

[Report 1948] / Medical Officer of Health, Worsbrough U.D.C.

Contributors

Worsbrough (England). Urban District Council.

Publication/Creation

1948

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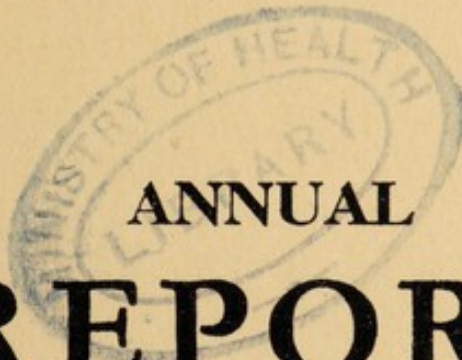
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ANNUAL
REPORT

of the

MEDICAL OFFICER OF HEALTH
AND SANITARY INSPECTOR

for the Year 1948

WOMBWELL

A. TAYLOR AND SONS, LTD., STATION ROAD



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WORSBOROUGH URBAN DISTRICT COUNCIL.

ANNUAL REPORT

for the year ending 31st December, 1948.

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

Gentlemen,

The year saw the introduction of the National Health Service Act, an Act which while affecting your powers as an Urban District Council but little, affected the lives of the people in your district and the conduct of medical practice so greatly that mention of the Act cannot be omitted from my Annual Report. The broad outlines of the Act are now so well known that re-iteration here is unnecessary and it is too early to assess accurately whether the working of the Act has proved successful or otherwise. In my opinion the Act is essentially sound in its fundamental principles and will prove to be one of the most important milestones in the progress of medicine. Considering the changes in medical practice wrought by the Act its introduction could not be expected to be free from difficulty and it is indeed surprising, and at the same time a matter for congratulation, that the difficulties so far experienced have not been greater. The difficulties encountered have not yet all been solved satisfactorily and it must be expected that further difficulties might arise in the future. Experience, however, is the great teacher and providing the principles of the Act are adhered to when the details of its administration are being worked out and providing the co-operation of all is sought and obtained, I am certain that eventually the real greatness of the Act will be proved. It is unfortunate that the phrase "free medical service" was so widely applied at the commencement of the scheme. Such a comprehensive service must obviously be costly, though the cost is evenly apportioned throughout the population. It is well to realise, however, that the ultimate success will depend on the careful and intelligent use of the service by all.

The Vital Statistics for the year were generally satisfactory and showed an improvement on those for the previous year. The Birth Rate was increased and the Death Rate lowered, the former again being higher and the latter again lower than the rates for the country as a whole. It was necessary in my last Annual Report to draw your attention to the unsatisfactory Still Birth Rate and Infant Mortality Rate which then existed and I am glad to record appreciable improvement in both rates in 1948 and particularly in the Still Birth Rate. The Infant Mortality Rate, however, which still remains higher than that for England and Wales, gives no grounds for complacency and efforts must be continued to remove those social factors which contribute to a high infant death rate and to further the spread of health education among parents. The subject of Infant Mortality will be discussed in greater detail elsewhere in the report.

The Birth Rate for the year was 21.6 per 1,000 population as compared with 21.5 for 1947 and 17.9 for England and Wales. The fall in the Birth Rate for England and Wales was very significant, from 20.5 per 1,000 population in 1947 to 17.9 in 1948 and reflects, I believe, in a large measure the unsatisfactory housing conditions which generally exist, particularly for young married couples. The maintenance of a high birth rate in your district is worthy of note. The Death Rate was 9.4 per 1,000 population as compared with 11.8 for 1947 and 10.8 for the country as a whole. The actual number of deaths for all ages in the district was 132 while the total number of live births was 303 giving a natural increase of births over deaths of 171.

Notifiable Infectious Diseases increased from 362 in 1947 to 452 last year. Measles, with 248 cases, and Whooping Cough with 122 cases accounted for the bulk of the notifications, the incidence of other notifiable infectious diseases was relatively low. Infectious Diseases will be discussed in greater detail later in the Report.

I would like to take the opportunity to thank the Chairman and members of the Health Committee for their support and for their continued interest in all matters relat-

ing to the health of the district, my divisional health staff for their willing assistance in building up the divisional administration and your Chief Sanitary Inspector, Mr. Lyndon Dove, for the loyal co-operation and support he has always so readily given me. He has prepared that part of the report dealing with the Sanitary Circumstances of the district.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health.

SECTION A.

Statistics and Social Conditions.

Area	3,420 acres
Census figure, 1931	12,490
Registrar General's estimate of population mid 1948	14,010
Number of inhabited houses according to Rate Book	3,904
Rateable Value	£47,654
Nett product of a Penny Rate : £183 14s. 0d.	

Coal mining is the principal occupation of the population. One further industry, a burling and mending factory employing 30 persons, mainly women and girls, was added to the industrial life of the district during the year and building has started on a new and larger factory by the same firm which should be completed and in operation by the end of this year. Such industries, however small, must be welcomed as they not only aid the economic life of the district but provide employment in good working conditions for many young persons.

VITAL STATISTICS.

Live Births.

	Male	Female	Total
Legitimate	126	157	283
Illegitimate	11	9	20
TOTALS	137	166	303

The number of live births registered shows an increase of 11 over the previous year with a birth rate of 21.62 per 1,000 estimated population as compared with 21.50 for 1947. The birth rate for England and Wales as a whole was 17.9 per 1,000 estimated population.

Still Births.

	Male	Female	Total
Legitimate	5	1	6
Illegitimate	—	—	—
TOTALS	5	1	6

The Birth Rate (live and still) per 1,000 of the estimated population was 22.05.

The Still Birth Rate was 0.42 per 1,000 estimated population, a considerable reduction on the rate for 1947 when it was 1.10 per 1,000 estimated population. The still birth rate for England and Wales was 0.42. If adequate ante-natal care in its widest sense and not merely attendance at the ante-natal clinic is accepted by all expectant mothers the still birth rate can be maintained at a low level. The importance of this unfortunately is not yet fully realised or accepted by all expectant mothers, but clinic medical officers and midwives will continue to stress this vital aspect of health education at every opportunity.

Deaths.

The Death Rate per 1,000 estimated population was 9.42 as compared with 11.8 for the previous year and with 10.8 for the country as a whole. Reduction in the number of deaths from cardiac diseases, pneumonia and nephritis was noted but there was an increase in the number of deaths due to Tuberculosis and Cancer. Statistics relating to the causes and age at death are given in the following tables :

	Deaths	Rate per 1,000 total (live and still) Births
Deaths from Puerperal Causes :		
Puerperal Sepsis	0.00	0.00
Other Puerperal causes ...	0.00	0.00
It is pleasing to record that no deaths due to maternal causes occurred.		
Death Rate of Infants under 1 year :		
All infants per 1,000 live births	12	39.6
Legitimate Infants per 1,000 legitimate live births ...	10	35.33
Illegitimate Infants per 1,000 illegitimate live births ...	2	100.00
Deaths from Diarrhoea (under 2 years of age) ...	2	
Rate per 1,000 population		0.14
Rate per 1,000 live births		6.60
Deaths from Measles (all ages)		1
Deaths from Whooping Cough (all ages)		2
Deaths from Cancer (all ages)		22

Deaths in Age Groups.

