29. Hyperplasia of prostate	2	—	2
30. Pregnancy, childbirth, abortion	—	—	—
31. Congenital malformations	1	2	3
32. Other defined and ill-defined diseases	13	7	20
33. Motor vehicle accidents	1	—	1
34. All other accidents	2	2	4
35. Suicide	1	—	1
36. Homicide and operations of war.....	—	1	1
All causes	108	71	179

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1955

Based on the Registrar General's Figures

	Wombwell Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (Prov'nal figures)
Birth Rate per 1,000 estimated population:				
Crude	16·3	14·8	15·3	15·0
Adjusted	16·3	14·9	15·4	
Death Rate per 1,000 esti- mated population:				
Crude	9·4	12·5	11·7	11·7
Adjusted	11·1	12·7	12·3	
Infective and Parasitic Diseases excluding Tuber- culosis but including Venereal Diseases	0·11	0·06	0·07	not available
Tuberculosis:				
Respiratory	—	0·11	0·11	0·13
Other	—	0·02	0·01	0·02
All forms	—	0·13	0·12	0·15
Cancer	1·64	2·03	1·90	2·06
Vascular lesions of the nervous system	1·48	2·09	1·90	not available
Heart and circulatory diseases	2·69	4·71	4·39	not available
Respiratory diseases	1·32	1·28	1·21	not available
Maternal Mortality	—	0·45	0·67	0·64
Infant Mortality	29·2	25·2	26·2	24·9
Stillbirths	34·5	26·4	26·4	23·1

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation for those applicants to whom a flight of stairs presented no real difficulty was always readily available but once again ground floor accommodation was limited, and at certain times of the year was insufficient to meet all demands. The lack of accommodation in hospitals and hostels for the chronic sick and the aged infirm is a problem which affects many areas of the country; indeed an effective solution to the problem seems impossible without extensive building projects or radical re-arrangement,

where possible, of the existing accommodation. An increase in the domiciliary nursing services and home help schemes might help but would leave, at least, part of the accommodation problem unsolved.

In previous annual reports I have discussed the hospital and hostel facilities separately for the management of the hospitals is no responsibility of the local health authority and therefore no responsibility of mine. But while there may be divided administrative responsibility, from a medical viewpoint, there is no clear-cut division between the aged sick and the aged infirm for, in general, both groups suffer from the same degenerative changes with only the question of degree separating them. This separation is not always very evident for, in time, the aged infirm worsen and merge imperceptibly with the aged sick. Accommodation for this large group of the community, the aged, whether sick or infirm, must therefore be considered as one problem and not two and how much better it would be if the responsibility for the problem was held by one authority, and not two as at present.

I have said that an extension of the local health authority's domiciliary services, while useful, cannot afford a complete solution of the accommodation problem. Home conditions or the absence of a home so often determines the need for hospital or hostel admission and conversely the same factors govern the question of discharge.

It is common experience that aged people seek hostel accommodation because they live alone and no longer feel equal to the task, live in lodgings and feel lonely, or live with relatives and feel a burden to the family. A recent survey revealed that two thirds of the aged living in hostels were single, widowed or divorced, a finding which I think underlines the experience which I have just related. Again the discharge from chronic sick hospitals or hostels for the aged is largely governed by home conditions for there must be a home for the aged to return to before discharge can be considered. The longer the aged remain in hospital or hostel the less likely it is that they will have a home, for houses and family life tend to break up with prolonged absence. In considering the residential accommodation requirements for the aged it must be recognised, therefore, that a large proportion of the aged will remain in a hospital or hostel indefinitely for the hospital or hostel will to them become their home. To make the maximum use of both types of accommodation there must be the fullest liaison between the hospitals and hostels to allow of easy interchange of patients as the circumstances dictate. When free interchange

between chronic sick hospitals and hostels proves impossible, with neither authority able to help the other, then accommodation problems worsen. Free interchange will always be difficult with divided control and, in my view, if this divided control is to remain it is essential that both authorities discuss together the whole question of accommodation for the aged, see each other's difficulties and try to formulate a common plan.

At the other end of the scale the question of the availability of sufficient beds in mental deficiency institutions and sufficient places in occupation centres are equally related. The question of how many institutional beds for mental defectives are required is not governed entirely by strictly medical factors but is equally dependent on the home conditions of the defective and the adequacy of the occupation centre provisions. It is most depressing to have to report that no progress whatsoever was made last year in the conversion to an occupation centre of that part of The Gables, Wombwell, which was previously used as the Divisional Health Office. The need for the conversion has long been proved and accepted by the County Council, the children are waiting and ready to go but apparently the starter, with his gun, is still missing. I'm sure the local community would be grateful for any knowledge of his whereabouts.

Comment on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases can be brief for the services provided were, as always, both adequate and good.

It is also a pleasure to be able to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as for the previous year with the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals :

St. Helen Hospital, Barnsley.

Montagu Hospital, Mexborough.

Hallamshire Maternity Home, Chapeltown.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

The co-operation between the Chest Centre and the Health Department continued and, consequently, the essential link between the curative and preventive aspects of Tuberculosis was maintained. The two whole-time Tuberculosis Visitors, while employed by the local health authority, had, for practical reasons, their day-to-day duties arranged by the Chest Physician. This very effective arrangement enhanced the value of their work for they came to know the tuberculosis patient and his contacts equally and were able to give advice to both alike.

The after-care arrangements included extra nourishment, when recommended by the Chest Physician, in the form of a free milk allowance and bed, bedding and other nursing equipment was issued on loan to patients where necessary. The Home Help service was also available when required.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below :

Tuesday— 10.0 a.m. to 12.0 noon (children).

Wednesday— 10.0 a.m. to 12.0 noon.

Wednesday— 2.0 p.m. to 4.0 p.m.

Thursday— 10.0 a.m. to 12.0 noon.

Friday— 10.0 a.m. to 12.0 noon.

Venereal Diseases.

The nearest centre for Wombwell patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road,
BARNSELY.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

The expected formula of increased calls on the ambulance service was again realised last year. Admissions to and discharges from hospitals remained relatively steady as were the transfers between hospitals, but the out-patient traffic once more showed an increase. It is worthy of note, however, that the increase of approximately 17,000 further out-patients carried was the smallest annual increase so far recorded since the inception of the County Ambulance Service. The responsibility for deciding whether a patient needs ambulance transport to a hospital outpatient Department rests with the hospital for all journeys other than the original. To ensure the correct usage of ambulances, hospital ambulance officers have been appointed and their co-operation with the ambulance service has done much to keep the out-patient demands within reasonable bounds. The ambulance service which, while free to all, is nevertheless costly of operation. The mis-use of ambulances must be avoided, for mis-use not only increases cost but also decreases efficiency.

The increase in the volume of road traffic resulted in a regrettable further increase of 1,720 accidents carried to hospital as compared with 1954.

Two diesel engined ambulances were tried last year and proved both comfortable to the patients and economical in running costs and maintenance. It is expected that 30 more vehicles of this type will be added to the ambulance strength during the current year. A new radio station to be sited in Hoyland has also been planned for completion in 1956 which will give improved radio-telephonic communication in South Yorkshire.

Home Nursing.

The Home Nurses in the division made 57,400 visits last year and almost every type of illness came under their care. The majority of the visits, over 26,000, were to medical cases, 9,000 were to surgical cases and largely represented visits to patients recently returned from hospital after an operation.

700 were to tuberculosis patients and the remainder included visits to infectious diseases and puerperal complications. An interesting statistic was the 21,300 injections given by the nurses for widely different diseases and using a wide range of drugs. This astonishing figure, I think, illustrates more clearly than any other statistic the change in the character of home nursing since the war for I venture to suggest that, pre-war, little use was made of home nurses for injection therapy. Indeed the term injection as applied to nursing duties was more commonly associated with the giving of enemata.

Another statistical feature worthy of note was the wide range of the patients visited. At one end of the scale you find the aged sick and infirm receiving almost 60% of the total visits whilst at the other end you find over 1,000 visits were made to children under 5 years of age. It has long been recognised that old people should be treated at home whenever possible and whenever home circumstances allow. It is now becoming equally well recognised that the same preference for domiciliary treatment, as opposed to hospital treatment, should apply to the young child, though perhaps for a somewhat different reason. The extension of home nursing to young children is to be welcomed and is an aspect of home nursing which will assume an ever increasing importance in the years ahead.

Home treatment by the family doctor, aided when necessary by the home nurse, has long been a traditional feature of medical practice in this country and its importance and value to the community is no less today, even though the great advance made in medical science and knowledge has increased the complexity of modern therapy. There has, however, been a tendency in recent years for hospital treatment to be sought more frequently by more people. While there may be many reasons for this, the tendency is to be deprecated if it is to lead to the community as a whole developing a hospital fixation complex. Hospitals are our second line of defence against disease and should not be regarded as the sole repository of medical knowledge. To treat every illness in hospital, irrespective of its nature and causation, would be for the nation a very expensive step backwards. One of the fundamental principles in medicine is to treat the patient rather than his disease, and the application of this principle is easier in the natural environment of the home than in the more laboratory-like atmosphere of the hospital. An efficient domiciliary nursing service can help to create the right conditions for home treatment and should be given every opportunity, with encouragement to expand if necessary.

Home Helps.

In most parts of the country the home help service has become largely a welfare service for the aged and infirm, a situation which has arisen not because of a deliberate policy of the local health authorities, but because of the overwhelming needs of the aged as compared with the other sections of the community. The administration of the service, and indeed its future planning is, of necessity, governed by the needs and demands of the aged even if it means, to some extent, sacrificing the interests of the rest of the community. Whether this is a good or bad thing may be a matter of opinion, but it is a practical necessity which probably meets with the full approval of the majority of the people.

Last year almost 90% of the available home help hours were given to the households of the aged and infirm and the demands on the service showed the expected increase. On average, 300 households per week were assisted as against 240 in 1954 and because the authorised establishment of home helps remained unchanged, the average weekly assistance given to aged applicants was reduced from 6-7 hours to 4-5 hours. Indeed, even this figure would not have been possible if additional help had not been obtained from the central reserve pool.

Most people agree that the present residential accommodation for the aged sick and infirm, whether in hospital or hostel, is inadequate and various schemes which will lessen the demand for residential accommodation have been suggested. It has been suggested that some relief in this direction could be obtained if the home help scheme were expanded. I have commented elsewhere on this suggestion, but I must repeat my view that once an aged person requests residential accommodation there is usually no satisfactory alternative which will completely meet his needs and circumstances. If the home help service is to be increased, with a view to relieving the strain on the residential accommodation, then the increase, to be of practical value, must be large. It is for those who hold the financial responsibility to decide on what size the increase should be and I offer no suggestion.

Whatever one's views on what is the optimum domestic help that should be given to the aged there is one medical fact which must be borne in mind. It is bad policy to create conditions which must eventually lead to the aged becoming too dependent on the assistance of others. Old people should be encouraged to retain their spirit of independency and to

challenge their physical infirmities by doing as much as they can for themselves. A continued acceptance of life's challenge is of greater importance to the well-being of the aged than the unlimited provision of bath chairs.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Service.

Two infant welfare centres serve the district, one of which is situate at the Wombwell Public Library where weekly sessions are held on Tuesday afternoons and the other at the Welfare Hall, Jump, where weekly sessions are held on Monday afternoons.

At the Wombwell centre where 48 sessions were held, 354 children made 4,071 attendances, an average of 84.8 per session. 204 children were seen for the first time, 200 of whom were under one year of age. 1,277 examinations were made by the doctor in the year, an average of 26.5 per session.

