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Mall
BOROUGH of BLYTH

INTERIM
ANNUAL REPORT


OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR,

1940

JOHN STOKOE M.D., B.Hy., D.P.H.



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B O R O U G H O F B L Y T H .

MEMBERS OF THE HEALTH COMMITTEE
1939-40.

Chairman.....Alderman Donnachie.

Vice-Chairman.....Alderman Mitchell.

THE MAYOR (Alderman Mather).

Alderman Reilly.

Alderman Walker.

Councillor Allan.

Councillor Baron.

" Beamson.

" Berry.

" Breadin.

" Carr.

" Crate.

" Curry.

" Foy.

" Hamm.

" Hepple

" Murdy.

" Purves.

" Raffell.

" Searle.

MATERNITY AND CHILD WELFARE COMMITTEE.

All the above Health Committee, along
with the following Co-opted Members:-

Chairman.....Mrs. Darling.

Vice-Chairman.....Mrs. Colpitts.

Mesdames Allison.

" Berry.

" Clark.

" Gray.

" Sowden.

" Watson.

" Wilkins.

REPORT OF THE BOARD OF DIRECTORS

MEMBERS OF THE BOARD OF DIRECTORS

President.....Mr. J. H. Johnson
Vice-President.....Mr. J. H. Johnson
THE MAYOR (Albany Mayor)

Albany Mayor	Albany Mayor
Councilman	Councilman
.....
.....
.....
.....
.....
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.....
.....
.....

MEMBERS OF THE BOARD OF DIRECTORS

All the above names are subject to election by the stockholders at the annual meeting.

.....Mr. J. H. Johnson
Vice-President.....Mr. J. H. Johnson

.....Mr. J. H. Johnson
.....Mr. J. H. Johnson
.....Mr. J. H. Johnson
.....Mr. J. H. Johnson
.....Mr. J. H. Johnson
.....Mr. J. H. Johnson

To The Chairman and Members of the Health Committee.

Gentlemen,

I beg to submit my Annual Report on the state of the Public Health in Blyth during the year 1940. Following upon instructions received from the Ministry of Health, the Report is again abbreviated; its contents are self explanatory and with the exception of the few general observations which follow, does not call for additional comment.

GENERAL OBSERVATIONS.

Indications are present that a big increase in the incidence of Scabies and other verminous conditions is to be expected in the immediate future.

No great interference with the essential Health Services took place in 1940, although at the beginning of the year the work of the Department was slowed up on account of staff changes and an influx of additional duties and responsibilities.

The Public have adapted themselves to food rationing, although the shortage of fruit has presented difficulties without indicating as yet any influence on the standard of health. Black-out restrictions, although irksome, have been accepted without question. Morale is excellent and people are working harder; nearly everybody undertaking some voluntary war service in addition to everyday duties, and with a light-hearted optimism.

Overcrowding is likely to prove to be the great problem for Blyth, as many houses scheduled for, and due to be scheduled for, demolition have had to remain inhabited because the erection of new estates has been stopped. Only fourteen state-aided and two other houses were built in 1940.

Frequent "Alert" periods caused much loss of sleep, to children in particular. This is an additional reason for parents to ensure that their children are sent to bed at the proper time.

Vital Statistics.

Birth Rate	=	18.005 per 1,000 population.
Infantile Mortality Rate	=	64.5 per 1,000 live births.
Crude Death Rate	=	14.29 per 1,000 population.
Maternal Mortality Rate	=	6.66 per 1,000 live births.

Little significance is attached to slight variations in the above rates as compared with previous years.

Road Accidents.

I am indebted to Superintendent Cunningham of Blyth Police for the figures in the following table:-

No. of High-way accidents.	No. of Persons Killed.	No. of Persons injured.	Accidents due to Black-out.
42.	1.	34. (3 seriously).	3.

That the Public are becoming accustomed to the absence of street lighting and are taking greater care when out of doors during "black-out hours" is supported by the fact that in the whole of 1940 only 3 accidents occurred in which black-out restrictions were considered to be the main contributing factor; whereas 5 such accidents were reported in the first three months of the war (September 1st - December 31st, 1939).

Staff Changes.