	Males	Females	Total
Under 1 year	4	8	12
1—5 years	1	1	2
5—10 „	—	2	2
10—15 „	1	—	1
15—20 „	1	4	5
20—25 „	3	—	3
25—35 „	1	2	3
35—45 „	5	3	8
45—55 „	3	4	7
55—65 „	9	13	22
65—70 „	9	5	14
70—75 „	14	3	17
75—80 „	7	8	15
80—85 „	11	7	18
85—90 „	1	—	1
90 and over	1	1	2
TOTALS	71	61	132

Infantile Mortality Rate.

The following table shows the infantile death rates for the past 10 years.

1939 ...	63.29	1944 ...	66.22
1940 ...	59.47	1945 ...	35.58
1941 ...	70.70	1946 ...	35.08
1942 ...	59.47	1947 ...	44.52
1943 ...	62.28	1948 ...	39.60

The infantile mortality rate for England and Wales last year was 34 per 1,000 estimated population, the lowest figure ever recorded for the country. The Neo-Natal Mortality Rate (i.e. the mortality rate during the first month of life) for Worsborough was 13.20 per 1,000 registered live births as compared with 23.97 for the previous year. An analysis of the ages and causes of death of infants under the age of one year reveals some interesting facts. The reduction in the infantile mortality rate was entirely due to the reduction in the number of deaths in

infants in the first month of life with 4 deaths only in this group as compared with 7 deaths in 1947. The number of deaths between the ages of 1 month and 1 year rose in 1948 to 8 as against 6 in the previous year. The first question which immediately arises to the mind in every case of death of an infant is whether the death was preventable, a question which is never easy to answer with certainty and at the same time with fairness. The two cases of Tuberculous Meningitis were almost certainly of human origin as both infants were reputed to have been wholly breast-fed. Though all the known contacts were examined and X-ray films taken of the lungs, all proved negative and the source of the infection in both cases was not traced. Whether Measles and Whooping Cough deaths in infants can be prevented remains a matter of medical opinion and controversy though it is very certain that the ideal prophylactic for either disease has not yet been produced. We move further from the realm of medical controversy when deaths in infants from gastro-enteritis are considered. The incidence of this disease, which is on the increase, is directly related to the incidence of breast feeding, the disease being much more common in bottle-fed than in breast-fed babies. One investigation indeed found the ratio to be as high as 20:1. Whatever the causes, which are certainly more social than medical, the fact remains that the practice of breast-feeding throughout the country has declined to a deplorably low level and your district is no better than the average. The prevention of gastro-enteritis in infants must start by tackling the job of increasing the incidence of breast-feeding and every effort is made at maternity and child welfare clinics to drive home this truth. The effects of the last war and the present socio-economic conditions make the prospect of any spectacular recovery rather remote but the subject is so important that no effort is too great even though the results may be comparably small.

INFANTILE MORTALITY IN 1948.

Nett deaths from stated causes under one year of age.

Causes of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Premature Birth, Malformation, etc.	3	1	...	...	4	...	...	...	...	4
Tuberculous Meningitis	...	...	...	...	0	...	2	...	...	2
Pneumonia ... ..	...	...	...	...	0	...	1	...	...	1
Measles ... ..	...	...	...	...	0	...	...	1	...	1
Bronchitis ... ..	...	...	...	...	0	...	...	...	...	0
Whooping Cough ...	...	...	...	...	0	...	...	1	1	2
Enteritis & Diarrhoea	...	...	...	...	0	1	1	...	...	2
Other Causes ... ..	...	...	...	...	0	...	...	...	...	0
Totals ...	3	1	...	...	4	1	4	2	1	12

CAUSES OF DEATH IN 1948.

CAUSES OF DEATH	Males	Females
All Causes	71	61
1. Typhoid and paratyphoid fevers	—	—
2. Cerebro-spinal fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	2
5. Diphtheria	—	—
6. Tuberculosis of respiratory system ...	6	5
7. Other forms of Tuberculosis	2	2
8. Syphilitic Diseases	—	—
9. Influenza	—	—
10. Measles	1	—
11. Acute Poliomyelitis & Polio-encephalitis	—	1
12. Acute infantile encephalitis	—	—
13. Cancer of buc: cav: and œsoph: (M) uterus (F)	—	—
14. Cancer of stomach and duodenum ...	4	—
15. Cancer of breast	—	—
16. Cancer of all other sites	10	8
17. Diabetes	—	—
18. Intracranial vascular lesions	7	4
19. Heart Diseases	14	15
20. Other diseases of circulatory system ...	6	2
21. Bronchitis	4	1
22. Pneumonia	1	3
23. Other respiratory diseases	1	—
24. Ulcer of Stomach or duodenum	1	—
25. Diarrhoea, under 2 years	—	2
26. Appendicitis	—	—
27. Other digestive diseases	—	2
28. Nephritis	1	—
29. Puerperal and post-abortion; sepsis ...	—	—
30. Other maternal causes	—	—
31. Premature birth	—	1
32. Cong mal: birth inj: infant: dis: ...	1	2
33. Suicide	1	1
34. Road traffic accidents	—	—
35. Other violent causes	1	—
36. All other causes	10	10

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rates and Case Rates for certain Infectious diseases in the year 1948.

England and Wales, London, 126 Great Towns and 148 Smaller Towns.
(Provisional Figures based on Weekly and Quarterly Returns).

