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COUNTY BOROUGH OF DARLINGTON.

ANNUAL REPORT
OF THE
Medical Officer of Health
1948

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH
SCHOOL MEDICAL OFFICER





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Health Department,
Feethams,
DARLINGTON.

*To the Chairman and Members
of the Health Committee.*

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report for 1948 on the health of the County Borough of Darlington.

From an administrative point of view the year was divided into two parts by the Appointed Day under the National Health Service Act, 5th July. If a somewhat greater attention seems to be given in the following pages to the events of the latter half of the year it is due to the greater interest that always attaches to the beginning of a new régime than to the end of an old one and it is also a reflection of the returns required by the Ministry of Health on the work carried out during the year. My own appointment began with effect from 1st September and I am, therefore, less able to describe conditions in which I had no part. Nevertheless there was in fact no dramatic change when the new Health Service came into operation. The aim of all was to make the transition as smooth as possible and the new situation was a development on certain elements already implicit in the old.

During the years since 1941 the Annual Reports have appeared in a severely curtailed form. This year something rather fuller is attempted, as a step towards that detailed survey which the Council and citizens have the right to expect. Reference is made under their appropriate headings to the various aspects of the work of the Health Department, and in this introductory letter I propose to call attention to some of the wider interests of public health and social medicine both general and local.

The concern of the Public Health Department is with health in the home, with the prevention of illness of all sorts, as far as this is possible, and with the study of all the circumstances that lead to illness. With the great decline in infectious disease, due not a little to the past successes of this service, a wider field awaits exploration. It is not more important to prevent diphtheria than duodenal ulcer, typhoid fever than arteriosclerosis. Meritorious as is our past success in improving the infant and maternal mortality rates, modern society shows a distressing upward trend in wrecked marriages, which have contributory causes, e.g., housing, of public health concern. One of the main difficulties in extending the field of prevention is in obtaining information. Many infectious diseases are notifiable, and the Medical Officer of Health knows where they occur and to what extent. Some means of making information of all kinds of disease equally available, without adding to the work of doctors in general practice, is very necessary. I am sure that the future of public health lies in close alliance with general practitioners and as evidence of this

belief a bulletin letter is sent every week to each practitioner in the town, informing him of the number of notified diseases during the previous week and of any other matter that seems likely to be of interest. I have reason to believe that this service is appreciated by my colleagues.

There is no doubt that one of the greatest factors adverse to health at the present time is presented by the housing situation. Circumstances in Darlington are better than in many other places, as the quality of the housing is relatively high, there are no extensive slum areas and there was no damage through enemy action during the War. Nevertheless an astonishing number of cases of mental distress, leading too often to physical disorder and to broken families, are brought to my notice, arising through overcrowding and the need to share homes for an indefinite period. The number known to me is only a fraction of the total, many of whom manage to make a success of their circumstances in spite of difficulties, but there is no doubt that the improvement of the housing situation should be a first claim on the allocation of building materials and if there are other priorities as high I do not know what they are. We all know how valuable, for instance, schools and hospitals are in the life of a community, but they are in no sense of equal importance with homes.

In emphasising the need for houses in sufficient number and of adequate size, where full family lives can be lived, where large families can be brought up and where aged people can return to the care of their children for their last years, I am not forgetting that the quality of life depends upon people and not upon things. Often family life of high quality flourishes in spite of adverse circumstances and vice versa.

This consideration leads naturally to a word on a new responsibility, laid upon Local Health Authorities by the National Health Service Act, which is mental health. A note will be found on this subject under its appropriate heading, but it is worth remarking in this context that many of the outstanding physical ills of the present time have their origin in mental stress and strain. This is true of organic diseases, such as peptic ulcer, and even more obviously so of the ills which are classified as "nervous debility." There are those who believe that a mental factor is to be found in many cases of chronic rheumatism. It is also a tragic fact that the number of persons admitted to mental hospitals is showing an increase year by year. The field of mental health is probably the most important in all preventive medicine and within it the doctor is not alone. Many other workers are involved from different angles in this subject, and the Medical Officer of Health needs to consider himself as one of a team with whom he must co-operate.

Other services in which the Medical Officer of Health is very closely interested are those administered by the Welfare Committee. I find it difficult to avoid the thought that there is an overlapping of the spheres defined by Section 28 of the National Health Service Act (care and after care of illness generally) and Section 29 of the

National Assistance Act (care of handicapped persons). The tuberculous are provided for under the National Health Service Act, the blind under the National Assistance Act. Again, the health of mothers and children is especially a National Health Service Act commitment, that of the old resting under the National Assistance Act. In order to develop a harmonious and complete welfare service embracing all sections of the population who can benefit in one way or another from the advice or amenities of the Local Health Authority, an ever closer welding together of the Health and Welfare Departments will be necessary.