At the Jump Centre, where 48 sessions were held, 120 children made 1,115 attendances, an average of 23.2 per session. 56 children were seen for the first time, all of whom were under one year of age. 656 examinations were made by the doctor in the year, an average of 13.6 per session.

The ante-natal clinic is situate in the Public Library, Wombwell, and morning and afternoon sessions are held each Thursday. 104 sessions were held during the year at which 141 patients made 655 attendances. In addition 26 patients attended for post-natal examination. There were 281 attendances at the ante-natal relaxation classes conducted by the midwives.

It is a common finding that, with few exceptions, the attendances at ante-natal clinics of local health authorities have declined rapidly in recent years. Concurrently with this decline

there has been a corresponding rise in the attendances at ante-natal clinics held in hospitals and in the surgeries of general practitioners so that the overall picture of the number of expectant mothers accepting care has remained relatively unchanged. These changes have followed naturally the introduction of the National Health Service Act, which removed most of the financial worries from the practice of midwifery and gave each expectant mother a much more free choice of where she should have her confinement and from whom she should receive her ante-natal care.

The hospital has always, and rightly, been the place for consultant opinion and the diagnosis and treatment of abnormalities, but in many instances it has also developed large ante-natal clinics and has become, in this sense, a rival of the family doctor and the local clinic. Unfortunately, there has been little co-ordination of the three services and the co-operation among them has not, so far, been developed to any great extent. The three services have tended, therefore, to follow their own individual paths without joint consultation. The question which now seems to me to arise is whether the three services, now acting separately, would not have a greater potential for good if they were to become properly integrated with each playing a part in a unified service. To me it is clear the hospital must eventually take the lead throughout the whole field of midwifery with the hospital consultants guiding and supervising all ante-natal care. But routine hospital ante-natal clinics are fundamentally unsound for it is better in ante-natal care that the hospital should go to the patient rather than the patient to the hospital. Ante-natal care has to be sold to the public like any other form of health education for the public don't always readily accept what is deemed good for them. The sale is made the more difficult if sufficient recognition is not taken of home and social difficulties which make long journeys to clinics, often in inclement weather, very arduous and unpalatable. I would like to see an integrated midwifery service with ante-natal clinics sited among the people and not at a distance, staffed by general practitioners and medical officers of local health authorities alike with their work guided by hospital consultants. With such a set-up it would be more possible to make the best use of all the available resources.

Health Visiting.

First visits were paid by the Health Visitors to 297 infants. The number of re-visits to infants and toddlers was 1,159 and 1,781 respectively. 763 visits of a miscellaneous nature were also made, the majority of which were connected

with the welfare of the aged and with the home help scheme. The total of home visits made by the Health Visitors last year was 4,000. No replacement for Miss E. Barlow, who resigned her appointment as Senior Health Visitor in November, 1954, could be provided last year, which accounts for the large decrease in the number of home visits. I am happy to report that the vacancy has now been filled.

Ultra-Violet Light Clinics.

Two sessions were held weekly, on Mondays and Fridays, with the usual interruption during the summer months. During 1955, 67 sessions were held and 485 attendances were made. Children of all ages, from outlying districts as well as Wombwell, attended the clinic and the treatment of each child was under the direction of a medical officer throughout the whole course of treatment.

Mental Health Service.

The statistics relating to mental defectives in the division are given below :

	Under 16		Over 16	
	Males	Females	Males	Females
Statutory Supervision	23	22	43	51
Guardianship	—	—	—	2
Voluntary Supervision	—	—	22	24

The Mental Health Social Workers are statutory bound to visit Statutory Supervision and Guardianship cases at six monthly intervals. However, in quite a number of cases it is necessary to visit more frequently for parents appreciate their help in trying to avert family crises which sometime arise from the defective's behaviour pattern. The Social Workers are always willing to give whatever assistance they can to help smooth out problems which, from time to time, arise in a defective's life.

Perhaps the greatest problem is keeping the defectives adequately occupied for it is the unoccupied defective who is most likely to become beyond parental control. Occupation centres, where the defectives attend daily and acquire a necessary discipline and a sense of social responsibility, are the obvious solution to the problem. Such centres, in addition to helping the defectives, are of equal help to the mothers for it is they who normally bear the brunt of finding suitable occupation and amusement in the home and who, with the

establishment of occupation centres, can happily carry on a normal household routine knowing that their children are in capable hands.

At present 15 defectives are attending the Barnsley Occupation Centre and 4 are attending the Hemsworth Centre, but there are still 16 defectives under the age of sixteen years and 20 defectives over that age awaiting admission to Occupation Centres. The extent of the waiting list for admission to an Occupation Centre emphasises the urgent need for the opening of The Gables, Wombwell, as an occupation centre and as I have stated elsewhere in the report I regret I can report no progress on this project.

It is intended that the mental defectives awaiting Occupation Centre vacancies from Wombwell, Darfield and Worsbrough, together with those already attending other Centres from these districts will be admitted to the Wombwell Occupation Centre. The vacancies created at the Barnsley Occupation Centre by the withdrawals of the Wombwell, Worsbrough and Darfield defectives will be filled by the defectives from Royston, Cudworth and Darton who are awaiting admission to Occupation Centres.

In an endeavour to give training to the defectives who are awaiting admission to centres a home training programme, under a qualified home teacher, has been devised. The programme includes group training classes and visits to defectives' homes where advice and training is given. I set out below particulars of group training classes in the division.

Day	Time	Place	No. attending
Tuesday—	9.30 - 4.0 p.m.—	The Gables Wombwell.	... 14
Wednesday—	9.30 - 4.0 p.m.—	The Gables, Wombwell.	... 14
Thursday—	9.30 - 2.30 p.m.—	Ambulance Hall ... Worsbrough Bridge.	8
Friday—	10.0 - 4.0 p.m.—	Old Infants' School Darton.	8

It will be noted that no group training classes were provided last year for the Royston and Cudworth children, but this was remedied in May this year when a class was established in Royston and at which 16 children, from Cudworth as well as Royston, already attend. In some instances defectives attend more than one group training class and are showing the benefit

of regular training. Training is given in good habits, social behaviour, sense training, handicrafts (knitting, rug making, needlework, embroidery, etc.), singing, dancing, speech therapy and household duties. Where defectives will respond training is given in elementary reading, writing, arithmetic, money values, etc.

The shortage of accommodation in mental deficiency institutions and mental hospitals has been mentioned elsewhere in the report, but three vacancies for mental defectives were found last year which were gladly accepted. It is necessary for the mental health social workers to keep under constant review the possible institutional requirements for mental defectives based on an appraisal of the social conditions. There are 16 cases in the division where accommodation will be required in the event of a breakdown in the family pattern and two cases whose urgent claims are being pressed with the Regional Hospital Board.

The Regional Hospital Board, in an attempt to relieve the situation, has from time to time made short-stay vacancies available of up to one month's duration. These short-stay vacancies, even when they do not meet the full requirements of the situation, are nevertheless of considerable help for they give parents a little time for rest and relaxation which, so often, the continual care of a defective child never allows.

A steady rate of employment of high grade defectives has been maintained and 37 males and 22 females are in regular employment. It has been established that some high grade defectives, although taking much longer to absorb a routine job, will eventually give, under supervision, useful service. It is gratifying to find that there are still some employers who, knowing the limitations of mental defectives, will nevertheless employ them and give them every encouragement in their work.

There has been a steady increase in the work under Section 28 of the National Health Service Act, 1946, and many home visits have been made by the Mental Health Social Workers.

Patients discharged from mental hospitals are visited within one month of their return home to determine whether the improvement in their mental health has been maintained. In the event of a relapse, the patient is referred to the Out-Patients' Psychiatric Clinic at Beckett Hospital. The Mental Health Social Workers attend these clinics, which are held each

Tuesday and Wednesday afternoons, and act as the co-ordinating officers between the clinic and the various local health authority departments and do whatever field work is required by the consultant psychiatrist.

Mental Health after-care is a field of work still largely unexplored but the social workers in the division have at least made a beginning, and worth-while results will eventually accrue.

School Health Service.

Before giving a brief statistical summary of the work of the School Health Service, I would refer to two aspects of the work to which I made mention in my last annual report and which can now be reported upon in greater detail. As both are directly concerned with the prevention of Tuberculosis, though each approach the subject from somewhat different angles, the two aspects might better be considered together.

Tuberculin Testing of Primary School Entrants.

B.C.G. Vaccination.

Both the tuberculin testing of primary school entrants and B.C.G. vaccination of the thirteen-years old group are now an integral part of the school health service, but neither procedure is done without the written consent of the parents. I am glad to be able to state that the percentage acceptance rates in both instances were high. The information yielded by the tuberculin testing of the younger age group has been compared with similar results obtained from the older age group. As the survey appeared to warrant it, an enquiry was also made into the attack rates of tuberculosis in the various districts and the percentage of the population on the Tuberculosis register. A further enquiry was made into the incidence of tuberculous milk in the area.

The findings from the various districts in the survey have been collated by my deputy, Dr. R. Barnes, and are as follow :

Tuberculin Testing of School Entrants.

The routine Survey of school entrants with a tuberculin jelly test, which was commenced in 1954 in the Wombwell, Worsbrough, Darfield and Dodworth Urban districts, was this year extended to the whole of my Division.

I give below details of testing :—

District	No. of children offered Tuberculin	No. of parents accepting	No. of positive results	% Acceptance	% Positive	No. referred to Chest Physician
WOMBWELL						
Total No. of children in the Survey	513	396	11	77·2	2·75	11
Totals without known contacts	513	396	11	77·2	2·75	11
WORSBROUGH						
Total No. of children in the Survey	330	280	9	84·8	3·2	4
Totals without known contacts	325	275	4	84·6	1·4	4
DARFIELD						
Total No. of children in the Survey	140	126	7	90·0	5·5	4
Totals without known contacts	137	123	4	89·8	3·2	4
DODWORTH						
Total No. of children in the Survey	93	76	8	81·7	10·5	7
Totals without known contacts	92	75	7	81·5	9·3	7
CUDWORTH						
Total No. of children in the Survey	157	147	6	93·6	4·0	3
Totals without known contacts	154	144	3	93·5	2·1	3
DARTON						
Total No. of children in the Survey	300	225	7	75	3·1	6
Totals without known contacts	299	224	6	74·9	2·6	6
ROYSTON						
Total No. of children in the Survey	160	141	6	88·1	4·2	6
Totals without known contacts	160	141	6	88·1	4·2	6
TOTALS FOR THE DIVISION	1,691	1,391	54	82·3	3·8	41
TOTALS WITHOUT KNOWN CONTACTS	1,678	1,378	41	82·1	2·9	41

It will be appreciated that these surveys are conducted in association with the school medical inspection programme, which is arranged according to the school year. It is, therefore, inevitable that some schools will be included twice in the calendar year. This does not mean that the same children are included in the survey twice, as only the new entrants are examined.

During the course of this survey many children were found to be positive reactors who were already known contacts of cases of tuberculosis, and who were already attending the Chest Physician for observation. These children represent the difference between the number of positive results (column 3) and the number referred to Chest Physician (column 6). A further line has been added, under the totals for each Urban District, excluding these children from the survey and representing the number of new positive reactors discovered. This still leaves the Dodworth Urban District with a percentage much higher than all other districts. It was thought that this might be due to a higher prevalence of the disease there and an investigation was made into the attack rate in the seven Urban Districts over the last five years. The results are shown in Table II, together with the proportion of each population who were on the Tuberculosis register at 31st December, 1954.