	Worsbro' U.D.C.	England and Wales	126 C.B.'s & great towns including London	148 smaller towns resident population 25,000 - 50,000 at 1931 census	London Adm. County
Rate per 1,000 civilian population					
Births:					
Live	21.6	17.9	20.0	19.2	20.1
Still	0.42	0.42	0.52	0.43	0.39
Deaths:					
All causes	9.42	10.8	11.6	10.7	11.6
Typhoid and paratyphoid Fever ...	0.00	0.00	0.00	0.00	0.00
Pneumonia	0.28	0.41	0.38	0.36	0.54
Whooping Cough	0.14	0.02	0.02	0.02	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.01
Influenza	0.00	0.03	0.03	0.04	0.02
Smallpox	0.00	0.00	0.00	0.00	0.00
Tuberculosis	1.07	0.51	0.59	0.46	0.63
Poliomyelitis	0.07	0.01	0.01	0.01	0.00
Notifications:					
Typhoid Fever	0.00	0.01	0.00	0.01	0.00
Paratyphoid Fever	0.00	0.01	0.01	0.01	0.01
Cerebro-Spinal Fever	0.00	0.03	0.03	0.02	0.03
Scarlet Fever	1.78	1.73	1.90	1.82	1.37
Whooping Cough	8.70	3.42	3.51	3.31	3.13
Diphtheria	0.14	0.08	0.10	0.09	0.10
Erysipelas	0.56	0.21	0.23	0.21	0.22
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	17.70	9.34	9.75	8.84	9.17
Pneumonia	2.06	0.73	0.84	0.60	0.57
Poliomyelitis	0.00	0.04	0.05	0.04	0.04
Puerperal Pyrexia	0.00	6.89	8.90	4.71	7.34
Rates per 1,000 Live Births					
Deaths under 1 year of age	40	34	39	32	31
Deaths from Diarrhoea & Enteritis under 2 years of age	0.14	3.3	4.5	2.1	2.4
Maternal Mortality:	Rate per 1,000 Total Births (Live and Still)			Rates per million women aged 15-44	
	Worsbro' U.D.	Eng. & Wales			
Abortion with sepsis	0.00	0.11		9	
Abortion without sepsis	0.00	0.05		4	
Puerperal Infection	0.00	0.13			
Other maternal causes	0.00	0.73			

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1948.

Based on Registrar General's Figures.

	Worsborough Urban District	Aggregate West Riding Urban Districts	West Riding Admin. County	England & Wales (provisional figures)
Birth Rate (per 1,000 estimated pop.) ...	21.6	18.3	18.5	17.9
Death Rates (all, per 1,000 estimated pop.)				
All Causes	9.4	11.8	11.3	10.8
Zymotic Diseases (7 principal)	0.36	0.12	0.12	not available
Tuberculosis of respiratory system	0.78	0.37	0.37	0.44
Other forms of Tuberculosis	0.29	0.07	0.07	0.07
Respiratory diseases (excluding tubercu- losis of resp. system)	0.71	1.34	1.29	not available
Cancer	1.57	1.83	1.74	1.86
Heart & circulatory diseases	2.64	3.98	3.73	not available
Infant Mortality (Deaths under 1 yr. per 1,000 live births)	40	38	39	34
Diarrhoea (Deaths in infants under 2 yrs. of age per 1,000 live births)	6.60	4.17	4.38	3.3
Maternal Mortality (Deaths of Mothers in childbirth per 1,000 live and still births)				
Puerperal sepsis ...	—	0.09	0.10	0.24
Other Causes	—	1.02	1.05	0.78
TOTAL	—	1.11	1.15	1.02

SECTION B.

General Provision of Health Services in the Area.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health : Dr. R. S. Hynd, M.B., Ch.B.,
D.P.H.

Chief Sanitary Inspector : Lyndon Dove, Cert. S.I.B.,
M.S.I.A., Certificated Inspector of Meat and other
foods.

Pupil Assistant : William Wadsworth.

Clerk : Marion Ollerton.

The coming into operation of the National Health Service Act on 5th July, 1948, wrought a revolutionary change in hospital control and administration without affecting the immediate hospital facilities for the public. From that date all hospitals whether voluntary or municipal, general or special, became under the control of Regional Hospital Boards, the hospitals serving your district being administered by the Sheffield Regional Hospital Board. Much has been said and written on the desirability or otherwise of such a change and the issue has often been clouded by confusing side-effects with principles. The principle of bringing all hospitals under unified control is I believe essentially sound and providing common sense and foresight is used by the management committees and the personal element in hospital administration is never forgotten the ultimate result must be for the common good. One authority has now the responsibility for surveying the hospital facilities for all types of diseases and hospital medicine for the first time is being considered as a whole instead of piece-meal as in the past. Better use of the available specialists can now be made with the grouping together of hospitals and eventually it should be possible to build up the medical efficiency of the smaller hospitals to the level of that of the teaching hospital. One important effect which might result from the change is the improvement in the training of student nurses and the more even staffing of hospitals with nurses. Changes in the training of nurses have already been recommended in a Working Party Report, changes which have been made easier by the grouping together of hospitals. Nurses can now train under the group system whereby instead of spending the full course of training at the one hospital training is taken at various hospitals in the group. The result is that before qualifying as a state registered nurse the student has had experience not only in general medicine and surgery but also in such specialities as paediatrics, gynaecology and

midwifery, infectious diseases etc. Such training broadens the outlook of the student and I believe makes her a better nurse and as a subsidiary effect it helps to a small extent in the staffing problem of special hospitals. As I said in the beginning, providing that the personal touch so essential in hospital care is not lost, the success of the new hospital management should be assured.

General Hospitals.

The general hospitals serving your area and now administered through the Sheffield Regional Hospital Board are given below.

1. The Sheffield Group Hospitals.
2. The Barnsley Beckett Hospital.
3. St. Helen Hospital, Barnsley.

Infectious Diseases Hospitals.

Cases of infectious diseases requiring hospital treatment continued throughout the year to be admitted to the Wath Wood Hospital. Until the 5th July this hospital was owned and maintained jointly by the Wath-on-Dearne, Swinton, Dearne, Hoyland and Worsborough Urban Districts with the Rotherham Rural District Council sending patients into the hospital from the northern part of their district only. After that date the hospital passed into the hands of the Sheffield Regional Hospital Board and the local management committee of the constituent authorities ceased to function. It is somewhat ironical that after so many years close connection with it the Wath Wood Hospital ceased to serve your district in July, 1949, because of a re-arrangement in hospital areas.

Maternity Hospitals.

Maternity cases requiring hospital treatment were usually admitted to the following hospitals :

- St. Helen Hospital, Barnsley.
- Hallamshire Maternity Hospital, Chapeltown.
- Pindar Oaks Maternity Home, Barnsley.
- Listerdale Maternity Home, Rotherham R.D.

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

Tuberculosis Scheme.

One result of the National Health Service Act was to remove from local Health Authorities the responsibility they previously had for some of the curative aspects of medicine leaving them in the main to concentrate on preventive medicine and after-care. The Tuberculosis scheme, previously wholly administered by the County Council, after the 5th July passed into divided control, the clinical and curative aspects being administered by the Regional Hospital Board while the preventive and after-care arrangements remained with the local Health Authority. This change affected even the employment of the Tuberculosis Staff, the medical staff becoming employees of the Board and the nursing staff employees of the Local Authority. Though the division was unavoidable under the circumstances, it was unfortunate in that the clinical and preventive aspects of Tuberculosis are so closely interwoven that an artificial separation of the two sides is impractical. The use of mass radiography well illustrates this point. From the clinical and diagnostic standpoint mass radiography is vital in the detection of early cases of Pulmonary Tuberculosis at a stage perhaps when no outward symptoms are experienced by the sufferer because it is in the early stages of the disease that the prospect of complete cure is the brightest. The detection of the early stage of Pulmonary Tuberculosis is equally important from the preventive standpoint in that hidden sources of infection are brought to light and steps can be taken to prevent or at least minimise the spread of infection from these sources. Mass Radiography now is within the control of the Board but its importance as a weapon of prevention must never be forgotten and the local health authority must share in the planning and management of any Mass Radiography scheme.