Dr. C. Bainbridge, the Assistant Medical Officer, was called to His Majesty's Forces in February but was quickly replaced,

temporarily, by Dr. I. Fraser Mackenzie.

The Chief Sanitary Inspector, M.B. Churchill, left for another appointment in August, but his successor was not able to assume duties before the end of the year. In the meantime, R. Armstrong, the additional Sanitary Inspector, conducted the work of this branch of the Department assisted by the Housing Inspector, A.P. Robinson.

T. Moralee, a Clerk in the Department, was called to His Majesty's Forces in September.

On the transfer of Nurse Seabrook to the School Medical Services, Nurse Lowes was appointed Trained Nurse to the Duke-Fingard Clinic.

ADMINISTRATIVE CHANGES.

Unavoidable staff changes necessitated the reshuffling of personnel in order to cope with the added duties of the Department. As an instance, mention may be made of the fact that the Housing Inspector was called upon to carry out, and performed loyally and efficiently, some duties ordinarily delegated to a Sanitary Inspector. The time is fast approaching when a Third Sanitary Inspector will have to be appointed at Blyth. Because we had only one Sanitary Inspector for four months of the year, the amount of work performed in this section of the Health Department fell short of expectations.

A new Municipal Clinic was established in 1940, a full report about it appearing in the Annual Report for 1940 of the School Medical Officer. So far as the Health Committee is directly interested, all Child Welfare, Diphtheria Immunisation and Artificial Sun-Ray Clinics are held there, but the treatment of verminous and unclean children continues to be carried out at Wellington House where more suitable bathing arrangements are available. The time-table which follows is included for the convenience of the Committee:-

	MORNING.	AFTERNOON.
MONDAY.	SUN-RAY(pre-school and school children).	SPECIAL MEDICAL EXAMINATIONS. AURAL CLINIC. MINOR AILMENTS CLINIC.
TUESDAY.	DENTAL CLINIC.(School).	INFANT WELFARE CLINIC. MINOR AILMENTS CLINIC.
WEDNESDAY.	SUN-RAY.(School children). DENTAL CLINIC.(School).	* VARIOUS. MINOR AILMENTS.
THURSDAY.	SUN-RAY.(Pre-School and school children). DENTAL CLINIC.(School).	INFANT WELFARE CLINIC. MINOR AILMENTS CLINIC.
FRIDAY.	OPHTHALMIC CLINIC. (School).	DIPHTHERIA IMMUNISATION. MINOR AILMENTS CLINIC.
SATURDAY.	SPECIAL EXAMINATIONS. SUN-RAY.(School children). MINOR AILMENTS CLINIC.	

- * 1st Wednesday in month MOTHERS' ADVISORY CLINIC.
 2nd " " " TODDLERS DENTAL CLINIC.
 3rd " " " TODDLERS OPHTHALMIC CLINIC.
 4th & 5th " " " TODDLERS ROUTINE MEDICAL INSPECTIONS.

The Public Health (Tuberculosis) Regulations, 1940, were introduced in September and require Medical Officers of Health to furnish to the Local Offices of the Ministry of Labour particulars of male persons of ages specified from time to time who are registered as having suffered, or as suffering from, Tuberculosis. This is intended to ensure that a history of Tuberculosis in any

male registering for military service is made known to the responsible Authority.

Much detailed work in connection with Casualty Services First Aid Posts was transferred from Medical Officers of Health to General Practitioners who are officially appointed Medical Officers in charge of First Aid Posts and for which they receive a retaining fee. The administration of the Service as a whole and the general direction of its activities remain the responsibility of Medical Officers of Health. These duties include the medical examinations of applicants for whole-time work in the Civil Defence Services, with the re-examination of those in whom doubts arise regarding their ability to continue this work, and the dressing of a number of minor injuries sustained during the execution of Civil Defence duties.

Routine Medical Examinations.

SERVICE.	Fit.	Unfit.	TOTAL.
Casualty.	42	2	44
Warden.	-	1	1
Rescue & Decontamination.	8	-	8
Auxiliary Fire.	99	12	111
TOTAL	149	15	164

Medical Examinations other than routine = 26.

Dressing to Minor Injuries = 27.