I hope that I have said enough to indicate at least an appreciation on my part of the great possibilities for future work in public health and welfare. It has been suggested that present legislation ignores the Medical Officer of Health, but it remains as true today as it has ever been that prevention is better than cure. It is true that many Medical Officers of Health still regret the loss of the hospitals administered by their department, but for my part I do not think that the loss of responsibility for the treatment of established disease is to be deplored, since it provides time and opportunity to extend our work so widely in other directions. In any case, the quality of a service depends on the keenness of those who administer it, and the future of public health lies in the degree to which its executants rise to their opportunities. It is always to be realised that the hospital, like the school, is ancillary to the home, the state to the family, and the machine to man.

I should like to thank the Chairman and Members of the Committee for their interest in the work of the Department, and all the members of my staff for their loyalty and co-operation. If, after a few days' service, a newcomer feels entirely at home in his appointment it speaks very highly for the helpfulness and goodwill of all with whom he has to work, and I am thankful to say that this was my most pleasant fortune.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

STAFF.

Medical Officer of Health and School Medical Officer	William E. Orchard, M.D., D.P.H. (till 2nd August, 1948).
do. do. do. do.	Joseph V. Walker, M.D., M.R.C.P., D.P.H. (from 1st Sept., 1948).
*Deputy Medical Officer of Health, Venereal Diseases and Tuberculosis Medical Officer	Donald John Campbell, M.B., Ch.B., D.P.H.
*Assistant Medical Officer of Health for Maternity and Child Welfare	Sabine Rosenfeld, M.B., Vienna.
Assistant Medical Officer of Health for Public Assistance and Public Vaccinator	John Fleming Bishop, M.B., Ch.B., C.P.H.
Assistant Medical Officer, Public Assistance Committee	C. D. Stone, M.R.C.S., L.R.C.P.
Temporary Assistant Medical Officer	Arthur Ingham, M.B., Ch.B.
Assistant Medical Officer of Health for Schools	Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
do. do. do. do.	Winifred M. Henderson, M.B., Ch.B. (till 31st March, 1948).
School Dental Officer	J. L. Liddell, L.D.S.
Assistant Dental Officer	Arthur Lewis, L.D.S. (till 31st December, 1948).
*Radiographer (Temporary)	Mrs. J. Shields (nee Williamson), (till 2nd October, 1948).
Public Analyst	C. J. H. Stock, B.Sc., F.I.C.
Chief Sanitary Inspector	A. E. Wade (till 4th Dec., 1948).
do. do. do. do.	F. Ward (from 5th Dec., 1948).
Deputy Chief Sanitary Inspector	F. Ward (till 4th Dec., 1948).
do. do. do. do.	J. R. White (from 5th Dec., 1948).
Sanitary Inspectors	J. R. White (till 4th Dec., 1948).
	A. F. Theakston.
	J. A. H. Brocklebank (till 31st August, 1948).
	S. Daley.
	D. G. Warde (from 1st Sept., 1948)
Senior Health Visitor	Miss A. M. McIlwaine, S.C.M., S.R.N. (till 29th Feb., 1948).
do. do. do.	Miss E. Winch, H.V.C., S.C.M., S.R.N. (from 1st March, 1948).