TABLE II

District	% of positive Tests	% of positive tests excluding contacts	Attack Rate /100,000 over 5 years			% of Population on Register at Dec., 1954
			Total	Pulmonary	Non-Pulmonary	
DODWORTH	10.5	9.3	98.6	93.9	4.7	0.64
DARFIELD	5.5	3.2	143.2	127.3	15.9	0.95
ROYSTON	4.2	4.2	140.3	103.4	36.9	0.52
CUDWORTH	4.0	2.1	105.0	95.9	9.1	0.58
WORSBROUGH	3.2	1.4	99.8	84.3	15.5	0.52
DARTON	3.1	2.6	91.0	77.0	14.0	0.51
WOMBWELL	2.75	2.75	144.9	115.0	29.9	0.81
Divisional Totals	3.8	2.9	119.6	100.9	18.7	0.64

This research does not produce much correlation with the survey, especially in respect of the Dodworth Urban District. It will be noticed that there is poor correlation too in respect of the Wombwell Urban District, but this might be accounted for by a poor acceptance rate in two schools, one of which might be expected to be in an area of high incidence. This,

however, is a matter of speculation and cannot easily be proved. When the results obtained from this survey are reviewed, in association with the tuberculin testing of thirteen-year old children for the B.C.G. vaccination scheme, it can be seen that quite a marked degree of correlation is obtained suggesting that the incidence of a high percentage in Dodworth is significant as seen in Table III.

TABLE III

District	B.C.G. Scheme		Tuberculin Entrants Scheme	
	% Acceptance	% Positive	% Acceptance	% Positive
DODWORTH	98.0	40	81.7	10.5
DARFIELD	99.0	35	90	5.5
ROYSTON	79	23.5	88.1	4.2
CUDWORTH	89	30	93.6	4.0
WORSBROUGH	88	20	84.8	3.2
DARTON	87	30.5	75.0	3.1
WOMBWELL	81	26.5	77.2	2.75
Divisional	85	29.4	82.3	3.8

The next matter to be considered was, whether the milk supply was a factor in this discrepancy. An order was made by the Minister in April, 1953, under Section 23 of Milk and Dairies Artificial Cream Act, 1950, making these Urban Districts, specified areas under the Act. The children in this Survey were mostly born in 1950. It may be assumed that very little raw milk is consumed in the first year of life, but this still means that these children could have been exposed to tuberculous raw milk during two years of their life. A check was made of samples of milk found to be tuberculous over the last five years, but again Dodworth Urban District was not outstanding. It will be interesting to see if the percentage of positive reactors diminishes over the next two years, because this will give some guide as to whether milk has been a major factor. Failing this, it must be assumed that this small community contains some undiagnosed foci of infection.

The whole survey was carried out with the generous co-operation of the Chest Physician. At the end of the year, only two families had failed to co-operate in submitting themselves for clinical and radiological examination at the chest clinic. These families have since agreed to attend. Despite this co-operation and the high acceptance rate for the test, it is surprising that no adult cases were discovered, especially in

view of the American results in this type of Survey. Several adults were advised, by the Chest Physician, to attend the Pneumoconiosis Board, but otherwise the results in terms of contact-tracing were poor. Nevertheless, I feel this is a worthwhile procedure and that it should be continued because the factor of infection by milk will soon be removed, and in two years time this type of Survey should give some direct correlation with active foci of infection. It must be noted, however, that in some districts (e.g. Worsbrough), the known contacts of active tuberculosis, accounted for a large proportion of the positive reactors. Throughout the Survey contact with general practitioners has been maintained, and they have been kept informed of radiological and other findings through this office.

Routine School Medical Inspections were carried out by Dr. R. Barnes at the undermentioned schools:—

Highfields J. M. & I.	Low Valley R. C.
Hemingfield J. M. & I.	Broomhill J. M. & I.
Kings Road Infants.	Park Street J. M.
Park Street Infants.	Jump J. M.
Barnsley Road Infants.	Kings Road J. M.
Jump Infants.	Secondary Modern Boys.
John Street J. M.	Secondary Modern Girls.
Day Special.	

SUMMARY OF DEFECTS FOUND

	No. of children examined	Ocular	E.N.T.	Heart	Lungs	Orthopaedic	Others	No. Passed for Treatment
Wombwell								
Highfields	174	19	17	2	2	3	18	26
Hemingfield	89	9	8	—	5	4	6	14
Kings Road Infants	100	6	5	1	4	1	1	10
Park Street Infants	134	20	9	1	1	8	7	24
Barnsley Road Infants	58	8	7	—	3	—	4	6
Jump Infants	66	2	12	—	—	2	3	7
John Street J.M.	9	2	—	—	1	—	2	1
Day Special	54	5	2	—	—	—	60	62
Low Valley R.C.	35	8	1	—	1	—	1	8
Broomhill J.M.&I.	9	1	—	—	1	—	—	1
Park Street J.M.	8	—	—	—	1	—	1	1
Jump J.M.	8	—	1	—	—	—	1	1
Kings Road J.M.	25	7	1	—	1	—	3	6
Secondary Modern Boys	109	5	5	—	1	2	4	13
Secondary Modern Girls	121	12	1	1	1	1	5	15
	999	104	69	5	22	21	116	195

SCHOOL CLINIC.

No. of children who attended and were seen by Doctor, Public Library, Station Road, Wombwell	177
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SUN-RAY CLINIC.

No. of children attended	40
Total Attendances	485

MINOR AILMENTS CLINIC.

Wombwell.

No. of children treated by Health Visitors	67
Total Attendances	161

Jump.

No. of children treated by Health Visitors	51
Total Attendances	93

SPECIALIST CLINICS.

Speech Therapy Clinics.

Mrs. P. J. Battye, L.C.S.T., Speech Therapist.
(Resigned August, 1955)

No. of individual children seen	6
Total attendances	73

Child Guidance Clinic.

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D.
Education Psychologist. (Resigned September, 1955)

Dr. S. M. Leese, Psychiatrist. (From October, 1955)

No. of children examined	4
Total attendances	15

Ophthalmic Clinics. (72 sessions held in 1955).

Mr. N. L. McNeill, M.B., D.O.M.S., Ophthalmologist.

No. of children examined	374
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Orthopaedic Clinics. (10 sessions held in 1955).

Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined	15
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Ear, Nose and Throat Clinics. (12 sessions in 1955).

Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined	25
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Paediatric Clinic. (16 sessions held in 1955).

Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined	25
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SANITARY CIRCUMSTANCES OF THE AREA.

I am indebted to Mr. C. Knowles, your Surveyor, for the following report.

Sewage Disposal :

New Scarborough Sewage Works.

I have still to report that these works are still suffering severely from the effects of mining subsidence and consequently the results obtained are not always of the best.

With regard to the main sewerage system to these works, a Public Inquiry has been held during the past year by an Inspector from the Ministry of Housing and Local Government who have given the scheme their blessing but, unfortunately, owing to the credit squeeze imposed by the Government there has been some delay in getting the sanction to a loan for this work to proceed immediately. We are, however, pressing the Ministry for about half of this amount, i.e. £40,000 to be granted to us as early as possible so that at least some part of the urgent works can proceed.

Lundhill Sewage Works.

I am happy to say that these works are giving better results than for years past, but these works are also suffering from effects of subsidence.

Sewers.

Blockage to sewers have occurred during the year in various parts of the township due to mining subsidence and some of these have had to be remedied by the engagement of mechanical means to clear the sewers.

The sewer at Broomhill is still steadily getting worse and is now more or less a cesspool and this we have to pump out every week owing to this condition.

Housing.

During the year under review 86 houses have been completed by the Council on the Wilson Street Estate; 5 houses and bungalows have been erected by private enterprise and 93 houses have been erected by the Coal Industry Housing Association on a site at Jump, adjoining the boundary with Hoyland U.D.C.

Swimming Baths.

I am indebted to Mr. G. R. Johnson, your Baths Manager, for the following report on the swimming baths:

A repair to the large Swimming Pool due to subsidence, prevented the Baths being opened for swimming at the beginning of May as is customary, and the opening was delayed until Monday, 13th June.

The summer being dry and hot, the Baths soon proved to be a popular rendezvous and when the season ended on 1st October, 81,649 bathers had patronised the establishment. Of this total 26,393 were schoolchildren who received instruction in swimming and life-saving. These children came from schools as far afield as Ecclesfield, Ward Green, Tankersley and Worsbrough so one can realise the large area catered for by the Wombwell Baths.

The Wombwell Evening Institute, and the Tankersley Evening Institute also held classes and during the season 1921 students received instruction.

The swimming Bath water is constantly circulated through the filters giving a complete turnover in a period of less than three hours. This together with chlorine treatment ensures a high standard of purity and clarity at all times.

GENERAL EPIDEMIOLOGY.

Notifiable Diseases (other than Tuberculosis)

	Total Cases Notified	Admitted to Hospital	Deaths
Measles	385	6	1
Whooping Cough	33	—	—
Scarlet Fever	8	1	—
Puerperal Pyrexia	2	1	—
Pneumonia	10	4	8
Anterior Poliomyelitis:			
Paralytic	8	8	—
Non-Paralytic	5	5	—
Food Poisoning	6	—	—
Dysentery	10	1	—

Distribution in the Wards.

	S.E.	S.W.	C.	N.	H.	Total
Measles	54	159	47	15	110	385
Whooping Cough	8	7	12	5	1	33
Scarlet Fever	2	4	—	2	—	—
Pneumonia	1	—	—	1	8	10
Acute Anterior Poliomyelitis:						
Paralytic	2	1	—	—	5	8
Non-Paralytic	1	1	—	1	2	5
Puerperal Pyrexia	—	1	1	—	—	2
Dysentery	3	6	1	—	—	10
Food poisoning	—	6	—	—	—	6

NOTIFICATIONS OF INFECTIOUS DISEASES IN WOMBWELL.

YEAR	Scarlet Fever	Diphtheria	Enteric Fever	Food Poisoning	Erysipelas	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Tuberculous Diseases	Smallpox	Meningococcal Infections	Acute Poliomyelitis Paralytic	Acute Poliomyelitis Non-Paralytic	Acute Poliomyelitis Infective	Acute Poliomyelitis Post Infectious	Whooping Cough	Measles	Dysentery
1946	26	—	—	—	5	2	13	1	26	6	—	1	—	—	—	—	24	2	—
1947	51	—	—	—	13	1	19	—	19	2	—	1	2	—	—	—	75	158	—
1948	69	12	—	—	6	4	17	—	20	7	—	4	1	—	—	—	92	754	2
1949	30	—	—	—	5	5	32	—	24	5	—	2	1	—	1	—	43	66	—
1950	19	—	1	1	10	2	16	—	27	8	—	1	1	—	—	—	139	367	24
1951	17	—	—	4	7	5	17	—	33	3	—	1	1	2	—	—	134	220	13
1952	12	—	—	4	2	2	16	1	23	5	—	2	3	1	—	—	131	187	3
1953	65	—	—	3	—	1	15	—	21	5	—	1	3	—	1	—	27	469	12
1954	16	1	—	5	2	5	19	—	14	3	—	2	1	1	—	—	159	66	3
1955	8	—	—	6	—	2	10	—	10	2	—	—	8	5	—	—	33	385	10

INFECTIOUS DISEASES (Age Groups).