The standard of physical fitness required by the routine medical examination of applicants for the whole-time Civil Defence Service is high; the men accepted, many of whom are over military age, are not only of sound constitution but must perform an exercise tolerance test satisfactorily. The striking feature is that over 90% of applicants were found to be fit for enrolment.

By the beginning of 1940, practically all members of the Health Department staff had resumed their usual departmental duties; the Civil Defence clerical work which they had been called upon to do having been delegated to paid and unpaid members of the Casualty Services; one individual, however, was retained in an administrative capacity until the middle of the year.

Slaughter Houses.

The Ministry of Food established a slaughtering centre and depot for the distribution and allocation of meat by taking over the Borough's Slaughter Houses; the premises were readily adapted for the additional services on making a number of minor alterations and adding a certain amount of equipment. Ministry of Food representatives control the slaughtering and distribution of meat but the Council's Sanitary Inspectors continue as meat Inspectors.

Duke-Fingard Clinic.

After consideration of the Annual Report on the work of the Duke-Fingard Clinic, which included a record of expenditure, results obtained and attendances, the Committee decided to discontinue sessions early in 1940.

INFECTIOUS DISEASES.

An enormous increase in the notifications of Infectious Diseases took place in 1940. Of the total of 998 cases reported, no less than 751 were on account of Measles and 6 because of Whooping Cough. These Diseases were made notifiable by the Measles and Whooping Cough Regulations 1939, which came into operation provisionally, on October 23rd, 1939, and which will remain operable during the period of the present emergency.

In the summer of 1940 an outbreak of Dysentery occurred, resulting in two deaths. Extracts from the Special Report to the

4.

Health Committee, describing the details of the outbreak, appear below.

The incidence of both Scarlet Fever and Diphtheria showed distinct reductions as compared with 1939; indeed, Scarlet Fever was less prevalent in 1940 than has been the case since 1930. Pneumonia did not remain at the low incidence figures for 1939 and 1938 but showed a sharp rise, whereas Erysipelas dropped by rather more than 50%. Fewer cases of Tuberculosis were notified and no report of a case of Enteric Fever was received.

Cases of Infectious Diseases.

DISEASE.	No. NOTIFIED.	DEATHS.
Scarlet Fever.	30	-
Enteric Fever.	-	-
Diphtheria.	44	3
Erysipelas.	16	-
Tuberculosis (Respiratory).	38	31
" (Non-respiratory).	11	4
Pneumonia.	68	26
Encephalitis Lethargica.	-	-
Ophthalmia Neonatorum.	3	-
Puerperal Pyrexia.	9	2
Cerebro-Spinal Fever.	3	-
Whooping Cough.	6	-
Measles.	751	2
Dysentery.	18	2
Polio-myelitis.	1	-

Dysentery Outbreak in Blyth.

(Extracts from the Special Report to the Health

Committee - 28th August, 1940).

The following account of the 1940 Dysentery Outbreak in Blyth is a modified form of the Special Report submitted to the Health Committee on 28th August, 1940.

Early in July of this year the Health Department was notified of the existence of cases of Dysentery in the town. It soon became apparent that these were not just isolated and unconnected cases, but appeared to be confined to two separate districts. As a means of spread of the disease from one district to the other was assumed, it was concluded that the cases occurring in both areas were all part of the same epidemic. Few of the cases were confirmed bacteriologically but the similarity of their clinical symptoms, and the association between proved and suspected cases, left little doubt as to the diagnosis in the majority of instances.

Investigations showed that mild cases of presumably Dysentery had occurred in one of these areas since at least the beginning of May, two months earlier; there was little prospect therefore of detecting the original source of infection.

Cases were notified as follows:-

July 4th - (3). 12th - (2). 13th - (1). 14th - (1).
" 15th - (4). 17th - (1). 18th - (1). 25th - (1). TOTAL - 14.

All patients were isolated in hospital without delay, many of them at the recommendation of the Health Department, after advising the family doctor.

Patients admitted to Hospital. - 14.
Pathological specimens for bacteriological report
(excluding specimens from patients in Hospital). - 6.
Samples of foodstuffs etc. for bacteriological reports. - 8.
Interrogations of households, business establishments
etc. - 79.