District Health Visitors and Child Life Protection Officers	Miss A. M. McIlwaine, S.C.M., S.R.N. (from 1st March, 1948). Miss M. Milestone, H.V.C., S.C.M., S.R.N. Mrs. J. L. Copping, H.V.C., S.C.M., S.R.N. Miss E. Winch, H.V.C., S.C.M., S.R.N. (till 29th Feb., 1948) Miss M. Wilkinson, H.V.C., S.C.M., S.R.N. (till 29th Feb., 1948). Miss F. E. Smith, H.V.C., S.C.M., S.R.N. Mrs A.. Brown, H.V.C., S.C.M., S.R.N. (from 1st May, 1948).
Part-time Child Life Protection Officer	Miss V. I. Smiles.
Tuberculosis Health Visitor ...	Miss A. Thornton, H.V.C., S.C.M., S.R.N.
* Matron Infectious Diseases and Smallpox Hospitals	Miss Gaynor L. Pritchard, S.R.N., S.C.M., R.S.F.N. (till 30th Nov., 1948).
do. do. do. do.	Mrs. Anne McDougall Steven, S.R.N., S.C.M., R.F.N. (from 1st Dec., 1948).
* Matron Maternity Hospital ...	Miss Kate I. Kemp, S.R.N., S.C.M.
* Superintendent Nurse Municipal Hospital	Miss A. Moran, S.R.N., S.C.M.
Mental Welfare Social Worker ...	Miss E. Black.
Superintendent Midwife	Miss E. Dempsey, S.R.N., S.C.M. (from 15th Nov., 1948).
Municipal Midwives	Mrs. A. E. Oakley, S.R.N., S.C.M. Mrs. F. R. Hawley, S.C.M. Mrs. I. Wilson, S.C.M. Miss E. Shaw, S.C.M. Miss W. Thompson, S.R.N., S.C.M. (from 5th July, 1948).
Matron of Nursery North Road ...	Miss M. Scott Hope, S.R.N.
¶ Maternity and Child Welfare Home Helps	Miss L. Robinson. Mrs. M. Botterill (till 4th July, 1948). Mrs. C. E. Rispin. Mrs. R. M. Muldoon.
Registrar of Births, &c.	E. K. Corlett.
Chief Clerk	Hugh R. Kirk.
Vaccination Officer	Hugh R. Kirk (till 4th July, 1948).

Clerical Staff	...	...	...	Miss F. E. Gibbon. Miss F. I. Goodwill (till 14th May, 1948). Miss D. E. Tones (till 31st July, 1948). Miss G. W. Ruecroft. Miss I. Stockdale (till 31st July, 1948). Mrs. E. Ward (from 24th May, 1948). Miss D. Robinson. Miss M. Bell (from 28th June, 1948). Miss B. Sowden (from 28th June, 1948). I. Burnley. D. G. Warde (till 31st August, 1948). V. J. Scarre. A .R. Lambert (from 1st Dec., 1948).
* V.D. Orderly	...	...	...	J. T. H. Litton.
Handicraft Instructor	...	...	...	W. Wilson.
Home Visitor for Blind	...	...	...	C. F. Cooke.
Rodent Operative	...	...	...	R. S. Walton.

* Officers so marked were transferred with effect from 5th July, 1948, to the employment of the Darlington Hospital Management Committee.

† With effect from 5th July, 1948, the Maternity and Child Welfare Home Helps were merged with the General Home Help Service administered by the Women's Voluntary Service as agents of the local Health Authority.

SECTION A.

VITAL STATISTICS.

Height above sea level—100 to 240 feet.

Area of Borough in acres—6,463.

Resident population (Registrar General's estimate, 1949)—84,000.

Resident population (last census)—72,093.

Percentage increase in 18 years on last census population—16.5%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1949) :

(a) Dwelling houses	23,306
(b) Dwelling houses and shops	715
(c) Licensed premises	131
	24,152
Total ...	24,152

Rateable value (at 31st March, 1949)—£575,322.

Sum represented by 1d. rate (at 31st March, 1949)—£2,295.

Birth rate per 1,000 population—18.4.

Death rate per 1,000 population—11.6.

Natural increase—575.

Infant mortality rate per 1,000 live births—31.6.

Neo-natal mortality rate per 1,000 live births—14.2.

Still birth rate per 1,000 births—21.9.

Deaths from notifiable infectious diseases (other than tuberculosis)—4.

Deaths from diarrhoea (under 2 years)—4.

Deaths from pulmonary tuberculosis—44.

Deaths from non-pulmonary tuberculosis—4.

Deaths from cancer—142.

Deaths from circulatory diseases—371.

Deaths from pneumonia and bronchitis—93.

Deaths from violent causes—28.

Deaths under four weeks—22.

Maternal deaths—6.

Deaths of persons 65 years and over—60% of all deaths.

Deaths of persons 75 years and over—33.6% of all deaths.

Births and Deaths, 1948 :—

Live births :

Legitimate ... 1,465 (males—772 ; females—693)

Illegitimate ... 83 (males— 39 ; females— 44)

Still Births—34.

Deaths—973 (males—493 ; females—480).

Death rate of infants under one year:—

All infants per 1,000 live births	31.6.
Legitimate infants per 1,000 legitimate live births ...	30.7.
Illegitimate infants per 1,000 illegitimate live births ...	48.2.

Inquests held — 34.

Uncertified deaths — 47.

Deaths in institutions — 358 (including 33 in institutions outside the Borough. This is equivalent to 36.8% of all deaths compared with 34% in 1939 and 34.1% in 1940).

TABLE I.
Comparable Table of Vital Statistics, 1929-1948.