Clinics are held at the Chest Centre, 46, Church Street, Barnsley, on the following days and times :

Wednesdays : 10 a.m. - 12 noon.

Wednesdays 2-0 p.m. - 4-0 p.m.

Thursdays : 10 a.m. - 12 noon—X-Ray.

Thursdays : 2-0 p.m. - 4-0 p.m.—X-Ray.

Fridays : 10-0 a.m. - 12 noon.

Venereal Diseases.

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

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

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.

Early in the year the Council Ambulance was taken over by the County Ambulance service and the Worsborough Ambulance depot closed. The ambulance service for your district is now entirely operated by the County Council and all requests for ambulances are made to the Hoyland Ambulance Depot. Progress has been made in replacing the older ambulances with newer models and recently an ambulance with wireless control has been added to the strength of the Hoyland Depot. Far greater demands have been made on the service than ever before consequent upon the introduction of the National Health Service Act and it speaks well for the efficiency of the service that these demands have, in the main, been promptly met. The service is still, however, developing and more ambulances and sitting case cars are needed. These needs will be realised gradually as the supply of new vehicles improves.

The ambulance arrangements for the removal of infectious diseases to hospital remained in the hands of the hospital concerned.

Home Nursing.

On 5th July, 1948, the "Cooper and Worsborough District Nursing Association" was disbanded, the control of Home Nursing passed into the hands of the County Council and the Queen's Nurse formerly employed by the Association joined the County Council Nursing Staff. The change was a change in control rather than a change in practice, the service so to speak became under new management but continued as before. The scope of Home Nursing has been considerably widened since the introduction of

the National Health Service Act in that the financial conditions and restrictions previously imposed by the local Nursing Associations have been removed and all are now entitled to the services of the Home Nurse in times of illness.

The Council are well aware that the service of one Home Nurse is no longer adequate to meet the needs of the district and they are further aware of the steps which have been taken to overcome the difficulty. No change was possible during 1948 but the situation was remedied before the middle of this year.

Laboratory Services.

These, in the main, are provided by the Public Health Laboratory Service in Wakefield, a national service under the control of the Medical Research Council. The institution of this service just prior to the outbreak of the last war has proved of inestimable value not only to Medical Officers of Health but to all medical practitioners and indeed, if they did but know it, to the general public. The technical standards of the laboratories are high and the investigations carried out are both detailed and complete. The service is still a growing organisation and even more can be expected from it in the future.

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

Maternity and Child Welfare Services.

The Maternity and Child Welfare Services are provided by the County Council and clinics are situated in Worsborough Bridge, Worsborough Dale, Birdwell and Blackerhill. The Welfare Clinics, which are held weekly, are staffed by a Medical Officer (part-time) and a Health Visitor with the further assistance of active Ladies' Voluntary Committees. These voluntary committees render a very great service in the clinics, a service which many have given week by week for perhaps more years than they would care to admit publicly. I think it right that this service by the Voluntary Committees should be acknowledged in my Annual Report.

During the year 10,076 children attended at the four welfare clinics and 4,485 children were examined by the clinic medical officers. 345 children were seen for the first time of whom 343 were under 1 year of age and 2 over one year of age. If the importance of a welfare clinic can be judged by the proportion of mothers attending with their children the welfare clinics in your district are indeed important as at least 90% of mothers and children attend. But it is well never to forget the primary aim of a welfare clinic, to advise mothers how to rear successfully their children and to prevent illness occurring, to educate mothers in mothercraft and to keep healthy children healthy. Welfare clinics do not replace doctors' surgeries for the ailing child, in this respect the most they do is to correct feeding difficulties. The Health Visitors visit the homes to see that the circumstances there permit the advice given in the clinics to be followed. The three Health Visitors made first visits to 321 children and the number of re-visits during and after the first year was 1345 and 1441 respectively. 54 ante-natal and 235 miscellaneous visits were also made. The total number of home visits made by the Health Visitors during the year was 3396.

The ante-natal clinics are staffed by a part-time Medical Officer, a Health Visitor and the midwife who has been booked for the case. The patient is asked to attend at regular intervals so that the progress of the pregnancy can be watched and routine blood examinations are done on all patients. The midwife further supervises the ante-natal care of the patient at the patient's home. Consultant opinion is readily available at the request of the medical officer.

255 women made 1019 attendances at the ante-natal clinics during the year and 63 women made 80 attendances for post-natal examination. The importance of a post-natal examination is not yet fully realised by patients and every effort is being made and will continue to be made to convince patients of the real need for this examination.

A time table of the Maternity and Child Welfare Clinics is given below :

Maternity and Child Welfare Clinics.

Birdwell, Methodist Church :

Ante-Natal Clinic, Friday 2-0 p.m. to 4 p.m. (fortnightly)
Infant Welfare Clinic, Wednesday 2-0 p.m. to 4-0 p.m.

Blacker Hill, Methodist Chapel :

Ante-Natal Clinic, Tuesday 2 p.m. to 4 p.m. (fortnightly).
Infant Welfare Clinic, Thursday 2 p.m. to 4 p.m.

Worsborough Bridge, St. John Ambulance Hall :

Ante-Natal Clinic, Tuesday 2 p.m. to 4 p.m. (fortnightly).
Infant Welfare Clinic, Monday 2 p.m. to 4 p.m.

Worsborough Dale, Community Centre :

Ante-Natal Clinic, Tuesday 2 p.m. to 4 p.m. (fortnightly).
Infant Welfare Clinic, Thursday 2 p.m. to 4 p.m.

SECTION C.

Sanitary Circumstances of the Area.

Water.

The water is purchased in bulk from the Barnsley Corporation and re-distributed by the Council.

There are eleven houses in the district without a piped supply, all of which are well beyond the range of existing mains. Two of the houses belonging to the Railway Executive have their water brought daily in covered cans, a further two have an arrangement for drawing their water from a piped supply at an adjoining Colliery, which is outside the district, another house draws water from a well and the remainder have a system which depends on spring water.

A sample was taken from the cans delivered to Dovecliffe Station Cottages and submitted to the Public Health Laboratory at Wakefield for bacteriological examination. The subsequent report shewed the water to be free from B. Coli and suitable for drinking.