All samples and pathological specimens were returned negative.

The wisdom of having samples of pasteurised milk examined was questioned until it was pointed out, that despite the method adopted to ensure clean milk it was possible for the bottles to become infected through careless handling before being filled; and, indeed, one employee who actually handled the bottles gave a history of an illness, one month previously, which may have been a mild attack of Dysentery. This individual was excluded from work until it was known that she was not harbouring the organisms. In the case of fried fish and chips, it was thought by some that the process of cooking would be sufficient to render the food sterile, unfortunately the argument could not apply, because the unhygienic practice of serving fish with the fingers instead of with a suitable server was regularly adopted.

The position then at the outset was that an epidemic of Dysentery, of at least moderate severity, existed in Blyth, and the interrogations of a large number of households suggested that cases had been occurring for some time but had not been notified. The Local Medical Practitioners were circularised, warning them of the occurrence of the outbreak and requesting them to co-operate with the Department by early notification of cases. No great influx of notifications resulted therefrom.

The following table, compiled with the kind assistance of the Fever Hospital staff, shows that the *Bacillus Dysenteriae* (Flexner) was isolated from some of the cases:-

Flexner) was isolated from some of the cases:-							
Case No.	Age.	Admitted.	Discharged.	Complications.	Stools Bac. Exam.	Agglutination.	
ONE FAMILY.	(1.	4	Died at home 3.7.40.	-	No report.	No report.	
	2.	10	15.7.40.	26.7.40.	-	Neg.	"
	3.	6	4.7.40.	17.8.40.	Pneumonia. Abscess of upper left arm.	"	"
	4.	11	4.7.40.	31.7.40.	-	B. Dys. (Flexner)	"
	5.	2	4.7.40.	10.7.40. Died.	Pneumonia	Neg.	"
ONE FAMILY.	(6.	4	12.7.40.	31.7.40.	-	"	"
	7.	4	12.7.40.	31.7.40.	-	"	"
	8.	14	15.7.40.	3.8.40.	-	B. Dys. (Flexner)	"
	9.	1½	15.7.40.	3.8.40.	-	"	"
	(10.	12	15.7.40.	31.7.40.	-	Neg.	"
	11.	60	19.7.40.	26.7.40.	-	"	"
	12.	47	19.7.40.	26.7.40.	-	"	"
	13.	9	17.7.40.	7.8.40.	-	"	"
	14.	6	18.7.40.	31.7.40.	-	"	"
	15.	10	25.7.40.	3.8.40.	-	"	"

Thus 15 cases were proved or strongly suspected; 14 were isolated in hospital and 2 children died.

6.

It is interesting to note:-

One family (cases 1-5) were closely associated with a family X.
 Another family (cases 6-10) also exchanged visits etc. with family X.
 Case 15 is said to have fought with a child of family X.

In family X. no case of Dysentery is reported, although the father recently returned to England from active service in France was seized with a sharp attack of diarrhoea about July 11th, while at home on leave.

Case 12 developed symptoms three days after assisting to prepare the body of case 1 for burial.

Case 13 visited the home of the family (cases 6-10) about 12th July, five days before her admission to hospital.

Case 14 was associated with the family (cases 1-5).

No connection between cases 11 and any others was traced.

Commentary.

A number of instructive Reports and Memoranda, dealing fully with Bacillary Dysentery and its epidemiological features, have appeared in recent years. Most notable are those of the Chief Medical Officer of the Ministry of Health in his Annual Report for 1937, and Dr. W.M. Scott writing in the "Lancet" in 1938. Both these writers make the following points which are of interest in the light of our experiences in the small outbreak in Blyth:-

Bacillary Dysentery is a common disease in England.

Dysentery seldom appears as the severe and fatal type associated with tropical countries.

Bacteriological diagnosis is difficult unless specimens are examined in the acute stages of the illness.

Many cases described as Gastro-Enteritis, Gastric Influenza, Colitis, and Infectious Diarrhoea should be properly diagnosed and notified to the Medical Officer of Health as Dysentery.

Dysentery has become more prevalent in recent years.

Recent Dysentery in Blyth.