	Under 1	1-3	3-5	5-10	10-15	15-25	25-45	45-65	65 and over	Age unknown
Scarlet Fever	—	—	2	4	2	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	2	—	—	—
Pneumonia	—	1	1	—	—	—	1	5	2	—
Acute Anterior Poliomyelitis (Paralytic).....	1	—	1	6	—	—	—	—	—	—
Acute Anterior Poliomyelitis (Non-Paralytic)	1	—	1	1	—	—	2	—	—	—
Food Poisoning	—	2	1	1	—	—	1	—	1	—
Measles	21	97	127	132	1	—	—	—	—	7
Whooping Cough	2	13	5	11	1	1	—	—	—	—
Dysentery	1	—	1	1	1	—	1	—	1	4

Smallpox and Diphtheria Prophylaxis.

There were no cases of Smallpox or Diphtheria last year so once again I can pass on quickly to the subject of prevention.

The number of infants vaccinated last year was 52 or about 17% of the infant population as compared with 24% who were vaccinated in 1954. While admitting that infant vaccination is not a popular measure among parents and one which can only be "sold" to them with the greatest difficulty and the maximum effort there was a general decline in all the immunisation statistics last year for which there is a good explanation. No one in this area is likely to forget the outbreak of Polio last summer during which all immunisations were stopped for a period of four months. Every effort was made to "catch up" on the back-log when immunisations were started again in October, but by then some parents had lost, one hopes temporarily, their enthusiasm for immunisation procedures. The somewhat unpopular Smallpox vaccination was naturally affected more than the other immunisation measures and perhaps the figure of 17% infant vaccinations was not unsatisfactory in the circumstances.

The decline in the Diphtheria immunisation statistics was very small and the position remained, relatively, unchanged. The 1955 figures showed that 67.1% of all children between the ages of 0—14 years were immunised with 35.7% of the children in the age group 0—4 years and 81.3% of the children in the age group 5—14 years protected. One could wish for a much higher percentage of immunised children in the younger age group, but regrettably far too many parents in recent years have delayed having their children immunised until they reach school age. It is a dangerous viewpoint for which there can be no medical support but nevertheless it is one which is becoming increasingly difficult to dispel.

Whooping Cough.

There was a marked decrease in the incidence of Whooping Cough with only 33 cases notified as compared with 159 in 1954. The incidence was highest in the last quarter of the year but at no time did the disease reach epidemic proportions.

Immunisations against Whooping Cough were interrupted for four months because of the Polio epidemic and only 102 children were immunised as against 155 in the previous year.

70% of the children were immunised at the welfare clinics. The reduction in the numbers of infants immunised is, I feel, but a reflection of the difficult circumstances which prevailed last year and should therefore be only of a temporary nature.

Poliomyelitis.

13 persons contracted Polio during the epidemic last year, eight of whom developed some degree of paralysis while 5 were without paralysis at any stage of the disease. The disease attacked over a wide age range, the youngest patient being 5 weeks and the oldest 29 years. Of the 13 cases two were adults, 7 were of school age and 4 of pre-school age. 4 children were still receiving treatment at the end of the year but it is expected that 2 of them will eventually make a complete recovery.

A full report on the epidemic has been submitted to the Council previously, but perhaps I may repeat the last paragraph of the report. I wrote "The epidemic, I think, clearly proved the limited value of general preventive measures when applied to the population. Immediate segregation of cases or suspected cases in hospital proved easy, but the complete surveillance of contacts, if normal industrial commitments were not to be unduly upset, was always difficult. Perhaps the greatest obstacle to prevention was the probable large number of unknown healthy carriers circulating freely amongst the population. The true prevention of epidemic poliomyelitis must rest in the production of a satisfactory prophylactic and the maintenance of a high level of immunity in all ages of the population."

We must all wish the greatest success to the Polio vaccination programme embarked upon this year.

Food Poisoning.

6 cases of food poisoning were confirmed last year, but as I have said in previous years the number of confirmed cases was probably only a small part of the true incidence, for the majority are, for various reasons, usually not reported.

There has been, for some years, a steadily growing realisation among all sections of the community of the vital importance to health of a high standard of food hygiene and new Food Hygiene Regulations have been approved to come into operation this year. The new regulations certainly raise the present legal standards, but regulations alone will never

bring the standards of food hygiene to the level which the community should desire. It is perhaps wiser to wish for public opinion on food hygiene to be in advance of the law on the subject for in the long run it is the attitude of the public to the problem which will decide the standards. There are many signs of an increasing realisation by the public of the necessity for a high standard of food hygiene which is reflected in the standards observed in shops over and above those demanded by law. We must not only apply the new food hygiene regulations but actively encourage the shopkeepers to improve on them, and judging by past results there seems no doubt they will respond.

Tuberculosis.

There were 10 new cases of Pulmonary Tuberculosis and 2 new cases of Non-Pulmonary Tuberculosis notified last year as compared with 14 and 3 respectively in 1954. Even the continued fall in the incidence of Tuberculosis is overshadowed however by the fact that for the first time on record there were no deaths from the disease in your district last year. That deaths from Tuberculosis will still occur must, unfortunately, be accepted but we can rejoice in our one free year and face the future with more confidence.

Earlier in the report I referred to the happy co-operation between the Health Department and the Chest Centre. The beneficial effects resulting from this close association is well illustrated in two facets of tuberculosis prevention in which both departments were engaged last year. The first was concerned with the tuberculin testing of all primary school entrants which has as its primary object the tracing of possible sources of infection in the community. Obviously in a young child the main sources of infection, discounting milk which, if not coming from tuberculin tested herds, has been compulsorily pasteurised in the district since September, 1953, must lie in the family for young children do not usually have lengthy associations with any but members of his family. The value of tuberculin testing primary school entrants was dependent, therefore, not only on the full investigation of the tuberculin positive child but equally on the full investigation of all the members of the family. That this proved possible was due to the co-operation of the Chest Physician and the sound common-sense shown by the families concerned.

The second example related to the B.C.G. Vaccination of the senior school children which has as its purpose the protection of susceptible young people through the first years

of their working life and the difficult years of adolescence. It is obviously desirable that these young people should be under medical surveillance during this period and the Chest Physician has gladly arranged to undertake this work and to make periodic examinations and X-Ray tests. The success of the scheme will depend on the co-operation of those vaccinated, but I am certain the scheme will not fail through lack of effort by the staff of the Chest Centre.

The fight against Tuberculosis has been waged for very many years, but with the newer and more powerful weapons of treatment and prevention now in our hands victory is assured and maybe is not so very far off.

TUBERCULOSIS—Record of Cases during 1955.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January ...	75	55	13	10
No. of cases notified for first time during year ...	7	3	—	2
No. of cases restored to register ...	—	—	—	—
No. of cases added to register otherwise than by notification ...	—	—	—	—
No. removed to other districts ...	4	1	—	1
No. cured or otherwise removed from register ...	—	5	1	1
No. died from disease ...	—	—	—	—
No. died from other causes ...	2	—	—	—
Total at end of 1955 ...	76	52	12	10

TUBERCULOSIS—New Cases and Mortality in 1955.

Age period	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 ...	—	—	—	—	—	—	—	—
1 ...	—	—	—	—	—	—	—	—
5 ...	—	—	—	1	—	—	—	—
10 ...	2	—	—	—	—	—	—	—
15 ...	2	1	—	—	—	—	—	—
20 ...	1	1	—	1	—	—	—	—
25 ...	2	1	—	—	—	—	—	—
35 ...	—	—	—	—	—	—	—	—
45 ...	—	—	—	—	—	—	—	—
65 and up ...	—	—	—	—	—	—	—	—
TOTALS ...	7	3	—	2	—	—	—	—

**TUBERCULOSIS—New Cases and Mortality for the
past ten years.**

Year	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1946	26	6	9	1
1947	19	2	8	3
1948	20	7	13	1
1949	24	5	7	—
1950	27	8	6	1
1951	33	3	3	—
1952	23	5	6	2
1953	21	5	6	—
1954	14	3	5	—
1955	10	2	—	—

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT

For The Year 1955

Sanitary Inspector's Office,
Town Hall,
WOMBWELL.

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

Mr. Chairman, Mrs. Mellor and Gentlemen,

I beg to submit to you my fifth Annual Report on the sanitary circumstances of your district and the work carried out in my Department during the year.

As in previous years, I would like to thank the members of the Council for their continued confidence and support and my fellow officials for their help and co-operation. I must also record my thanks to the Medical Officer of Health, Dr. Hynd, with whom I have worked in the closest co-operation and to the members of my staff who have contributed so much to the smooth running of the Department by their continued loyalty and efficiency. Finally, I would like to say how much I appreciate the help and guidance always so readily given by the Chairman of the Public Health Committee, Mr. J. W. Mellor who has such a keen interest in all aspects of public health.

The Additional Sanitary Inspector Mr. J. Turner terminated his engagement with the Council at the end of March on being appointed to a similar position with Rotherham Rural District Council. It was not until towards the end of May that the present Additional Inspector Mr. B. Hague commenced his duties in the Department. In addition, I had to enter Hospital for an operation which necessitated being absent from the office for several weeks. This depletion of the Inspectorial staff had some effect on the efficiency of the Department.

However, despite these and other difficulties there is some cause for satisfaction in the amount of work which was carried out during the year.

Once again the accent has been placed on Food, Housing, Atmospheric Pollution and Public Cleansing. During the year new legislation either came into operation or was con-

templated dealing with Food, Housing and Atmospheric Pollution and these all received some very welcome publicity in the local and national press.

Housing.

During the year 184 new dwellings were erected in your district, 86 by the Council and 98 by private enterprise. Of these latter, 93 houses were erected by the Coal Industry Housing Association at Hemingfield but they did not affect your own waiting list since they were devoted entirely to the housing of mineworkers brought into the area from other parts of the country.

The 86 houses and bungalows erected by the Council were a further development of the Wilson Street Estate. This figure is a little below the average which has been maintained over the past few years. Since building operations recommenced after the war 838 houses and bungalows have been built by the Council.

The total number of inhabited houses at the end of the year was 5834. With a population of 18,950 this gives an average number of persons per house of 3.25. It may be of interest to you to compare these figures with those of 1939 when the population of the area was 17,830 and the total number of inhabited houses was 4895. The average number of persons per house was, in that year, 3.64. Over a period of 16 years, therefore, there has been a reduction of 11% in the average number of persons per house in your area. This is a gratifying result of your policy of providing additional housing accommodation in the district during the years since the war.

In addition to this, it became clear that the time which an applicant in lodgings was required to wait for a house continued to decrease. It was felt, therefore, that a start could be made in the very near future on the urgent business of slum clearance.

The plight of persons living in "the aged and infirm houses" has been brought to your notice in past reports and a further year of deterioration in the worst of these houses has further aggravated the position. A report made to you in June gave details of these houses and of the localities in which they were situated. Some of these houses are already unfit for human habitation and the remainder are sub-standard. It was agreed in principle that this report should form the basis of your Slum Clearance programme and subsequently a further detailed report was prepared dealing with the first five years

of that programme. A sub-committee was appointed to consider this in 1956. It is hoped that some very real progress will be made in removing families from their present dilapidated and unsatisfactory dwellings and rehousing them in modern Council houses.

Whilst the problem of dealing with unfit houses has assumed such large proportions, it would appear that there is still a demand for additional houses to be erected to rehouse those living in overcrowded conditions, whether as single families or where two or more families are occupying a house.

During the year the 86 newly erected Council Houses and a number of relets on the other housing estates were utilised as follows :—

(1) Alleviation of Overcrowding :			
(a) Single Families	... ..	...	19
(b) Two or more families in house		...	48
(2) Rehousing from unfit houses	... ..	...	20
(3) Cases of sickness or disability	... ..	...	4

House Letting.