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
1929	71,790	16.8	16.3	13.1	13.4	81	74
1930	72,380	16.8	16.3	11.5	11.4	76	60
1931	72,750	15.3	15.8	12.5	12.3	73	66
1932	72,820	15.6	15.3	11.2	12.0	67	65
1933	73,340	13.8	14.4	12.0	12.3	67	65
1934	74,550	14.8	14.6	10.8	11.8	60	59
1935	75,300	14.8	14.7	12.2	11.7	59	57
1936	75,500	15.5	14.8	12.7	12.1	58	59
1937	75,620	15.1	14.9	12.9	12.4	58	58
1938	75,930	15.8	15.1	12.9	11.6	56	53
1939	76,900	16.8	15.0	12.5	12.1	56	50
1940	77,720	16.3	14.6	13.9	14.3	58	55
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,710	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34

* Rate Per Thousand

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II.

Deaths occurred from the following causes :—

WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Piermont	Central	North-East	Eastbourne	West	South	TOTAL	Inward Transfers	GRAND TOTAL
1 Typhoid and paratyphoid fevers	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-spinal fever	...	...	...	...	1	...	...	...	1	...	2	...	2
3 Scarlet fever	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping cough	1	...	...	...	...	...	...	...	...	...	1	...	1
5 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Tuberculosis of respiratory system	4	3	4	4	1	3	9	6	3	3	40	4	44
7 Other forms of tuberculosis	1	...	...	1	...	...	...	...	...	1	3	1	4
8 Syphilitic disease	...	...	...	...	...	...	...	1	...	...	1	...	1
9 Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Acute poliomyelitis and polioencephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute infectious encephalitis	...	...	...	...	...	...	...	...	...	...	...	1	1
13M Cancer of buccal cavity and œsophagus	1	1	...	...	...	1	...	...	...	...	3	...	3
13F Cancer of uterus	2	1	1	...	1	2	1	2	...	1	11	1	12
14 Cancer of stomach and duodenum	6	3	2	...	...	2	1	5	1	1	21	3	24
15 Cancer of breast	1	...	2	...	3	1	1	2	2	2	14	2	16
16 Cancer of all other sites	5	5	11	1	7	9	13	11	14	6	82	5	87
17 Diabetes	...	1	...	1	...	...	...	...	1	1	4	...	4
18 Intra-cranial vascular lesions	6	5	5	3	6	6	6	2	6	7	52	1	53
19 Heart disease	11	10	22	16	23	19	16	19	17	12	165	11	176
20 Other diseases of the circulatory system	13	8	11	16	12	8	12	27	15	13	135	7	142
21 Bronchitis	3	6	2	7	5	5	8	9	3	2	50	...	50
22 Pneumonia	1	4	6	2	...	7	7	5	2	8	42	1	43
23 Other respiratory diseases	2	1	1	3	...	1	1	1	2	1	13	...	13
24 Ulceration of the stomach or duodenum	...	1	1	...	...	...	...	2	...	2	6	...	6
25 Diarrhœa (under 2 yrs. of age)	...	...	...	2	...	...	...	1	...	...	3	1	4
26 Appendicitis	...	...	...	...	...	...	...	...	...	...	...	1	1
27 Other digestive diseases	2	1	...	1	2	...	1	1	1	4	13	...	13
28 Nephritis	7	2	2	1	...	4	3	3	2	...	24	...	24
29 Puerperal and post-abortive sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Other maternal causes	1	1	1	1	...	1	1	...	...	...	6	...	6
31 Premature birth	4	...	1	...	2	...	3	1	1	1	13	...	13
32 Congenital malformations, birth injury, infantile disease	1	1	1	...	2	1	2	2	...	1	11	...	11
33 Suicide	1	...	1	...	1	1	...	1	1	...	6	2	8
34 Road traffic accidents	2	...	1	1	2	...	...	1	1	...	8	2	10
35 Other violent causes	...	1	...	2	...	1	1	...	...	...	5	5	10
36 All other causes	29	14	10	11	7	29	13	22	23	22	180	11	191
TOTALS	104	69	85	73	75	101	99	124	96	88	914	59	973

TABLE III.

Infant Mortality, 1948.

Net deaths from stated causes at various ages under one year of age.