During the 1½ years prior to the July notifications, few cases of Dysentery had been notified, and with the exception of three cases in one family, no relationship between the victims can be traced.

June 6th, 1939,	age	18 years.	
Aug. 17th,	"	22 "	
Sept. 20th,	"	5 months.	
Dec. 2nd,	"	8 "	} Same family.
Dec. 2nd,	"	8 "	
Dec. 5th,	"	4 years.	
May 17th,	"	2 "	

Death returns for the same period of 18 months do not include a single record of a death from Dysentery and but few instances of deaths from diseases "which should properly be diagnosed and notified as Dysentery".

January 12th, 1939,	aged	1 month.....	Gastro-enteritis.
March 18th,	"	5 weeks.....	Marasmus.
September 2nd,	"	1 year.....	Acute Gastro-enteritis
January 5th, 1940	"	3 months.....	Enteritis.
January 7th,	"	1 month.....	Gastro-enteritis.
January 7th,	"	2 months.....	Influenza-enteritis.

April 28th, 1940, aged 2 months.....Gastro-enteritis.
 July 2nd, " " 3 months.....Infantile Diarrhoea.

All these cases lived in widely separated districts, or the dates of their deaths were so distant that an epidemiological relationship is not entertained.

Summary.

Sporadic cases of Dysentery undoubtedly occur in Blyth, but there is insufficient evidence to justify the conclusion that the disease is endemic in the town. The epidemic of 1940 was characterised by more severe symptoms than has been experienced recently and the outbreak was localised to members of two families and to a few patients known to have been associated with them. For these reasons it would appear that this outbreak was independent of other cases which may have occurred in the district.

So far as the spread of the infection is concerned, our observations fully confirm Doctor Scott's views:-

"Defects of personal hygiene enable infection to be conveyed by the hands of an infected person to others, either directly or by contact with intermediate objects, and especially with food and utensils employed in conveying, preparing and eating it. The infected person is with rare exception a 'missed case' of the disease - i.e. a person suffering so little from it as to be able to continue ordinary habits."

DIPHTHERIA IMMUNISATION.

Number of Immunisation sessions during 1940 = 23.

	No. of children fully immunised.	Had not completed treatment.	Total No. injections.
Under 5 years.	87	46	220.
5 - 14 years.	205	67	457.
T O T A L	292.	113.	677.

Our endeavours towards making popular in Blyth artificial immunisation, received poor support. Hundreds of handbills were distributed to the Schools and from the various Municipal Offices. Parents were directly approached whenever they visited the Clinic; and the Sanitary Inspectors, at their visits to homes, left pamphlets describing the advantages of having children protected. There is no doubt that the ante-immunisation letters of a certain priest, published in the local press, influenced the decision of many parents against Diphtheria Immunisation.

MATERNITY AND CHILD WELFARE.

The work of this Department has shown an encouraging degree of progress, bigger attendances at the Infant Welfare Centre being the rule. The more suitable accommodation at the new Municipal Clinic has enabled mothers and babies to receive better individual attention than was possible at Wellington House. More special sessions for Toddlers (2 - 5 years) were held but it will be noted that the number of visits to houses was not large. A Third Health Visitor is definitely needed, for due to the increase in work to be done at the Clinic, insufficient time is available for district work.

Infant Welfare sessions conducted by the two Health Visitors continue to be held every Tuesday and Thursday afternoon, a Medical Officer is in attendance throughout each session for consultations and routine examinations. Sessions for the medical examinations of toddlers (2 - 5 years) are held on the 4th and 5th Wednesday afternoons of each month and special aural, ophthalmic and dental sessions are arranged for them as required, usually at monthly intervals.

Infant Welfare Clinic.

Number of children making their first attendances in 1940.

- (a) under 1 year = 258.
(b) between 1 and 5 years = 78.

Total number of children under 5 years who attended in 1940 = 543.
Total attendances at the Centre = 4136.

Number of examinations by a Medical Officer

- (a) Primary = 315.
(b) Subsequent = 442. = 757.

Total quantity of dried milk supplied = 7,854 lbs.

Toddlers Sessions.

Number of sessions during 1940 = 12.
Number medically examined = 125.