Owing to the defective state of the wooden structure enclosing the stone collecting trough into which the spring water delivers to supply the six cottages at Dovecliffe, it was decided to submit this water for analysis. The bacteriologist's report showed the water to be heavily contaminated with B. Coli (faecal type) and immediate instructions were given to the occupiers to boil all water before use. To pin-point the source it was decided to take a sample from the pipe which delivers the spring water into the collecting trough prior to storage and this sample showed the water to be free from B. Coli, indicating that pollution was occurring within the trough, either by the tenants dipping their dirty buckets into the water or fouling by pigeons or some other agent.

Two further bacteriological samples were taken before delivery into the trough, both of which were also satisfactory. A chemical analysis of the water also taken from the delivery pipe showed it to be a hard water of good organic purity. These additional samples proved conclusively that the water was suitable for drinking until it delivered into the storage trough, and so the Railway Executive were written and eventually met on the site.

The whole of the superstructure of the trough was thoroughly overhauled and a bib-tap was fixed in the side of the trough to obviate the necessity for the tenants to dip their buckets into it, and a satisfactory water was restored.

The work of extending a main to the six houses would be extremely costly as in addition to its exceptional length it would also be necessary to cross the canal and the main railway line with it. Two of the houses are in very poor condition and early in 1949 the Council re-housed one of the tenants and made a Closing Order on the house under the Housing Act.

The two houses obtaining their water from the adjoining Colliery also became empty early in 1949 and action under the Housing Act, 1936, resulted in Demolition Orders being made respecting them.

Drainage and Sewerage.

No further progress has been made in the scheme for laying a new sewer from the Glasshouse Crossing in West Street under the Canal basin to the new outfall sewer.

Closet Accommodation.

The Council have not yet decided to compel conversion of the remaining privies in the district, owing to the high cost of such work. They have, however, agreed to contribute £5 towards the conversion of any closet to the clean water system.

Two privies serving owner-occupied property in The Walk, Birdwell, were converted into water closets and two Ducket waste water closets were converted into water closets.

The following table shows the number of sanitary conveniences of all types :—

Privy middens	...	...	...	...	79
Waste Water Closets	...	...	...	...	53
Pail Closets	...	...	...	...	6
Water Closets (approx.)	...	...	...	...	3183

Public Cleansing.

This is carried out by direct labour under the control of the Sanitary Inspector. A good regular weekly service for dustbins has been maintained throughout the year with a fortnightly service for the cleansing of ashpits and middens. The only deviation from this has been for short periods after holidays.

Two vehicles are in use, a 10 cubic yard Dennis and a 7 cubic yard Karrier.

Tipping has been carried out on controlled lines since the Council appointed a full-time man for this purpose last year.

Sanitary Inspection of the Area.

Infectious Disease Prevention.

Inspections and Disinfections	...	52
Further enquiries	...	7
Schools disinfected	...	—
Other disinfections	...	3
Miscellaneous visits	...	4
Scabies visits	...	—

66

Cowsheds and Food.

Cowsheds and Dairies	...	...	47	
Milk Samples	...	...	11	
Meat Inspections	...	...	270	
Bakehouses	...	...	7	
Ice Cream Premises	...	...	7	
Food Inspections	...	...	5	
Water Samples	...	...	7	
Food Preparing Premises	...	...	6	
			—	360

Housing.

Houses inspected for defects	...	115	
Re-visits	...	6	
General Surveys	...	—	
Council Houses	...	1	
Overcrowding visits	...	89	
P.H.A. inspections	...	132	
		—	343

Offensive Trades.

Fried Fish Shops	...	20	
		—	20

Sanitary Matters.

Investigation of Complaints	...	196	
Re-visits to Complaints	...	194	
Nuisances	...	50	
Verminous Premises	...	27	
Privies	...	3	
Drains Tested	...	19	
Piggery Inspections	...	17	
Rat Infestation Visits	...	613	
Works in Progress	...	46	
Sewer Inspections	...	—	
Sewage Plant Inspections	...	1	
Docket closet inspections	...	—	
Cesspools	...	7	
		—	1173

Scavenging.

Refuse Tips	...	120	
Ashpits	...	53	
Supervision of men	...	17	
		—	190

Miscellaneous

Colliery spoilbanks	...	...	...	7	
Factory inspections	...	...	...	1	
Smoke Observations	...	...	...	—
Tents, Vans and Sheds	...	...	...	5	
Petroleum Acts Inspections	...	...	...	6	
Shops Act Inspections	...	...	...	1	
Miscellaneous Journeys	...	...	...	171	
Interviews and Appointments	...	...	...	403	
Schools	...	...	...	5	
				—	599
Number of Informal Notices served (Public Health Act)	...	...	...	122	
Number of Informal Notices served (Housing Act)	...	...	...	83	
Number of Statutory Notices served (Public Health Act)	...	...	...	10	
Number of Statutory Notices served (Housing Act, Sec. 9)	...	...	...	11	
Number of Nuisances reported to Public Health Committee	...	...	...	122	
Number of Nuisances abated	...	...	...	109	
Number of Nuisances outstanding at year end	...	...	...	13	

Shops Act.

A new lock-up shop was opened in High Street, Worsborough Dale during the year. No sanitary convenience was provided, nor could one be provided within the shop, and the Council agreed to the use of an adjoining W.C. and granted the necessary Certificate of Exemption under Sec. 10 (6) of the Shops Act, 1934. Only one person, the owner, is engaged in the shop.

Camping Sites.

There are no sites licensed for moveable dwellings under Section 269 of the Public Health Act, 1936.

One van was stationed for a short period in Rockley Lane and occupied by the Maintenance Engineer for some opencast coal workings which were being carried on. The van was a first-class affair, completely equipped and provided with a separate chemical closet.

Another modern van was placed on land at White Cross, where it was occupied by two persons who had given up one house to purchase another, but owing to some last minute hitch they could not gain immediate possession and hired a trailer caravan to live in until they could. It appeared their stay would be a lengthy one and accordingly a licence was issued to the occupier of the trailer, authorising him to station it there. Eventually possession of the house was obtained and the trailer was removed.

Smoke Abatement.

One complaint was received during the year concerning smoke emission from a boot repairer's premises. Inspection showed that a closed combustion stove was in use the chimney of which was too low, and as the fuel mainly used was leather and other waste, a definite nuisance was being caused.

The occupier agreed immediately to take down the stove and fix an electric fire rather than incur the expense of increasing the chimney height and no further complaint has been necessary.

Colliery Spoilbanks.