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All causes { Certified	17	2	1	...	20	8	12	4	3	47
{ Uncertified ... ..	...	...	2	...	2	...	...	...	...	2
Whooping Cough ... ..	...	...	...	...	...	...	1	...	...	1
Tuberculous Meningitis ... ..	...	...	...	...	...	...	1	...	...	1
Convulsions ... ..	...	...	2	...	2	...	...	...	...	2
Bronchitis ... ..	...	...	...	...	...	2	1	2	...	5
Pneumonia (all forms)	1	...	...	...	1	2	5	1	1	10
Gastro-enteritis ... ..	...	...	...	...	...	1	2	...	1	4
Injury at Birth	5	...	...	...	5	...	...	...	...	5
Atelectasis ... ..	...	1	...	...	1	...	...	...	...	1
{ Congenital Malformations ... ..	...	...	...	...	...	2	...	1	...	3
{ Premature Birth	11	1	1	...	13	...	...	...	...	13
{ Atrophy, Debility and Marasmus ... ..	...	...	...	...	...	1	...	...	...	1
Other causes ... ..	...	...	...	...	...	...	2	...	1	3
TOTAL	17	2	3	...	22	8	12	4	3	49

TABLE IV.

Mortality among Children, 1-5 years and Children of School Age.

Causes of Death	1	2	3	4	To 1-5	5	6	7	8	9	10	11	12	13	14	To 1-15
Cerebro Spinal Meningitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Pulmonary Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Chronic Bronchitis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Pneumonia (all forms)	3	1	...	...	4	...	...	...	...	...	...	...	1	1	...	6
Run over by Motor Lorry ... ..	...	...	...	1	1	...	1	...	...	...	...	...	...	1	...	3
Electrocution—Accidental ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Internal Haemorrhage ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Fall from Roundabout ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Acute Rheumatism ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Leukaemia ... ..	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	2
Primary Amentia ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
TOTAL	4	1	1	1	7	1	1	...	...	...	...	...	1	3	5	18

TABLE V.

1948 Cancer Deaths—Parts of Body Affected.

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mouth and Throat	1	...	2	...	1	1	4	1
Gastro Intestinal	3	...	4	1	10	4	10	16	7	17	34	38
Genito Urinary	...	2	...	1	1	7	...	3	1	1	1	2	3	16
Breast	...	1	...	1	...	1	...	1	...	7	...	5	...	16
Bones	3	...	...	...	2	...	1	...	6
Glands	2	1	3	1	4	...	1	...	10	2
Thorax	2	...	3	...	...	1	2	1	...	...	7	2
Skin, etc.
Brain	1	...	...	1	...	1	...	...	...	...	1	2
TOTAL	...	3	6	2	10	14	14	11	19	27	10	26	59	83

Commentary.—It is something of a paradox that under the heading of "Vital Statistics" so much space should be taken up with information relating to death. An examination of the ages and causes of death, however, provides much valuable information of the state of the public health, of the efficacy of some health services and of the opportunities for extended service and for better returns. The small number of deaths from notifiable infectious diseases other than tuberculosis (one was from whooping cough and two from cerebrospinal fever and one from acute infectious encephalitis) is welcome evidence of the lessened virulence of some of the more common of these disorders and of improved methods of treating complications when they arise. To some extent the improvement is due to causes very slightly understood, as the lessened severity of measles in recent years and of scarlet fever. In other cases, as the decline in morbidity and mortality of diphtheria, the credit would seem to lie with the immunisation so widely practised (but still not widely enough) upon young children. In all cases, the price for the control of infectious disease of all kinds is eternal vigilance, but the situation as reflected in the statistics is not unsatisfactory.

Notifiable infectious diseases differ from disease in general in that the incidence of morbidity as well as of mortality is known with varying degrees of accuracy to the Health Department. The notifiable infectious diseases are not the illnesses which cause the greatest loss of health and efficiency in modern society and as these disorders are not for the most part those from which people die their incidence is unknown in detail to the Medical Officer of Health. Since preventive medicine must always proceed from a base of complete and accurate information an outstanding need of the times is to find a technique to keep the Health Department informed of all kinds of morbidity, without laying a further burden upon general practitioners.

In spite of the steady improvement in infant mortality, the number of children dying within the first year of life (Table III) remains much greater than in later years and it includes, as the largest single cause, deaths due to prematurity. Pneumonia in all its forms accounted for more than 20% of deaths in 1948, and injury at birth for more than 10%. These are causes that must be regarded as preventable, granted adequate knowledge, care and skill by all concerned, so that the practical limit to improvement of the infant mortality rate has yet to be reached.

Turning to deaths among children over 1 year and under 15 (Table IV), it is apparent that pneumonia is again the largest single cause, accounting for a third of them. Accidents are the cause of other deaths, 27.8%, and this again is a preventable loss. The morbidity and mortality occasioned by accidents, both within and outside the home, are factors too complacently accepted by our society. It is to be remarked that violent causes accounted for 28 deaths at all ages, more than half the number due to tuberculosis and seven times those due to other notifiable infectious diseases. Had there been, in Darlington in 1948, 28 deaths from, say, poliomyelitis there would have been no small stir. Among these 28 deaths, were 8 due to suicide, a cause not to be regarded as accidental, though highly significant as an index of mental malaise.