Number referred for treatment to:-

- (a) Minor Ailments Clinic = 60.
(b) Eye Clinic = 50.
(c) Aural Clinic = 17.
(d) Sun-Ray Clinic = 24.
(e) Dental Clinic = 67. = 218.

Home Visits by Health Visitors.

(a) to expectant mothers
First visits = 74.
Total = 88.
(b) to infants under 1 year
First visits = 510.
Total = 1,652.
(c) to children 1 - 5 years = 1,825.
Total. = 3,565.

Infectious Diseases in Children under 5 years.

DISEASES.	CASES NOTIFIED.	VISITED BY HEALTH VISITORS.	REMOVED TO HOSPITAL.	DEATHS.
Ophthalmia Neonatorum.	3	3	-	-
Measles.	398	-	-	2
Whooping Cough.	5	-	-	-
Dysentery.	5	5	4	2
Polio-myelitis.	1	1	1	-

Reference to the deaths from Dysentery is made elsewhere in the report. The measles deaths occurred in infants 1 year and three months and six months respectively, the later having developed bronchopneumonia.

The cases of ophthalmia recovered without impairment of vision.

With the appointment of a Third Health Visitor, it will be possible to arrange for a Nurse to visit cases of infectious diseases occurring in children under 5 years of age; at present they have not time for this - in consequence, the individual guidance and assistance which they could offer parents as a supplement to the family doctor's treatment is not forthcoming.

Deaths in children under 5 years.

AGE.	NUMBER OF DEATHS.
0-1 year.	38
1-2 "	7
2-5 "	5
T O T A L	50.

The Infantile Mortality Rate (number of deaths in infants under 1 year of age per 1,000 live births) is 64.5., rather higher than for the country as a whole. The figure can be improved if expectant mothers will follow more closely the ante-natal guidance afforded by their family doctors and the district midwives. Prematurity is admittedly a cause of death, but should not be a frequent cause, even in an industrial area, especially when a team of experienced midwives is available to conduct an efficient ante-natal service in collaboration with the general practitioners.

Nursing and Expectant Mothers.

Nursing and expectant mothers are visited by our Health Visitors who are able to assist in the provision of extra nourishment and certain forms of medical care and generally to supplement the ante-natal advice provided elsewhere. Our dental clinic provided treatment for 22 such patients.

Emergency Maternity Hospital.

By arrangement with Northumberland County Council expectant mothers, living in Blyth, may be admitted to Dilston Hall Maternity Hospital, Corbridge, a few days before the expected dates of their confinements. Payments by the patients are according to a scale of incomes whereby the more needy patients are assisted by the Corporation. Transport is provided free of charge.

The scheme was introduced in September, 1940, and at the end of the year 12 patients had received treatment, 11 of whom were assisted with their hospital fees. Wives of men serving with His Majesty's Forces are provided with free treatment, the Corporation paying the whole amount.

Emergency Obstetric Service.

The Council continues the scheme enabling any general practitioner to call upon the services of a member of a panel of Consulting Obstetricians direct for urgent cases. All the fees are paid by the Council and the only rule is that the practitioners must advise the Medical Officer of Health within a reasonable time after he has called this assistance.

The Service was not utilised in 1940.

Maternal Deaths.

Puerperal Sepsis	2.)	3 patients died in institutions.
Other Causes	2.)	

The Maternal Mortality rate is therefore 6.66 per 1,000 total births.

10.
Child Life Protection.

Visits to children "boarded out" are made at intervals by the Health Visitors. In all cases the children were receiving satisfactory care in suitable homes.

Number of persons receiving children for reward = 5.
Number of children = 5.
Number of children who died = Nil.

GYNAECOLOGICAL CLINIC.

It appeared necessary to review the duties and functions of this clinic towards the end of 1940, and the matter was the subject of a special report to the Maternity and Child Welfare Committee. The recommendations made at the end of the report, extracts of which follow, were accepted by the Council who also decided that the name should be changed to "The Women's Advisory Clinic."

Extracts of Special Report to Maternity and Child Welfare Committee - 27th November, 1940.