There is one colliery spoilbank in the area, the one connected with the Barrow Colliery. The spoilbanks adjoin a stream and a pump is provided to spray water over the tip for eight hours each day. On the whole the tip is kept under control but at holiday times its does get worse. In January it was necessary to complain of the nuisance being caused and it was not necessary to make further complaint until September, but on both occasions, the fire was quickly brought under control, and in fact a second pump was installed during the year to give better control. In addition the N.C.B. had a crusher installed on the screens which it was hoped would prevent a lot of combustible matter going on to the stack.

Eradication of Bed Bugs.

During the year 11 complaints of bed bugs infestation were made and 2 further cases were found during normal housing inspections. All the premises were disinfested with D.D.T. plus a further 6 adjoining houses, making a total of 19 premises treated. Subsequent visits showed that our treatment had been effective and no further complaint was received.

In addition to the above six cases have been treated by van fumigation in transit. These were all families moving into new Council houses, and whose present accommodation was found to be verminous. The Council paid half of the cost of the removal, the tenant bearing the other half.

Offensive Trades.

There are no offensive trades carried on in the district.

Fifteen premises are registered for carrying on the trade of fish frying and no complaint was necessary during the year concerning them.

SECTION D.

HOUSING STATISTICS

(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)	247
(b) Number of inspections made for the purpose	253
2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1942	—
(b) Number of inspections made for the purpose	—
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	134

(2) Remedy of Defects during the Year without Service of formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	130
--	-----

(3) Action under Statutory Powers during the Year.

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

- | | |
|--|----|
| (1) Number of dwelling houses in respect of which notices were served requiring repairs | 11 |
| (2) Number of dwelling houses which were rendered fit after service of formal notices :— | |
| (a) By owners | 11 |
| (b) By Local Authority in default of owners | 0 |

B. Proceedings under Public Health Acts :—

- | | |
|---|---|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | 6 |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices | |
| (a) By owners | 6 |
| (b) By Local Authority in default of owners | 0 |

C. Proceedings under Sections 11 and 13 of the Housing Acts, 1936 :—

- | | |
|---|---|
| (1) Number of representations, etc. made in respect of dwelling-houses unfit for habitation | 0 |
| (2) Number of dwelling houses in respect of which Demolition Orders were made | 0 |
| (3) Number of dwelling houses demolished in pursuance of Demolition or Clearance Orders | 0 |

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 | 0 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | 0 |

Housing Act, 1936, Part IV.—Overcrowding.

Number of new cases of overcrowding reported during the year	51
(i) Number of cases of overcrowding relieved during the year	89
(ii) Number of persons concerned in such cases	305½
Particulars of any cases in which dwelling houses have again become over-crowded after the Local Authority have taken steps for the abatement of overcrowding	—

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

Ten official samples of milk were taken in course of delivery to the consumer under the Food and Drugs Act, and submitted to the Public Analyst at Bradford.

In two samples the non-fatty solids fell below the presumptive limit of 8·5% but the freezing point in each case indicated that water had not been added and the Analyst declared them both genuine.

In another sample where the solids not fat were only 8·17% and the freezing point depression was—0·530°C the Analyst classified the milk as adulterated. The County Council decided to issue a warning and proceedings were not instituted.

One sample was submitted for biological examination in connection with a new case of T.B. Adenitis in a young boy. The milk was found not to be the source of infection.

There are twenty-one registered milk producers in the area, "Tuberculin Tested" Milk being produced at two farms and "Accredited" milk at four farms.

Notices were served requiring the limewashing of three cowsheds and all were quickly complied with.

Meat.

The whole of the fresh meat supply is slaughtered at the Barnsley Abattoir from where it is sent to a local slaughterhouse for allocation to the butchers of the district.

The usual number of pigs were slaughtered for home consumption and an inspection service is offered the householders to ensure the soundness of the meat. 260 pigs were inspected during the year.

Further details, especially of condemned food, are to be found in the Sanitary Inspector's Report.

There was a request to be allowed to make and sell meat pies to passing workmen, from a tenant in Mitchell Street, Swaithe, but the person was informed the premises could not possibly comply with the standard of the Food and Drugs Act and the project was abandoned.

Ice Cream.

Two premises are registered under Section 14 for the manufacture of ice cream but only one is in actual use.

The one in use is very satisfactory and produces a product in complete compliance with the Heat Treatment Regulations and which is sold retail and wholesale. During the year a complaint was received from the Borough of Scunthorpe that a sample taken at a Store there and which was supplied by the dealer in our area, had proved to be unsatisfactory. Enquiries at the factory showed that ice cream was forwarded three times per week to the Store, who stored and then froze it as necessary, and therefore it did appear that there was just as much chance of the product becoming contaminated at Scunthorpe as here. It was arranged for a churn to be sampled at Worsborough, sealed and then sampled on arrival at Scunthorpe and a series of samples taken on these lines showed the ice cream to be satisfactory on every occasion at the time of despatch.

Toffee Making.

Four cases of householders making toffee lollipops on sticks to sell to children in the neighbourhood were discovered. The persons concerned ceased immediately they were requested by the Sanitary Inspector to do so.

SECTION F.

Prevalence of, and Control over, Infectious and other Diseases

During the year a total of 452 cases of Infectious Diseases were notified. The following tables are self explanatory.

Statement of Notification of Infectious Diseases received during the Year

Smallpox	...	...	...	...	...	...	—
Scarlet Fever	...	...	...	...	...	...	25
Diphtheria including Membranous Croup							2
Enteric Fever	...	...	...	...	...	...	—
Pneumonia	...	...	...	...	...	...	29
Puerperal Fever	...	...	...	...	...	...	—
Puerperal Pyrexia	...	...	...	...	...	...	—
Cerebro-Spinal Fever	...	...	...	...	...	...	—
Acute Poliomyelitis	...	...	...	...	...	...	—
Acute Polio-encephalitis	...	...	...	...	...	...	—
Typhus Fever	...	...	...	...	...	...	—
Relapsing Fever	...	...	...	...	...	...	—
Continued Fever	...	...	...	...	...	...	—
Dysentery	...	...	...	...	...	...	—
Ophthalmia Neonatorum	...	...	...	...	...	...	1
Erysipelas	...	...	...	...	...	...	8
Respiratory Tuberculosis							
(New Cases only)	...	...	...	...	...	...	13
Other Forms of Tuberculosis							
(New Cases only)	...	...	...	...	...	...	4
Malaria - contracted in England	...	...	...	...	...	...	—
Malaria - induced in Institutions	...	...	...	...	...	...	—
Chickenpox	...	...	...	...	...	...	—
Measles (excluding German Measles)							248
Whooping Cough	...	...	...	...	...	...	122
Cases removed to Hospital							
Scarlet Fever	...	...	...	...	...	...	24
Diphtheria	...	...	...	...	...	...	2
Measles	...	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	...	2

Infectious Diseases in Age Groups.