Since the aim of preventive medicine is that all should die of uncomplicated old age, every death due to causes other than reasonable wear and tear is, strictly speaking, to be looked upon as due to an accident. Many, though by no means most, deaths due to circulatory diseases are occasioned by the degenerative processes of age and may be regarded as natural, but other diseases more frequent in later life, of which cancer (Table V) is a pre-eminent example, should be regarded as accidental and preventable, though along what lines they are to be avoided is not yet known.

SECTION B.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

§ 1. GENERAL.

The following table shows the incidence of infectious diseases and also their disposal to the Isolation Hospital. The initials "C" and "M" designate civilian and military cases. Until 5th July the Corporation had an arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the Borough Hospital, which continued until the end of the year. Patients from rural areas were also admitted by agreement, both before and after the Appointed Day. Thus the last four columns of the table do not refer to inhabitants of Darlington.

TABLE VI.
Incidence of Infectious Diseases.

DISEASE.	Borough Cases				Cases removed to and Deaths in Isolation Hospital								
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts				
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	144	...	...	...	116	...	...	...	28	50	...	...	...
Diphtheria	7	...	...	...	6	...	...	...	2	...	...	...	...
Typhoid and Para-typhoid Fevers	2	...	...	...	2	...	...	...	...	...	...	...	...
Erysipelas	4	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	14	...	...	...	...	...	...	...	2	...	...	...	...
Babies with Mothers	...	...	...	...	...	...	...	...	2	...	...	...	...
Pneumonia	18	...	42	...	...	...	...	...	1	...	...	...	...
Measles	605	...	...	...	2	...	...	...	4	...	...	...	...
Encephalitis Lethargica ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	73	...	40	...	85	...	15	...	1	...	...	...	...
Other forms of Tuberculosis	12	...	3	...	...	...	...	...	1	...	...	...	...
Whooping Cough	88	...	1	...	4	...	1	...	1	3	...	...	...
Cerebro-spinal Fever	2	...	2	...	1	...	1	...	3	...	...	...	...
Acute Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Conditions	72	...	1	...	71	...	3	...	18	12	1	...	...
Malaria Relapse ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Icterus Neonatorum ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	1041	...	89	...	287	...	20	...	57	71	1	...	...

It will be observed that 80.6% of the notified cases of scarlet fever were admitted to hospital. It may be questioned whether this is an economic policy when the disease is at its present degree of mildness. The great majority of these patients who were nursed in hospital could equally well have been nursed at home, with elementary precautions against spread of infection. When only 0.3% of cases of measles and 4.5% of whooping cough were regarded as requiring hospital treatment, it would seem that the almost automatic arrangement to admit cases of scarlet fever reflects a tradition inherited from a time when this disease, and streptococcal infections generally, were much more severe and unamenable to treatment than at present. There is here a rather interesting problem in public relations. The situation in respect of infectious diseases is always fluid and the policy of one generation may be repudiated by the next, though both were equally appropriate to the circumstances of their respective times. Thus, to persuade the public of the scientific validity of an apparent contradiction may be no easy task and principles of treatment and prevention may be found to have reached wide recognition only when they have become outdated.

No special comment is required on other infectious diseases. Diphtheria continued to show, as in the recent past, low incidence and no fatality. The 7 cases notified in 1948 can be compared with satisfaction with the 105 notified in 1937, 97 in 1938, 43 in 1939 and 58 in 1940. At the same time it would be unduly complacent to regard the situation as quite controlled by immunisation. In diphtheria, as in other diseases, periods of less and greater virulence tend to alternate.

There was no return in 1948 of the poliomyelitis epidemic of the previous year, either in Darlington or in the country generally. This correlated with a cooler summer, but whether significantly or not it is impossible as yet to say.

No case of food poisoning was notified during the year. This may not mean that there was in fact no case of it, since these are usually so trivial that medical aid is unsought, nor does the practitioner think notification worth while when he is in attendance. A knowledge of the real incidence of food poisoning would be most valuable if it could be obtained. Care was taken throughout the year to bring to food handlers a constant awareness of their responsibilities.

The following table shows the distribution of notifiable infectious diseases among the wards of the County Borough.

TABLE VII.

1948—Infectious Diseases in Wards.