'In the first place it may be instructive to consider the view of the Ministry of Health, on the subject of Birth Control Clinics established by Local Authorities, which are embodied in Memorandum 153/M.C.W. of March, 1931 (reprinted in 1934) and Circular 1208 of July, 1931, summarised herewith:-

Maternity and Child Welfare Clinics can properly deal only with expectant and nursing mothers and young children, and that it is not the function of these Centres to give advice in regard to Birth Control.

Local Authorities have no general power to establish Birth Control Clinics as such, but where women are already attending the M. & C.W. (or ante-natal) clinics, contraceptive advice may be given provided there are medical grounds for giving such advice and where further pregnancy would be detrimental to health.

Local Authorities may also set up Gynaecological Clinics but such Clinics may only be available to such persons and Government sanction can only be given on the following conditions:-

1. The Clinics are available for women who are in need of medical advice and treatment for gynaecological conditions, and
2. Such advice on contraceptive methods will be given only to married women who attend the Clinics for such medical advice and treatment and in whose case pregnancy would be detrimental to health.

The Ministry do not consider it desirable that a Gynaecological Clinic should be established at a Maternity and Child Welfare Centre, and if an Authority is satisfied that there is need for such a Clinic, it should be provided in separate premises or a Hospital. Expectant and nursing mothers in attendance at a Maternity and Child Welfare Centre who are found to need medical advice and treatment for Gynaecological conditions could then be referred to the Clinic.'

At Blyth, a separate gynaecological clinic has been established but this does not appear to conform with the directions of the Ministry for the following reasons:-

The Clinic is not reserved for sick persons in need of medical advice and treatment for gynaecological conditions.

Contraceptive advice is not limited to women who attend the clinics for medical advice and treatment for gynaecological conditions, nor to expectant and nursing mothers referred from the Maternity and Child Welfare Clinic.

The Clinic is not established in separate premises or a hospital.

The progress and arrangements of the Blyth Gynaecological Clinic will be appreciated by the following notes:-

The Clinic commenced in November, 1937, and sessions have been held each month since then, yielding a total of 34 sessions to date. Altogether 73 patients have applied for advice, making a total of 194 attendances.

Patients are accepted for consultation from any source but in most instances have been advised by the Health Visitors to attend the Clinic which is held apart from the Maternity and Child Welfare Clinic. It is then left to the visiting Medical Officer to advise the treatment most suitable to the circumstances of the patient. In most cases advice on birth control methods has been given but a number of patients received elementary gynaecological treatment and advice and a few women have applied for advice because they have not borne children.

Table 1. (Attendances).

	1937.	1938.	1939.	1940.	TOTAL
Number of sessions	2	12	11	9(to-date)	34
Number of new patients	6	34	28	5 "	73
Number of subsequent attendances	2	51	51	17 "	121
TOTAL ATTENDANCES	8	85	79	22 "	194
Average attendances per session	4	7.0	7.1	2.5 "	5.7

Table 11. (Analysis of Attendances, etc.).

Subsequent Attendances.

Number who did not return after first visit....24
 Number making one subsequent visit.....19
 Number making two subsequent visits.....10
 Number making more than two subsequent visits..20 TOTAL 73.

Recommended by:-

Health Visitors.....56
 Own Doctors.....8
 Other sources.....9 TOTAL 73.

Treatment:-

No.receiving contraceptive advice only.....58
 No.receiving contraceptive plus
 gynaecological advice.....2
 No.receiving gynaecological advice only.....3
 No.receiving no advice.....3
 No.referred to own Doctor or Hospital.....1 TOTAL 73.

Observations.

It would appear that the duties of the Gynaecological Clinic have not been clearly defined, for whereas the original intention seems to have been to provide advice and guidance for recently parturient women, the development of birth control into a prominent duty of the Clinic has undoubtedly occurred. It is small wonder then that the attendances have not been large or

that the Clinic is rapidly becoming less popular, for the idea of being associated with a Clinic which includes work of this kind is distasteful to the minds of the majority and may, in time, reflect upon the popularity of the Maternity and Child Welfare sessions.