The Housing Committee allocated 16% of new houses for the alleviation of overcrowding in single families. Overcrowding was first defined and a standard laid down in the Housing Act, 1935, but some 20 years later such standards are no longer realistic. As I have pointed out in previous reports the consideration of overcrowding is a great deal more than a study of numbers. The example of the family with a grown up boy and girl readily illustrates this. It is possible that such a family may occupy a house with two bedrooms but for which the permitted number, calculated according to the Housing Act is $7\frac{1}{2}$. It is not possible to convince such families that they are not legally overcrowded. I have advocated for some time now that serious consideration should be given to the rehousing of such cases, of which 36 are known and recorded.

Sympathetic consideration has also been given readily by the Housing Committee to the rehousing of persons suffering from sickness and disability. Four such cases have been rehoused and there is little doubt that the provision of a new house produces beneficial results.

Close co-operation with the Collector has again contributed largely to your available houses being put to the best possible use.

Unfit Houses and Demolition.

It was reported last year that negotiations had been commenced for the clearance of 37 houses in the Alma Street and Church Street area. The whole area has since been purchased by the Council with the intention of rehousing all the inhabitants and demolishing the houses. Some of the houses erected during the year were devoted to the rehousing of these persons. By the end of the year 19 of the houses in this area had been closed and the families rehoused. 3 other houses were closed in 1954 which meant that by the end of the year 22 of the houses were closed.

The slowness of rehousing inevitably created disappointment amongst the people living in this area. Every effort was made to rehouse those living in 10 back-to-back houses first but many others were vociferous in their claims for priority. There is no doubt that such troubles can be eliminated if the process of rehousing from any given area is speeded up. This will, no doubt, be achieved when a larger proportion of available houses is devoted to Slum Clearance.

In addition three other houses were closed and the persons thus displaced rehoused in Council houses. In two cases, Nos: 8 and 10, Fitzwilliam Street, Hemingfield, Demolition Orders had been operative since before the war. The other house closed was No. 8, Prospect Terrace, Wombwell and, in this case, the owner undertook not to relet the house.

There were at the end of the year 7 houses in respect of which Demolition Orders were operative and which were still occupied.

Improvement Grants.

The provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, provide an excellent opportunity for property owners to obtain assistance in the modernisation and conversion of houses. During the year 13 applications were received from Owner/Occupiers and in all cases grants were made. The total of the grants made by the Council was £1177/11/2d.

It is still felt, despite the relaxations in the conditions governing the making of such grants, that not sufficient advantage is being taken of these provisions. There are many houses in the town which are sound structurally and worthy of being converted or modernised. In view of the continued demand for and the high cost of houses it is imperative that the best possible use be made of such existing houses. By providing

these houses with modern amenities at a fraction of the cost of a new house they are prevented from deteriorating to a stage when they become unfit for human habitation and capital costs are reduced. Can we afford to allow such houses to deteriorate?

The houses in respect of which grants were made are as follow :

Premises.	Amount of Grant.	£	s.	d.
No. 68, Hough Lane, WOMBWELL ...	133	10	0	
No. 10, Wath Road, WOMBWELL ...	86	9	0	
No. 283, Hough Lane, WOMBWELL ...	125	1	6	
No. 133, Blythe Street, WOMBWELL ...	56	0	0	
No. 64, Main Street, WOMBWELL ...	73	0	5	
No. 36, Bond Street, WOMBWELL ...	87	14	3	
No. 90, Hough Lane, WOMBWELL ...	84	0	0	
No. 177, Barnsley Road, WOMBWELL ...	111	7	0	
No. 56, Main Street, WOMBWELL ...	67	0	0	
No. 139, Blythe Street, WOMBWELL ...	109	17	0	
No. 6, Wath Road, WOMBWELL ...	67	0	0	
No. 9, Wath Road, WOMBWELL ...	91	0	0	
No. 30, Myrtle Road, WOMBWELL ...	85	12	0	
TOTAL ...	13	£1177	11	2

Housing Repairs.

The introduction of legislation which permits the raising of rents provided certain conditions are satisfied had not by the end of the year brought any appreciable improvement in the carrying out of repairs and renewals. It was hoped that owners of property would commence immediately on the work of putting their houses into a good state of repair and thus become entitled to raise their rents. Only in a very limited number of cases has this occurred however. 16 applications were made for Certificates of Disrepair. These applications are placed before the Public Health Committee but, during the time elapsing between the application and its consideration by the Committee, the necessary inspection is made and an informal notice served requiring the carrying out of works to bring the house into a good state of repair, having regard to the locality and the age of the property. In the majority of houses so inspected the necessary works were carried out quickly and only in 21 cases were Certificates of Disrepair issued.

A considerable time was again devoted to securing repairs and improvements to existing houses. New building carried out since the war has gone a long way to meeting the demand for housing accommodation but the work of repairing and improving will continue to be of great importance.

I have to report that difficulty was again experienced throughout the year in obtaining compliance with notices requiring the execution of repairs and renewals. The principal difficulty is to obtain labour. So often property owners are approached when the time allowed in notices has expired and they point out that instructions have already been given to a Contractor. There are so few Contractors prepared to undertake work of this nature and the consequence is that they usually have work in hand which will take many months to clear.

During the year 497 Informal Notices were served and of these 434 or 87% were complied with. In addition 89 notices brought forward from 1954 were also complied with. 63 notices were carried forward to be dealt with in 1956, these having been served in the latter part of the year. A detailed analysis of repairs and renewals carried out as a result of action taken in the Department is shown later in this report.

Damage by Mining Subsidence.

Many parts of the town continued to be affected by mining subsidence. So long as the present system of mining continues this must be accepted as a necessary evil. Close liaison is maintained with the Land and Mineral Officers of the National Coal Board in all three of the Areas concerned in the district. Delay in making good such damage is thus minimised. A constant watch is maintained on affected property in order that action might be taken without delay should danger arise. In one case, a house in Hemingfield, movement was so sudden and extensive that the tenant was advised to leave. It was arranged that the house should remain empty until movement had ceased.

Areas affected by subsidence during the year were Littlefield Lane, Station Road, Edward Street, Milton Street, Gower Street, Wombwell Main, Broomhill, Barnsley Road, Aldham Cottages, Wilson Street, Cemetery Road and Garden Grove, Hemingfield and Church Street, Jump.

HOUSING STATISTICS.

Number of dwelling houses in the District	...	...	5834
Number of back-to-back houses included in above	...		3

1. Inspection of Dwelling houses during the Year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	943
(b) Number of inspections made for the purpose				2221
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	...	...	...	Nil
(b) Number of inspections made for the purpose				Nil
(3) Number of dwelling houses needing further action:—				
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	58
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	...	...	...	Nil

2. Remedy of Defects during the Year without Service of Formal Notices.

(a) Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	713
(b) Number of defective dwelling houses (excluding those shown in (a) above) in which defects were remedied as a result of informal action			135

3. Action under Statutory Powers during the Year.

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936:—

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

B. Proceedings under Public Health Acts :—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	79
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners	65
(b) By Local Authority in default of owners ...	3
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.	
(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation	Nil
(2) Number of dwelling houses in respect of which Demolition Orders were made	Nil
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil
(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953? If so, what?	Nil
D. Proceedings under Section 12 of the Housing Act, 1936.	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms, the closing orders in respect of which were determined, the tenement or room having been rendered fit	Nil
E. Proceedings under Part III of the Housing Act, 1936.	
(1) Number of Clearance Orders represented during the year	None
(2) Number of houses included in these areas ...	None
(3) Number of persons to be displaced	—
(4) Action taken during the year in respect of Clearance Areas :—	
(a) by Clearance Orders, number made ...	None
(b) by Compulsory Purchase Orders, number made	None
(5) Number of houses in Clearance Areas demolished during the year	None

(6) Number of persons re-housed from houses demolished during the year None

4. Housing Act, 1936 — Part IV — Overcrowding.

(a) (1)	Number of dwellings overcrowded at the end of the year	...	...	...	...	...	356
	(2)	Number of families dwelling therein	...	...	...	...	594
	(3)	Number of persons dwelling therein	...	...	...	...	1811
(b)		Number of new cases of overcrowding reported during the year	...	...	...	...	106
(c) (1)		Number of cases of overcrowding relieved during the year	...	...	...	...	67
	(2)	Number of persons concerned in such cases	...	...	...	...	267

5. New Houses.

Number of new houses provided during the year:—							
By the Local Authority—		Permanent type	...	...	...	...	86
		Temporary type	...	...	...	...	—
By Private Enterprise		...	...	...	...	...	98

6. Housing Act, 1949.

Section 4—Any action in connection with advances for purpose of increasing housing accommodation ? —

7. Housing Act, 1949, as amended by Housing Repairs and Rents Act, 1954.

Grants to persons other than local authorities for improvement of housing accommodation. ...

Any action during the year ...Grants made in 13 cases.

Milk Supply.

Since the Urban District was designated a Specified Area under the Milk (Special Designations) (Specified Area) Order, 1953, all the milk retailed within the district has been bottled and sold under Special Designations.

Some older people did not take kindly to this method of distributing milk, it being argued that here was another break with tradition. It was most difficult to convince such people that this was another step towards the ultimate goal of a safe, clean milk supply. However, it would appear that even after a short time of two years these same people have now accepted without comment that the only sensible way for milk to be sold is in sealed, hygienic containers as compared with

the old, haphazard, dangerous way of using open cans carried through the streets in open horse-drawn vehicles and ladled out in measures of doubtful cleanliness.

Of the milk produced in your area, that at six smaller farms is Ungraded and is sent for pasteurisation. At the remaining six farms, including the five largest herds, Tuberculin Tested milk is produced, but only in two cases is it retailed in the area. The milk produced and consumed in the area continues to be of a high quality, therefore.

Regular supervision of milk distribution was once again a feature of the Department's activities and contact is maintained with the suppliers in order that improvements may be effected as necessary. To this end samples of milk were procured for the routine Methylene Blue Reduction and Phosphatase Tests and all milk sold in the raw state was, in addition, tested at least quarterly, for the presence of the Tubercle Bacillus.

There are altogether 37 Retail Milk sellers registered whose premises are inspected at regular intervals.

143 samples of milk were taken and despatched to the Public Health Laboratory Service at Wakefield. The staff of the Laboratory are always extremely helpful and a high value is placed on their services. The results of the tests carried out are given below.

Samples of Milk taken for Examination during 1955.

TYPE OF MILK	TYPE OF TEST AND RESULT					
	Methylene Blue		Phosphatase		Presence of Tuberculosis	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Negative	Positive
Ungraded	29	10	—	—	22	1
Tuberculin Tested	25	1	—	—	9	—
Pasteurised	9	—	9	—	—	—
T.T. Pasteurised	5	—	5	—	—	—

In cases where unsatisfactory reports were received from the Laboratory action was taken with the Area Milk Officer and the necessary improvements secured.

Distribution of Milk.

At the end of the year there were on the register 37 Distributors of Milk, 33 of these in general shops. The following licences were granted under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Dealer's Licence authorising the use of the Special Designation "Tuberculin Tested"	3
Dealer's Licence authorising the use of the Special Designation "Tuberculin Tested (Pasteurised)"	1
Dealer's Licence authorising the use of the Special Designation "Pasteurised"	4
Dealer's Licence authorising the use of the Special Designation "Sterilised"	33
Supplementary Licence authorising the use of the Special Designation "Pasteurised"	2
Supplementary Licence authorising the use of the Special Designation "Sterilised"	1

Slaughterhouses.