	Under 1	1-3	3-5	5-10	10- 15	15- 25	25- 45	45- 65	65 +	Age UK	Total
Pneumonia	1	2	5	4	2	5	2	7	1	—	29
Erysipelas	—	—	—	—	1	—	1	4	2	—	8
Scarlet Fever ..	—	3	7	9	1	3	1	—	—	1	25
Diphtheria ...	—	—	—	2	—	—	—	—	—	—	2
Whooping Cough	18	33	38	27	6	—	—	—	—	—	122
Measles ...	12	65	76	85	2	4	1	1	—	2	248
Ophthalmia Neonatorum ..	1	—	—	—	—	—	—	—	—	—	1

Scarlet Fever.

The incidence of Scarlet Fever was lower than in the previous year, 25 cases as against 35 in 1947 being notified. Of the 25 cases 24 were admitted to hospital but the disease generally remained mild in character and was without complications. The distribution was scattered throughout the district and no one area was particularly affected.

Diphtheria.

2 cases of Diphtheria were notified and confirmed during the year. Not only is the history of the cases interesting enough to be worth recording but the subsequent examination of the school contacts proved the real value of immunisation. Both cases occurred in children attending the same school and the first case was detected at a routine school medical inspection when a swab taken of a nasal discharge proved positive for the diphtheria bacillus. It was decided to swab the throats and noses of all the children in the school to search for carriers and one further child was found to be harbouring the diphtheria bacillus in the nose. The organisms in both cases proved virulent on guinea-pig inoculation and were of the same identical strain.

Mainly to ensure adequate isolation while they harboured the virulent organism, the children were admitted to hospital where it was confirmed that the first child was suffering from a mild attack of nasal diphtheria while the second child was purely a carrier. Both children had been immunised previously and of the 60 children attending the school all but one had been immunised.

In considering the results of the investigation two points are very striking. Though both children harboured a virulent organism, in the one it caused only a mild nasal disease while in the other it resulted in no disease at all. What might have happened if both the children had not been previously immunised is a matter of conjecture but I am certain the results would have been more serious. The other point is also a matter of conjecture, what might the result have been in that small school if instead of almost all the children being protected against diphtheria almost all had in fact been susceptible to the disease? No matter how complacently you view it, it remains rather a terrifying thought.

It is a well-known medical fact that the carrier rate of diphtheria rises at the beginning of a mass immunisation campaign but falls rapidly when a sufficiency of the susceptible population has been immunised and the human, hidden carrier is probably a greater potential danger to the population than the confirmed case. To institute a routine search for the carrier among the child population is impossible from a practical standpoint but it is possible to have all children protected against the disease by immunisation. The immunisation statistics for last year show that 66.5% of all children in the district between the ages of 0-15 years were immunised with 36.9% of children in the age group 0-5 years and 84.1% of children in the age group 5-15 years protected. The difference between the two age groups is very significant and there is no reason why this difference should be so great. The facilities for immunisation in both age groups are the same except in one respect. The school children are immunised at school with no inconvenience to the parent save the signing of a form of consent, the pre-school child must be taken either to the clinic or doctor's surgery for immunisation. Can it be that some parents are so indifferent to the value of immunisation that they are unwilling to take this trouble with the younger

children? I sincerely hope not and yet I cannot entirely dismiss the idea. Whatever the reasons might be I am conscious of the continued low rate of immunisation in young children as compared with the older age groups and I intend to take every possible step to improve the situation.

Measles.

Last year 248 cases of measles were notified, the same number as in 1947. The epidemic was not severe but its occurrence was surprising because the year was expected to be a non-epidemic year as Measles usually, though not invariably, follows a two year cycle with a non-epidemic year following an epidemic year. The incidence was heaviest during the second quarter of the year and the disease was scattered throughout the district. Complications were few though one fatal case was reported in an infant of six months.

Whooping Cough.

122 cases were notified as against 58 in 1947. There were 2 deaths in infants aged 6 months and 9 months.

Tuberculosis.

During the year 17 new cases of Tuberculosis were notified, 13 of whom were Pulmonary cases and 4 Non-Pulmonary Cases. There were 11 deaths from Pulmonary Tuberculosis and 4 deaths from Non-Pulmonary Tuberculosis in the year. The incidence of Non-Pulmonary Tuberculosis due to the bovine strain of the tubercle bacillus is rapidly declining and will cease to exist if and when pasteurisation of all milk is made compulsory. The problem of Pulmonary Tuberculosis and Non-Pulmonary Tuberculosis due to the human strain remains nor is there any immediate prospect of a satisfactory solution being found. Until Pulmonary Tuberculosis is regarded as an acute infectious disease, which it undoubtedly is, and the effective isolation of the open case insisted upon until he becomes non-infectious then the spread of the disease will continue. It must be admitted that the effective isolation of all open cases of Pulmonary Tuberculosis is not a practical possibility in these days of sanatorium bed-shortages, housing difficulties etc., and I am grateful to the Council for the priority they give in re-housing open cases of Pulmonary Tuberculosis.

TUBERCULOSIS (New Cases) for the past 10 years.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1939	10	6	4	0
1940	6	4	5	0
1941	4	3	3	1
1942	7	6	3	0
1943	8	4	7	2
1944	14	2	2	5
1945	9	5	4	2
1946	9	8	3	1
1947	12	5	9	2
1948	13	4	11	5

Tuberculosis. New Cases and Mortality in 1948.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1	—	—	1	—	—	—	2	—
1—5	—	—	—	—	—	—	—	—
5—10	—	—	—	1	—	—	—	—
10—15	—	—	—	—	—	—	—	—
15—20	1	2	—	1	—	2	—	1
20—25	2	2	—	—	3	—	—	—
25—35	—	2	1	—	—	1	—	—
35—45	2	1	—	—	—	1	—	1
45—55	—	—	—	—	1	—	—	—
55—65	1	—	—	—	—	1	—	—
Over 65	—	—	—	—	2	—	—	—
Totals	6	7	2	2	6	5	2	2

Tuberculosis. Record of Cases during 1948.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1948	28	27	20	27
No. of cases notified for first time during year	6	7	2	2
No. of cases restored to register	—	—	—	—
No. of cases added to register otherwise than by notification	—	1	—	—
No. removed to other districts	—	—	—	—
No. cured or otherwise removed from register	5	12	15	17
No. died from disease	6	5	2	2
No. died from other causes	—	—	—	—
Total at end of 1948	23	18	5	9

ANNUAL REPORT

of the

Sanitary Inspector and Cleansing Superintendent

(Lyndon Dove, Cert. S.I.B., M.S.I.A.)

for the year 1948.

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

Gentlemen,

I have the honour to present my Fifth Annual Report on work done by my Department.