The considered opinion of the Medical Officer of Health is that little hardship would be incurred if women were required to apply to their own Doctors for contraceptive advice or were referred to one of the Birth Control Clinics conducted by a voluntary organisation which holds Clinics regularly at Newcastle and Ashington, and to limit the functions of the Gynaecological Clinic to:-

- (a) Medical advice and treatment of sick women suffering from gynaecological conditions.
- (b) Contraceptive advice to such patients described in paragraph (a) above and in whom pregnancy would be detrimental to health.
- (c) Nursing and expectant mothers referred from the Maternity and Child Welfare Clinic for whom contraceptive advice is considered desirable by the Medical Officer conducting the M. & C. W. Clinic.

The Ministry of Health has stated that Departmental sanction to provide Birth Control advice for social or economic reasons is not granted.

Dr. Dorothea Sinton, the Medical Officer in charge of the Women's Advisory Clinic, has kindly supplied the figures included in the following table:-

No. of sessions in 1940..... 12.
 No. of new patients..... 8.
 No. of patients returned for treatment..... 19.

SUN-RAY CLINIC.

Sessions were held twice weekly during 1940, all children being recommended by a Medical Officer and each child was medically examined after completing a course of treatment.

DEFECTS.	Under 5 yrs.		Over 5 yrs.	
	Boys.	Girls.	Boys.	Girls.
Rickets and Debility.	2	-		
Rickets.	3	1		
Pink Disease.	1	-		
" " & Rickets.	1	-		
Repeated Coryza.	-	1		
Bronchial Catarrh.	1	2		
Asthma.			4	-
Debility.			13	8
Debility & Bronchial Catarrh.			2	4
Bronchial Catarrh.			15	2
Repeated Coryza.			-	3
Debility & Enlarged Glands.			1	1
Malnutrition.			1	1
Fibrositis.			-	1
Twitchings.			-	1
T O T A L.	8.	4.	36.	21.

Total number of sessions..... 84.
 " " " children treated..... 69.
 " " " attendances..... 1017.

J. STOKOE,

Medical Officer of Health.

S T A F F.

Medical Officer of Health.	}	
School Medical Officer.		
Medical Officer M. & C.W. Authority.		J. STOKOE, M.D., B.S., B.Hy., D.P.H.
Medical Officer to River Blyth Port Health Authority.		

Assistant Medical Officer of Health and Assistant School Medical Officer.	C. BAINBRIDGE, M.B., B.S., B.Hy., D.P.H. (With H.M. Forces).
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Temporary Assistant Medical Officer of Health and Assistant School Medical Officer.	I. FRASER MACKENZIE, M.B., Ch.B., D.P.H., D.T.M. & H. (Appointed March 27th, 1940).
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* Ophthalmic Surgeon.	A. T. PATERSON, M.D., F.R.C.S. (E.), D.P.H.
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* Ear, Nose and Throat Surgeon.	J. A. STENHOUSE, M.B., Ch.B. (With H.M. Forces).
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* Anaesthetist.	M. H. A. DAVISON, M.D., B.S., D.A. (With H.M. Forces).
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* Consulting Obstetricians.	(Prof. E. FARQUHAR MURRAY, M.D., F.R.C.S., F.R.O.C.G. H. HARVEY EVERS, M.B., M.S., F.R.C.S., F.R.C.O.G. F. E. STABLER, M.D., F.R.C.S., M.R.C.O.G. W. HUNTER, M.D., B.S., M.R.C.O.G.)
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* Women's Advisory Clinic.	DOROTHEA W. SINTON, M.B., Ch.B.
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* Dental Surgeon.	H. O. BEDGOOD, L.D.S.
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Senior Sanitary Inspector.	M. B. H. CHURCHILL, M.S.I.A. (Resigned August, 1941).
Additional " "	R. W. ARMSTRONG, M.S.I.A.
Housing Inspector.	A. P. ROBINSON, A.R.I.P.H.H.

Health Visitors.	Miss R. M. FINLAY, S.R.N., S.C.M. Miss O. DIXON, S.R.N., S.C.M.
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Clerks.	Mrs. A. C. SCALFE. N. GODFREY. (With H.M. Forces).
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Temporary Clerks.	T. MORALEE. (With H.M. Forces), O. FELLOWS, ELIZABETH LAWS, PATRICIA M. PERNICE.
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* Part-time appointments.