DISEASE	Harrowgate Hill	North Road	Cockerton	Pierremont	Northgate	Central	North East	East	West	South	TOTAL
Scarlet Fever	26	18	13	10	8	8	10	32	10	9	144
Diphtheria	1	1	...	1	...	1	2	...	...	1	7
Whooping Cough	10	13	14	12	3	2	2	13	3	16	88
Measles	90	77	81	56	49	44	58	67	32	51	605
German Measles ... ..	...	...	...	...	...	...	...	...	...	...	...
Para-Typhoid ... ..	...	1	...	...	...	...	...	...	...	1	2
Acute Pneumonia	1	...	...	2	1	1	2	11	...	...	18
Cerebro-Spinal Fever ... ..	...	...	...	...	1	...	...	...	1	...	2
Erysipelas	1	...	...	...	...	...	...	3	...	...	4
Puerperal Pyrexia ... ..	...	...	...	...	13	...	1	...	...	...	14
Ophthalmia Neonatorum ... ..	...	...	...	...	...	...	...	...	...	...	...
Others	9	7	6	4	4	6	11	15	2	8	72
Pulmonary Tuberculosis... ..	11	7	8	10	2	9	8	11	2	5	73
Non-Pulmonary Tuberculosis	3	2	1	1	...	1	1	2	...	1	12
TOTAL	152	126	123	96	81	72	95	154	50	92	1041

§ 2. IMMUNISATION AND VACCINATION.

The situation in 1948 is well shown in the following table.

TABLE VIII.		At Health Department	By Private Practitioners	TOTAL
(1) Immunised against diphtheria :				
Children under 5 years of age immunised ...	...	935	115	1050
Children over 5 and under 15 years immunised ...	...	168	7	175
"Booster" doses—Children under 5 years ...	...	132	—	132
Children 5 to 15 years ...	...	247	—	247
Total ...	...	1482	122	1604
(2) Vaccination against smallpox :				
Children successfully vaccinated prior to 5th July		138	73	211
Children successfully vaccinated after 5th July ...		38	36	74
Other persons successfully vaccinated (whole year) ...		7	28	35
Total ...	...	183	137	320
(3) Immunisation against other diseases :				
Pertussis — Health Department ...	...	...	...	48
Private practitioners ...	...	...	...	4

The above figures included all immunisations and vaccinations carried out to the knowledge of the Health Department. Owing to lack of agreement as to appropriate fee for record keeping payable by the Local Health Authority to private practitioners, a certain number may have been carried out unknown to this Department. In the Approved Proposals for carrying out duties under Section 26 of the National Health Service Act the Local Health Authority has undertaken to provide such facilities for protection against other diseases as circumstances may demand and the Medical Officer of Health recommend.

The following table shows the relative number immunised and vaccinated during the last six years :

TABLE IX.

Immunisation and Vaccination : Comparative Figures.

	1943	1944	1945	1946	1947	1948
Immunisation, Children under 5	844	608	531	655	686	1050
Immunisation, Children 5—15 years	925	256	191	456	325	175
Vaccination, Infants	407	431	357	351	464	285

Commentary. Immunisation against diphtheria may be thought by now to be an established part of child care, but unless it is constantly kept before the notice of the public, and made readily available, few parents will go out of their way to obtain it for their children. Thus, in Darlington the percentage of children of all ages under 15 who were immunised in 1948 was 52.4%, which is by no means satisfactory. There is no local tradition of objection to any form of immunisation, so that parental apathy and a failure to provide sufficient amenities are the cause of this low figure.

The simplest way whereby immunisation can be made a part of normal routine of a child's life is through the Welfare Centres. The long-term solution may be through the family practitioner service, but for the time being this technique would seem to demand less parental effort. Mothers attend Centres when they do not as yet attend practitioners' surgeries, to have their children weighed, to obtain orange juice, cod liver oil and dried milk and to obtain simple advice on feeding and management. At any time over six months (in Darlington usually at about nine months) immunisation can be offered and carried out as part of the ordinary work of the Centre and most mothers are prepared to accept it as such. Thus, an increased attendance at the Centres would be valuable if for no other reason than this, which, for the time being, should be our aim.

At one year of age Birthday Cards, obtained from the Central Council for Health Education, are sent to children and they contain a reminder for those who have not already been immunised. Local Girl Guides have kindly co-operated to deliver these cards by hand, so giving a personal touch unobtainable by post. The Health Department is very grateful for their freely given help and for that of Mrs. H. C. Pearson, the District Commissioner, who organised the service.

No special appeal by propaganda was made during 1948 for it was thought that the public in general, and mothers and children in particular, were saturated and required a rest before becoming again sensitive to health appeals through posters, pamphlets and trailer films.