Four private slaughterhouses continued to be licenced for use for limited periods. A large number of animals were slaughtered and inspected in these slaughterhouses (details are shown in tables later) and some of the meat thus produced was known to be intended for sale in adjoining districts.

These four licences had been granted as a temporary measure with effect from July, 1954, when each of the applicants was informed that it was the Council's intention to revert to the Government's policy of "moderate concentration" at the earliest possible time.

It was known that the extensions to Barnsley Abattoir were nearing completion towards the end of 1954 and this would provide adequate slaughtering facilities for Wombwell and District.

It came as no surprise therefore, when the Council published a resolution in January that no further slaughterhouse licences would be granted after 28th February, 1955.

The licence holders objected to this and an Inquiry was held at the Town Hall, Wombwell. The Council's resolution was later confirmed and slaughtering ceased at the end of June, 1955.

Meat Supply.

Until the end of June a large part of the town's meat supply was derived from animals slaughtered in the private slaughterhouses. Six butchers, however, continued to obtain their meat supply from sources outside the town, principally Barnsley Abattoir.

A great deal of time was devoted to the inspection of all animals slaughtered for human consumption. Every animal, the slaughter of which was notified, was inspected, although this entailed attendance at the slaughterhouses on evenings, including Saturdays, and Sunday mornings.

Meat brought into the town was delivered direct to the retailers in covered, metal-lined vans with good hanging facilities. A constant watch was maintained throughout the year to ensure that the meat was being handled and transported in as clean a way as possible.

The following tables give details of food animals inspected together with the meat and offal condemned.

Animals Slaughtered at each Slaughterhouse.

Slaughterhouse	Cows	Heifers	Bullocks	Calves	Pigs	Sheep
No. 1	231	12	1	6	293	116
No. 2	91	7	—	—	—	4
No. 3	—	—	—	—	259	—
No. 4	23	3	9	—	—	—
TOTALS	345	22	10	6	552	120

**Carcases and Offal Inspected and Condemned
in Whole or in Part.**

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	32	345	6	120	552	—
Number inspected	32	345	6	120	552	—
All diseases except Tuberculosis and Cysticerci						
Whole carcasses con- demned	—	—	—	—	11	—
Carcases of which some part or organ was condemned	1	93	—	14	15	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	3·1	27	—	11·7	4·7	—
Tuberculosis only						
Whole carcasses con- demned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	5	73	—	—	22	—
Percentage of the number inspected affected with tuberculosis	15·6	21·2	—	—	4	—
Cysticercosis						
Carcases of which some part or organ was condemned	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration.....	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Meat and Offal Condemned.

BEASTS.						
Meat or Offal.			Disease.			No. Condemned.
Heads and Tongues	...	...	Tuberculosis	...	...	32
Lungs	...	...	Tuberculosis	...	...	54
Livers	...	...	Tuberculosis	...	...	12
Mesenteric Fats	...	...	Tuberculosis	...	...	16
Livers	...	...	Flukes	...	...	16
Part Livers	...	...	Flukes	...	...	58
Livers	...	...	Angioma	...	...	3
Livers	...	...	Fatty Degeneration	...	...	2
Livers	...	...	Cirrhosis	...	...	1
Livers	...	...	Abscesses	...	...	8
Udders	...	...	Abscesses	...	...	8
Udders	...	...	Mastitis	...	...	24
Udders	...	...	Bruising	...	...	1
Head	...	...	Bruising	...	...	1
Shoulder	...	...	Bruising	...	...	1

PIGS.						
Meat or Offal.			Disease.			No. Condemned.
Heads	...	...	Tuberculosis	...	...	19
Lungs	...	...	Tuberculosis	...	...	5
Mesenteric Fats	...	...	Tuberculosis	...	...	10
Lungs	...	...	Pneumonia	...	...	12
Livers	...	...	Cysts	...	...	1
Whole Carcases	...	...	Oedema	...	...	3
Whole Carcases	...	...	Paratyphoid	...	...	8
Forequarter	...	...	Pneumonia	...	...	1

SHEEP.						
Meat or Offal.			Disease.			No. Condemned.
Livers	...	...	Parasites (Strongyli)	...	...	2
Lungs	...	...	Parasites (Strongyli)	...	...	11

The disposal of condemned meat and offal was most unsatisfactory. It was necessary to dispose of it by means of tipping along with the town's refuse. Such meat was suitably stained, collected early mornings, dumped at the bottom of the tip, covered with lime and buried with the remainder of the day's tipping. This precluded any possible nuisance and reduced the dangers involved in the disposal of condemned foods to a minimum.

Food Preparing Premises, Shops and Markets.

As much time as possible is devoted to the inspection of all types of food premises, special care being devoted to those where food is prepared. The inspections were made as follows :

(a) Butchers Shops	...	...	...	...	...	162
(b) Grocers and General Dealers	...	...	...	...	...	273
(c) Fried Fish Shops	...	...	...	...	...	129
(d) Wet Fish Shops	...	...	...	...	...	24
(e) Greengrocers	...	...	...	...	...	26
(f) Bakehouses	...	...	...	...	...	145
(g) Meat Products	...	...	...	...	...	69
(h) Markets	...	...	...	...	...	173
(i) Slaughterhouses	...	...	...	...	...	229
(j) Canteens	...	...	...	...	...	36

Food Hygiene.

Much has been done in the past to raise the standard of food premises and food handling. Three series of lectures were held during the winters of 1950/51 and 1951/52 when a good proportion of the town's food handlers demonstrated their enthusiasm by attending consistently well, a Clean Food Exhibition was held, Codes of Hygiene were prepared and distributed, talks given to various bodies in the town and regular visits made to all premises where food is stored, manufactured, prepared or sold. The approach to secure a good standard of Food Hygiene then has been largely through education directed at the employer, the employee and, in a more indirect way, the customer.

By discussion, persuasion and example the reputable traders in the town have responded well by either building new premises, or improving existing buildings and by the installation of modern, hygienic equipment. Many housewives have become more conscious of the need for better food handling and they have probably contributed in some degree to the improvements which have taken place. A good number of those engaged on food handling are also acutely aware of their responsibilities and take the greatest care.

Despite all this, however, our standards of food handling, generally, are not high enough. It is of little value to say that a reasonable standard has been achieved and maintained. This could only lead to complacency and, more dangerous, retrogression. It is true to say that many food premises in your

area are reasonably good but we must continually endeavour to effect further improvements. In Food Hygiene, standards are changing all the time. What would have been accepted as "advanced" thirty years ago must now, in many cases, be regarded as obsolete.

During visits to food premises the opportunity is taken of talking to food handlers about the necessity for the protection of food from all sources of contamination and the maintenance of scrupulous cleanliness in relation to all equipment and all parts of the building. It has always been felt that this is the most effective method of achieving results. Unfortunately it is not possible to devote sufficient time to this very important part of the work.

The public are showing increasing awareness of what is being done to render food supplies clean and safe but there is such a lot more which could be done. Customers should draw attention to any malpractice they see, be critical and unafraid of voicing such criticism of dirtiness, or carelessness in shops, canteens and restaurants. The trader who is genuinely concerned about conditions in his business will not be afraid of any such criticism. It is true to say that the standard of Food Hygiene will be as high as the public asks for.

During the year we were promised new Food Hygiene Regulations made under the Food and Drugs Act, 1955. The original draft of these Regulations gave every hope of achieving a really good standard of food handling. However, some of the original proposals were withdrawn at various stages in the discussions and this gave rise to wide disappointment. The final form of the Regulations which was received in December represented but a modest increase in control measures.

In two canteens major improvements were made during the year. In one case this involved the reconstruction of a wall, installation of new cooking equipment, tables, sterilising sink unit, refrigerator etc., and in the other, a new floor was constructed. In one other canteen, which was not considered satisfactory, minor improvements were made. This was done because it was known that the canteen would be closed during the year. A good standard of cleanliness was maintained throughout the year. In a restaurant in the town improvements to walls, counters, floors etc., were made in the kitchen and the snack bar.

Major improvements were carried out in six food premises and in twelve others there were improvements of a minor character. It is pleasing to note the steady increase in the number of businesses being equipped with refrigerators.

Ice-Cream—Manufacture and Sale.

There are within your district 3 premises registered for the manufacture of ice-cream.

In addition there are 48 shops registered for the sale of pre-packed ice-cream only, which is stored in refrigerators. The wisdom of encouraging the sale of wrapped ice-cream from shops is undeniable and obviously ensures that this popular commodity is retailed in safe, clean conditions.

74 samples of ice-cream were obtained during the year and the results of the examination of these samples are shown below.

	Total Number of Samples	Provisional Grades			
		1	2	3	4
Manufacturer No. 1	7	7	—	—	—
Manufacturer No. 2	11	7	1	1	2
Manufacturer No. 3	9	9	—	—	—
Manufacturer No. 4	4	2	—	1	1
Manufacturer No. 5	9	9	—	—	—
Manufacturer No. 6	9	9	—	—	—
Manufacturer No. 7	7	6	—	—	1
Manufacturer No. 8	10	6	3	1	—
Manufacturer No. 9	2	1	—	—	1
Manufacturer No. 10	5	5	—	—	—
Manufacturer No. 11	1	1	—	—	—
TOTALS	74	62	4	3	5

As shown in the above table the Grade 4 samples concerned 4 manufacturers, 3 of whom are not in your area. In all cases, after thorough investigation, it was found that faulty storage was the cause of the trouble. Stocks concerned were withdrawn and subsequent samples were placed in Grade I.

Unsound Food.

Quantities of foodstuffs which were inspected and found to be unfit were disposed of according to circumstances. A detailed list of food so condemned is shown below.

					lbs.	ozs.
Flour	...	...	...	...	216	0
Butter	...	...	...	...	5	8
Bacon	...	...	...	...	39	8
Steak	...	...	...	...	34	14

				lbs.	ozs.
Tongues	...	...	...	65	7
Hams	...	...	...	181	15
Luncheon Meat	...	...	...	31	1
Other Canned Meats	...	...	...	196	0
Canned Fish	...	...	...	31	3 $\frac{3}{4}$
Canned Tomatoes	...	...	...	80	2 $\frac{1}{2}$
Canned Vegetables	...	...	...	95	4
Canned Fruit	...	...	...	122	8 $\frac{3}{4}$
Canned Milk	...	...	...	24	4
Sausages	...	...	...	57	8
Cheese	...	...	...	80	14
Mixed Goods (tins, jars & packets)	...	...	...	72	14 $\frac{3}{4}$
Pink Shrimps	...	...	...	7	0
Apples	...	...	...	12	0
Angel Cake	...	...	...	41	8
Dried Egg Albumin	...	...	...	24	12

Water Supply.

The Dearne Valley Water Board is the water undertaking for this area and water supplied by them is of a good bacteriological standard. Samples are taken regularly in different parts of the area.

During the year a number of properties in the town were found upon investigation to have an inadequate supply. Action was taken to secure an improvement in all cases discovered, some requiring the scraping and pressure cleaning of the service but in most cases it was necessary to have larger diameter services installed.

Of 5834 occupied houses in the township 5828 are on the public supply. 18,928 people occupy these 5828 houses. The remaining 6 houses have water laid on from private supplies. In all cases, except one farmhouse, water is laid on direct to the houses.

Additional water mains were laid on to serve new houses as they were erected in the Council's Housing Estate at Wilson Street, in Lundhill Road where new houses are being erected by Private Enterprise and at Welland Crescent where houses were erected by the Coal Industry Housing Association.