Sections C, D and E of the Medical Officer's Report have already given details of some of the work carried out and reference to the more important sanitary matters will be made in the following pages. In addition to this work though, there are the many, many, "little" visits which are difficult to write about. These are perhaps recorded under the rather bald heading of "miscellaneous visits" but they are the visits which are often the most important to the health and happiness of the individuals concerned.

Meat Inspection

As stated earlier the whole of the butchers' meat is slaughtered at the Barnsley Abattoir and re-distributed from a local slaughterhouse to the butchers. There is no complaint regarding the inspection of the meat but the system of handling and transport is not good.

The department has still carried out inspection of cottagers' pigs when requested and 260 such carcasses have been seen during the year. Although there is no obligation to notify slaughter of a cottager's pig, the necessity is obvious when it was necessary to condemn the following diseased or unsound meat :

- 3 pig's heads - Tuberculosis.
- 1 mesentery - Tuberculosis.
- 1 part of belly - Tuberculosis.

This amount of condemned meat is well below previous years but it is still meat which the law allows to be eaten because as I have repeatedly stated there is no legal right to inspect any meat which is not slaughtered "for sale", much less condemn any portions of it which may be diseased or otherwise unsound.

In November I was called in to examine seven calf carcasses which had arrived too late for distribution to the butchers and consequently were placed in a refrigerator over the weekend. During the weekend a gas leak developed in the refrigerator apparatus and the carcasses became affected. It is impossible to trim off affected part in undeveloped carcasses such as these and it was necessary to condemn all seven carcasses.

Two calves slaughtered for home consumption were inspected and passed for food.

An ewe sheep which had been slaughtered in extremis whilst lambing was condemned.

Other Food.

The following articles of food were also condemned as unfit for food :

- 9½ lbs. Bacon - Putrefaction.
- 16 lbs. Butter - Rancidity.
- 9 cwts. Dried Peas - Grubs.
- 6 cwts. Haricot Beans - Grubs.

Milk.

As reported elsewhere one sample out of ten taken under the Food and Drugs Act was classified by the Public Analyst as adulterated.

The retailer's premises were not in my area and so an "appeal to cow" sample could not be taken by me. The County Council, who pay the cost of analysis, reserve the right to institute proceedings and decided to issue a warning. The Council complained to the County Council as they felt that proceedings should have been taken, especially as the retailer concerned was fined only last year for selling two adulterated samples to me within three days. The County Council's reply was that as no "appeal-to-cow" sample had followed the original, it had been decided to issue a warning.

47 inspections of cowsheds and dairies were made and notices requiring limewashing had to be served on three occasions.

Offensive Trades.

There are no offensive trade premises registered within the district.

Housing.

This is the most vexing question facing local authorities, their officers and the public today. The demand for houses cannot yet be met in this district and it is difficult to foresee any early relief for the unfortunate persons who are living in property which has long since outlived its purpose. The problem of repairs to this type of property also, is one which occurs daily and is one most difficult of solution. The position with regard to materials is now better but it is still necessary to decide exactly how much to do in the way of repairs to property which obviously cries out for demolition.

The Housing Agent and myself work in close co-operation in the matter of housing re-lets and every endeavour is made to select the worst or most deserving cases for the few houses which become vacant in a year. All cases of overcrowding complained of are visited by the Housing Agent and myself and discussed before an empty house is re-let. New houses are let by the Council themselves from a "short list" of overcrowded and other cases prepared by the Housing Agent and myself.

During the year a butchers' shop, complete with living accommodation, became occupied as a lock-up shop with the result that a good house was lying empty. After negotiations between the owner, the butcher and myself, we eventually obtained alterations which resulted in a lock-up shop with a first class preparing room, plus a good house which became quickly occupied.

Rodent Control.

The Council have continued to carry out this work on the lines laid down by the Ministry of Food and employ a part-time operative.

Refuse tips are regularly baited and sewers receive the maintenance treatments required by the Ministry.

Red squill biscuits are issued free in minor cases of infestation.

Verminous and Neglected Premises.

Every assistance is given to householders and liquid insecticide is issued free in cases of bed bugs. If spraying is done by the department a charge for labour and materials is made.

Gammexane powder is issued free for dealing with blacklocks.

Complaint was made by a Health Visitor through the Medical Officer of Health regarding the condition of a house in Jarrotts Buildings occupied by an old woman. The house was found to be very dirty and infested with fleas. The Medical Officer persuaded the woman to go into the Limes Hostel for a sufficient time to get the house cleaned down. When the house had been thoroughly cleaned the old lady decided that life was more comfortable in the hostel and did not return.

Another case of neglect came to my notice in Birdwell where a woman was living in Chapel Street by herself under neglected conditions. On inspection I found that the house was not filthy or verminous but the woman was far from being well or comfortable. I reported the matter to the Public Assistance Officer for his attention.

A third case arose of a very old man living in lodgings in a Ward Green Council house. The man's bedding was filthy and his habits were annoying surrounding tenants. The Housing Agent and myself acted in this matter and representation to the Public Assistance Officer resulted in the removal of the man to an Institution.

Schools.

On the instructions of the Public Health Committee the Medical Officer and myself inspected the St. Thomas' Church of England School, Worsborough Dale and submitted a joint, detailed report, which was eventually considered by the Divisional Executive Committee who decided to press for the closure of the school.

House Scavenging.

The work of the collection and disposal of house refuse has been carried out satisfactorily during the year, a seven day's service for bins, and fourteen for middens, having been maintained.

Two lorries are used, a Dennis 10 cub. yd. and a Karrier 7 cub. yd., and both are maintained in good condition. The lorries are completely repainted each year, and to further protect the bodywork, the interior of each lorry body is painted with used engine oil once per week.

It was feared that the advent of the 5 day week, together with the ever increasing number of new houses, would retard the frequency of collection, but the men rose to the occasion and our regular service was maintained. It was obvious, however, that some measures would have to be taken to allow for dealing with the new houses in course of erection and those proposed to be built and after consultation with the Public Health Chairman and the scavenging foreman a special report was submitted to the Committee. After consideration the Council agreed to the suggestion of purchasing a new lorry and a 7 cub. yd. Dennis is on order.

The whole of the tipping is carried out on controlled lines and the refuse is being put to good use. During the year the Worsborough Bridge Recreation Ground was extended, and some low lying land was also raised behind the Birdwell Recreation Ground. A swamp was also abolished in a field at the corner of Haverlands Lane and Vernon Road, the farmer laying 9" pipes prior to our raising the ground level and the sight of growing corn on former useless land has been very gratifying indeed. We are also raising the level of swampy land at Brough Green which will be our main tip for the next two years.

Your obedient servant,

LYNDON DOVE.