An event which could have had serious repercussions occurred one night at Bradbury Balk Lane, Wombwell. During the course of work on the water main in Barnsley Road, it

was found that a drain in close proximity to the main was broken and sewage was gaining access to the water supply for over 100 houses, one colliery and one coke oven plant. The main was immediately repaired, all persons in the area responded well to a warning to boil all water and the Dearne Valley Water Board's Chemist treated the water remaining in the main heavily with chlorine. Tests were made the following day and the water was found to be satisfactory.

Atmospheric Pollution.

During the year 31 observations were made and smoke of such colour and density as to constitute a nuisance was emitted at Wombwell Main Colliery boiler chimneys, Mitchell Main Coking Plant boiler chimney and the coke ovens and Wombwell Public Baths boiler chimney.

There are at Wombwell Main Colliery three chimneys, two serving the twelve Lancashire boilers and one connected with the brick kilns. During the year constant observation was kept on all these chimneys and only in the case of one chimney was there cause for complaint. This occurred in the early part of the year. The work of converting these boilers to automatic stoking was completed in April and the number of boilers in use was reduced to six. These were fitted with the low-ram type of automatic stoking along with moving fire-bars. This produced a spectacular reduction in the amount of smoke being emitted at this plant. Two other boilers are kept ready for use in case of emergency. These have not yet been fitted with automatic stoking equipment. Credit is due to the Unit Engineer in that he continues to experiment in order to produce a higher level of efficiency.

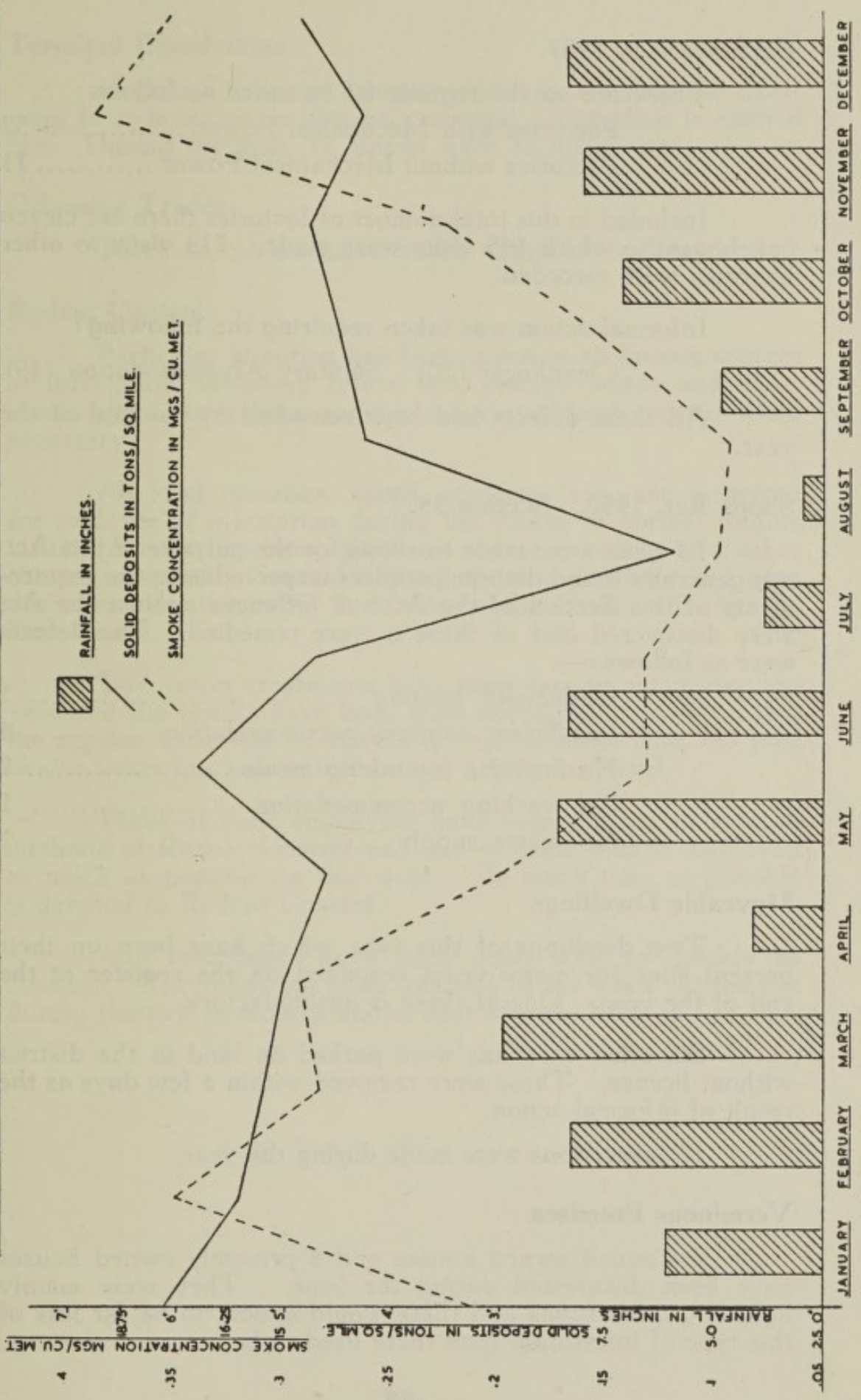
The nuisance arising at Mitchell Main Coking Plant continued to cause great anxiety. Again, regular approaches were made to the management concerning the black smoke from the boiler chimney and the heavy pollution arising from the coke ovens. Every time an oven is "pushed" dense clouds of black smoke, sulphurous gases and grit arise, and, being evolved at a comparatively low level, these clouds frequently sweep through the houses in the nearby densely populated area of Bradbury Balk Lane, Hammerton Street, Myers Street, Mitchells Terrace and Mitchells Pit Yard. In trying to maintain a high level of production, the ovens are being pushed before carbonisation is complete and this produces the unsatisfactory result described above. Frequent requests are made to have this nuisance reduced but it is understood that this plant will probably close down in 1956 and no major improvements could be contemplated.

Complaints were again received concerning the boiler chimney at the Public Baths. The Public Baths is in the centre of the town and the chimney is much too low. A better grade fuel was being used but falling soot and ash were still the subject of complaint. Consideration should be given to the installation of a smaller, more efficient boiler, probably gas-fired.

During the year the spoil bank at Mitchell Main showed no evidence of over-heating, there was slight evidence at Wombwell Main but this was quickly brought under control by the use of water sprays, but at Darfield Main the spoil bank adjoining Littlefield Lane continued to cause offence. Great efforts were made throughout the year to control the fire but despite using large quantities of water and sand and cutting the tip into sections by means of a bulldozer, the nuisance continued. There was, however, some reduction in the severity of the fire and there was a possibility that it would be extinguished completely early in 1956.

Readings were again taken throughout the year from the apparatus set up for the measurement of atmospheric pollution. Three graphs have been prepared and are shown on the following page. This shows the total deposits per square mile, the concentration of smoke per cubic metre and the rainfall in inches.

ATMOSPHERIC POLLUTION IN WOMBWELL URBAN DISTRICT 1955.



Factories Act, 1937.

There are on the register 63 factories as follows:

Factories with Mechanical Power	52
Factories without Mechanical Power	11

Included in this total number of factories there are eleven bakehouses to which 145 visits were made. 214 visits to other factories were recorded.

Informal action was taken requiring the following:

Cleanliness (10). Sanitary Accommodation (19).

All these defects had been remedied by the end of the year.

Shops Act, 1950. Section 38.

73 visits were made to shops for the purpose of this Act. It is generally found that the premises inspected meet the requirements of this Section of the Act. 9 Offences against the Act were discovered and of these 6 were remedied. The defects were as follows:—

Inadequate heating	1
Insufficient sanitary accommodation	4
No facilities for taking meals	2
No washing accommodation	1
No water supply	1

Moveable Dwellings.

Two dwellings of this type which have been on their present sites for many years remained on the register at the end of the year. One of these is unsatisfactory.

Six other caravans were parked on land in the district without licence. These were removed within a few days as the result of informal action.

19 inspections were made during the year.

Verminous Premises.

4 Council owned houses and 8 privately owned houses have been disinfested during the year. They were mainly light bug infestations and there would appear to be far less of this type of infestation than there used to be.

Terminal Disinfection.

In certain cases of infectious disease, whether the treatment is at home or in hospital, terminal disinfection is carried out. During the year 32 houses were so disinfected.

Offensive Trades.

There are no offensive trades within your district.

Rodent Control.

Particular attention has been given to all known sources of infestation, including refuse tips, sewage works and allotments which have been regularly surveyed and treated when necessary.

All food premises, shops, canteens, etc., are inspected for evidence of infestation during the course of normal routine visits. Advice has been given on rodent proofing and other control measures. Several minor infestations of mice had been discovered in this way and successfully dealt with by the Department.

Two sewer treatments have been carried out during the year and the results have been most encouraging showing that the regular treatment of sewers in your District over the past twelve years has kept infestation at a very low level.

Three of your employees have been trained in modern methods of Rodent Control and one of these men is employed as much as possible on this work. As much time as possible is devoted to Rodent Control.

Any complaints have been dealt with as quickly as possible. The following is an analysis of the work carried out during the twelve months ended 31st March, 1956.

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				(5) Agri- cultural
	(1) Local Auth- ority	(2) Dwelling Houses (inc. Council Houses	(3) All other (inc. Business Premises	(4) Total of Cols. (1) (2) & (3)	
1. Number of properties in Local Authority's District	14	5834	324	6172	27
2. Number of properties inspected as a result of :					
(a) Notification	—	40	9	96	—
(b) Survey under the Act	14	574	18	606	16
(c) Otherwise (e.g. when visited primarily for some other purpose)	—	—	220	220	9
3. Total inspections carried out — including re inspections (to be completed only if figures are readily available)	187	614	730	1531	25
4. Number of properties inspected (in Section 2) which were found to be infested by :					
(a) Rats { Major	—	—	—	—	—
{ Minor	9	105	4	118	5
(b) Mice { Major	—	—	—	—	—
{ Minor	1	35	5	41	—
5. Number of infested properties (in Section 4) treated by the L.A. (Figures should NOT exceed those given at Section 4)	10	140	9	159	—
6. Total treatments carried out—including re-treatments (To be completed only if figures are readily available)	15	144	9	168	—
7. Number of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. proofing)	—	—	—	—	—
8. Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
9. Legal Proceedings	—	—	—	—	—
10. Number of "Block" Control schemes carried out	—	—	—	—	—

Hairdressers and Barbers.

Since the Council made Byelaws in 1953, 22 premises have been registered. 31 inspections were made during the year and, with one exception, a reasonably good standard was maintained.

Public Conveniences.

No new buildings were erected during the year and there is still need for further and improved public conveniences.

The Ladies' and Gentlemen's conveniences in Station Road were built over thirty years ago and they do not measure up to modern requirements. The walls which consist of glazed bricks are badly discoloured and crazy, the floors are unsatisfactory and there are no washing facilities. Public conveniences are also required in other parts of the town.

Every effort is made to maintain the conveniences in a clean and efficient condition at all times but considerable difficulty is experienced in achieving this due to the gross amount of wilful damage done to equipment and fittings. Appeals to the public to safeguard public property appear to have little effect.

Closet Accommodation.

Type of Convenience	Number	Percentage
Water Closets	7030	99.39
Pail Closets	25	.36
Privy Middens	18	.25

204 W.C.s. were constructed for new houses and other property and 14 additional W.C.s. were provided for old property.

PUBLIC CLEANSING, 1955.

Collection.

This service is carried out entirely by the Council's own employees and four vehicles are employed. They are all special purpose, side-loading vehicles, three having a capacity of 3 tons and the other one 2 tons. All four lorries are well-maintained, kept well-painted and clean and are a credit to the township.

With very little exception a weekly collection was maintained throughout the year. Extreme difficulty was

experienced at times due to the shortage, or unsuitability of labour. This is obviously a great handicap which is accentuated during holiday and sickness periods. In order to ensure that the work was carried out the council authorised the working of overtime on Saturday morning during the summer and during the week in the winter.

The staff engaged on these duties are provided with Donkey Jackets, overalls, gloves and protective barrier cream.

The weighing of refuse was continued and this makes for greater accuracy in the compilation of the following statistics.

During the year 3112 loads of refuse were collected as follows:—

Type of Vehicle	No. of Loads	No. of Tons	No. of Working Days	Daily Average Loads	Daily Average Weight Tons
No. 1, Lorry. 40 cwt.	357	803	251	1.42	3.20
No. 2, Lorry. 60 cwt.	938	2814	285	3.29	9.87
No. 3, Lorry. 60 cwt.	827	2481	288	2.87	8.61
No. 4, Lorry. 60 cwt.	990	2970	295	3.36	10.07

It is estimated that 3112 loads weighed 9068 tons.

The estimated weight collected per 1,00 premises was 1,504.31 tons.

The estimated weight collected per 1,000 population was 478.52 tons.

The average estimated amount of refuse collected from each house during the year was 1 ton 10.1 cwts.

Disposal.

The whole of the town's refuse is disposed of by controlled tipping and it is possible this year to give a much more optimistic report than has been possible for many years.

Since the Council authorised the purchase of an angle-dozer and scraper for the purpose of controlling the disposal of town's refuse, the work has been carried out far more satisfactorily than had previously been possible.

Top soil is removed before land is tipped on, the refuse is consolidated in comparatively thin layers and the soil replaced on top of the refuse. In following this procedure there has been a noticeable reduction in the amount of insects and vermin, there is less tendency to fire, there is less danger to vehicles running over the tip and the use of sleepers has been eliminated. The cost of disposal of refuse has risen but the benefits accruing from the introduction of mechanical control outweigh the increase.

The exposed face of the tip was treated regularly with powdered insecticide and there was no appreciable trouble from flies, crickets or woodlice.

The refuse was disposed off as follows:—

Place	Number of Loads	Percentage
Brampton Road	3112	100

	Collection		Disposal		Total	
	£	s. d.	£	s. d.	£	s. d.
Cost per estimated ton		16 4		4 4		1 0 8
Cost per 1,000 population	391	0 7	103	4 2	494	4 9
Cost per 1,000 premises	1229	5 2	324	9 7	1553	14 9
INCOME	1678	0 0	90	0 0	1768	0 0
NETT COSTS	7410	0 0	1956	0 0	9366	0 0

Cleansing Costs.

The rate required for Public Cleansing (Street Cleaning excluded) was 2s. 8·6d.

Municipal Dust Bin Scheme.

Since the Council undertook to supply refuse bins to domestic premises under Section 75(3) of the Public Health Act, 1936, 2376 worn out bins have been replaced, 481 during the year under review.

There is little doubt that the operation of such a scheme as this is beneficial in many ways and the fact of having a good standard of refuse storage accommodation has been one of the factors in maintaining a weekly collection of domestic refuse.

Trade Refuse.

The Council has arrangements to remove trade refuse from 24 different premises. Such refuse is cleared twice weekly

and when circumstances necessitate it, butchers' and fish-mongers' waste is removed more frequently.

Sanitary Inspection of District.

A total of 1090 inspections were made to investigate nuisances and 1597 re-visits were recorded.

497 Informal Notices were served in connection with the above and 434 were compiled with. 63 relating to 63 nuisances were carried forward.

The following defects were remedied after the service of informal or formal notices, or after interview with the persons concerned.

Repairs to Houses.

Made dry—Roof	...	...	...	...	94
Made dry—Spouting	...	...	...	...	98
Made dry—Pointing or Structural Plaster	...	...	...	...	37
Damp proof course inserted	...	...	...	...	17
Plasterwork repaired	...	...	...	...	104
Floors repaired	...	...	...	...	42
Window frames repaired or renewed	...	...	...	...	44
Door frames and Doors repaired or renewed	...	...	...	...	61
Fireranges repaired or renewed	...	...	...	...	78
Firebacks repaired or renewed	...	...	...	...	47
Coppers reset or renewed	...	.....	...	...	15
Copper firegrates renewed	...	...	...	...	22
Sinks renewed	...	...	...	...	45
Sash cords renewed	...	...	...	...	37
Chimneys repaired	...	...	...	...	32
Handrails fixed	...	...	...	...	4

Drainage.

Drains reconstructed, repaired or opened out	...	...	...	45
Sink waste pipes repaired or renewed	...	...	...	49
Inspection chamber covers renewed	...	...	...	17
Sink gullies renewed	...	...	...	32
Vent shafts provided or repaired	...	...	...	11
Inspection chambers constructed	...	...	...	13

Sanitary Accommodation.

Water Closet fittings repaired or renewed	...	...	...	125
Water Service pipes repaired	...	...	...	107
Water Closet structural repairs	...	...	...	37

Dust bins renewed or provided	...	...	...	584
Additional Sanitary Accommodation	...	...	...	18

Miscellaneous.

Yards paved or pavements renewed	...	...	...	41
Larger diameter water services installed	...	...	...	50
Steps repaired	...	...	...	8
Accumulations of refuse cleared	...	...	...	24
Boundary walls and screen walls rebuilt	...	...	...	9
Water services repaired	...	...	...	16
Verminous houses cleansed	...	...	...	12
Permanent ventilation provided	...	...	...	7
Animals kept so as to be a nuisance	...	...	...	32
Food stores provided	...	...	...	4
Coal stores provided	...	...	...	86
Taps renewed	...	...	...	11

Referred to other Departments :

Water Board ... 32. Surveyor ... 41.

79 of the above matters were dealt with by statutory notices where owners or persons concerned failed within a reasonable time to abate nuisances or to execute works required.

69 of these notices were served under the Public Health Act, 1936, 32 relating to nuisances, 12 to sanitary accommodation, 9 to the provision of drainage and 16 to the paving and drainage of yards.

58 of these notices had been complied with at the end of the year. It was not necessary in any case to resort to Court Action but in 4 cases the work was carried out in default of the owner.

10 notices relating to inadequate water supply were served under the Public Health Act and Water Act, 1945. All had been complied with at the end of the year.

Salvage Reclamation.

The gross income derived from salvage during the year ended 31st March, 1956, was £1658/5/2d. There was again a rise in the amount of materials salvaged and since the prices remained fairly steady an increase in revenue of £349/8/8d. can be considered as highly satisfactory.

The following table gives details of articles salvaged together with the amounts received for them.

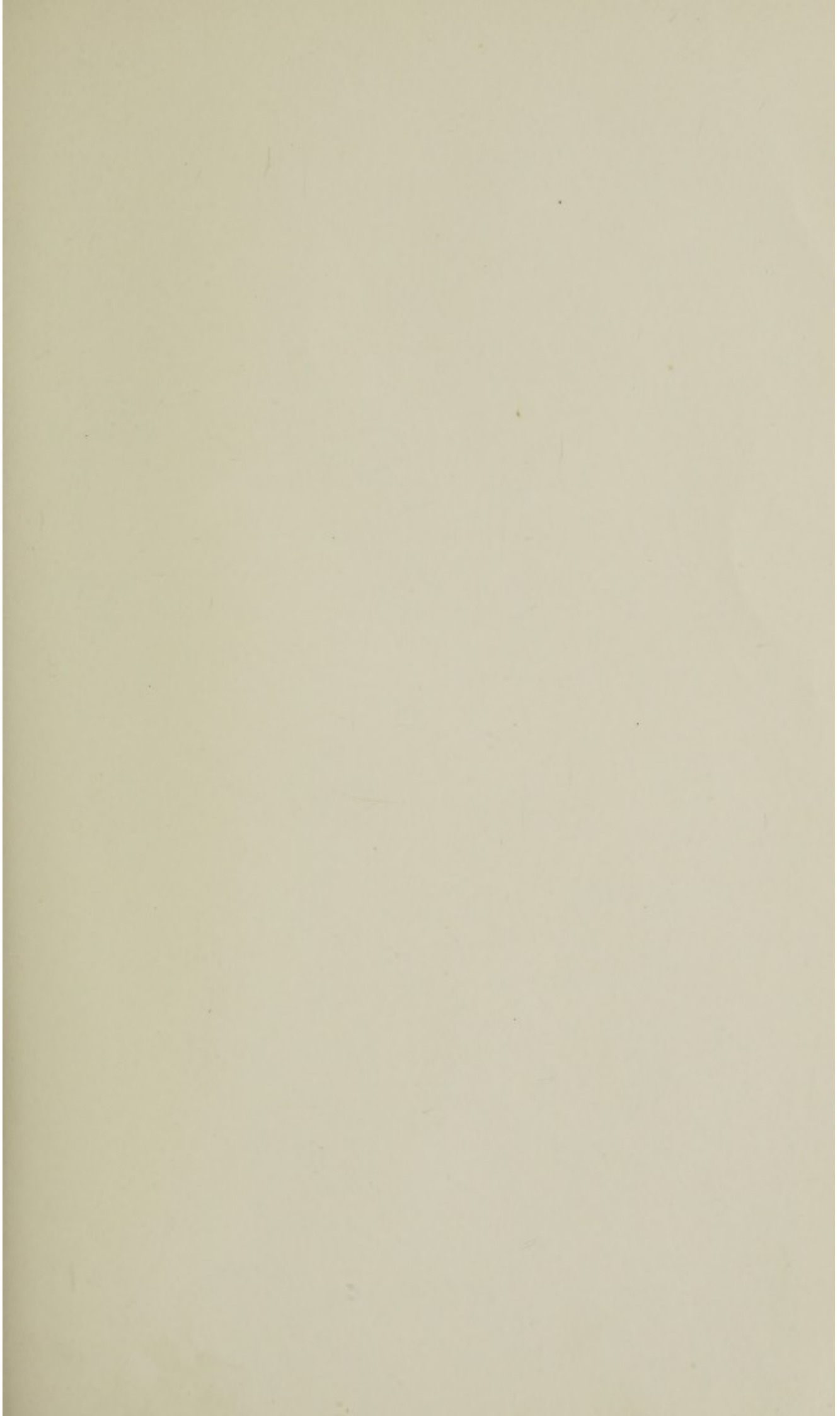
Salvaged Materials	Weight				Value		
	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	155	16	3	—	1427	7	0
Textiles	4	17	1	1	106	15	11
Ferrous Metals	10	15	3	—	51	9	11
Non-ferrous Metals ...	—	15	2	11	72	12	4
TOTALS ...	172	5	1	12	1658	5	2

The salvage of waste paper was commenced by the Department in 1940. Since that time to the end of March, 1956, 1764 tons of waste paper have been collected. The income derived from these sales amounts to £13,627.

Your obedient servant,

J. FINNEY,

Chief Sanitary Inspector and
Cleansing Superintendent.



The following table gives a summary of the results of the experiments conducted during the period from 1940 to 1942.

Year	Number of Experiments	Number of Successful Experiments	Percentage of Successful Experiments
1940	10	6	60%
1941	15	9	60%
1942	20	12	60%

The results of these experiments are summarized in the following table. It will be seen that the percentage of successful experiments is consistently high, and that the number of successful experiments increases with the number of experiments conducted.

APPENDIX

CONTENTS