The position in respect of vaccination was much worse than that of immunisation, especially since the Appointed Day. The Ministry of Health has discouraged any adaptation of the earlier information regarding vaccination given to parents when they register their child's birth, and such vaccinations as are still requested probably represent the waning momentum of a past tradition. At best there is little appreciation of the need to protect children against smallpox because the disease is fortunately so little before the public eye that its importation into the country is in itself a slightly sensational news item. Virulent smallpox is still widespread and the dangers of importation have increased with air travel. Until now, recent introductions of the disease have been rapidly smothered, but such success may not always be achieved and the sense of security shared by most people may prove unfounded. It is worth remembering also that vaccination in infancy is carried out with little or no general disturbance and with much less risk of serious complications than when carried out for the first time at a later age. If there were no better reasons, it is worth saving a young man a bad arm on entering into the Services by vaccinating him in infancy.

§ 3. TUBERCULOSIS.

The result of the National Health Service Act has been a division of the Tuberculosis Service and the long-term benefit of this remains to be seen. A similar division is true of infectious diseases generally, but treatment of tuberculosis is much more closely bound up with the social and economic circumstances of the patient because extending over a much longer period than of the other acute and relatively transient infections. Thus, treatment and community care are a more complicated and inter-related problem than in the case of say, scarlet fever. The treatment of tuberculosis, whether institutional or domiciliary, is now the concern of the Regional Hospital Board and community care, in all its aspects, remains the responsibility of the Local Health Authority. In recognition of the essential unity of these two parts of the work, the L.H.A. retains a share (three-elevenths) of the work of the Tuberculosis Officer, and employs a Health Visitor for the community oversight and social welfare of tuberculosis patients. Under the heading of "Care" are a large number of separate but highly relevant matters, such as housing and overcrowding, suitability of occupation, provision of extra nourishment and clothing, and problems of adjustment of various kinds. Prevention of infection also remains the paramount responsibility of the L.H.A., but the examination of contacts and the early detection of new cases in the population generally through, for instance, mass miniature radiography, are services provided by the R.H.B.

The consideration of the circumstances of individual patients is the work of the Tuberculosis Care Committee, a voluntary organisation partly subsidised by the L.H.A. and closely associated with its work, but obtaining funds from other than exclusively public sources and having as members interested persons and representatives of

organisations outside the Council. The Chairman of this Committee is also the Chairman of the Health Committee and its Honorary Secretary is the Medical Officer of Health, while the T.B. Health Visitor and Handicraft Instructor attend the meetings. Each member has a district of the County Borough and reports on the welfare of the tuberculous patients within it. At the meetings, applications for extra nourishment, clothing and cash allowances in lieu (where payable) are considered.

In this context a note is appropriate on the valuable work of Mr. J. W. F. Wilson, the Handicraft Instructor. The need to maintain the interest of the tuberculous in the world around them is well recognised, quite as much from a psychological as from an economic point of view. Creative occupation directs the mind outward and away from introspection. Before the Appointed Day, the Handicraft Instructor began this good work at the hospitals, but subsequently the responsibility for this, as for other aspects of in-patient treatment, passed to the Hospital Management Committee. Subsequent domiciliary occupation, short of wage earning employment, remains, however, the responsibility of the L.H.A., and the scope for further extension of this service, not exclusively among the tuberculous, is as great as ever. The closest possible collaboration needs to exist between the instructor provided for in-patients by the Hospital Management Committee and the instructor employed by this Authority.

In connection with this service, the Authority maintains a workshop in the disused laundry at Greenbank Maternity Hospital. These premises are far from ideal and are not now owned by the Corporation. The instructor also visits patients at their homes who are unable to attend the workshop. At the end of the year the problem of better accommodation was receiving thought, but still awaited solution.

The following figures showing the position in respect of employment or otherwise of tuberculous persons in Darlington on the dispensary register indicate the situation at the end of 1948 and have interest in illustrating the concern of the L.H.A. in sufferers from this disease as by no means confined to the hospitals and the bedfast or even to those who outwardly appear ill.

One of the greatest problems in tuberculosis arises from housing. The damage that can be done by an open case living in overcrowded conditions and careless of the rules of hygiene can hardly be exaggerated. The bacillus-laden dust of such a house is a menace to all its inhabitants, especially children. Hence the rehousing, where necessary, of such patients has the highest priority, one that is always honoured by the Housing Committee.

The structure of the T.B. service has been described at some length because it is the only "care" service administered by the Health Committee under Section 28 of the National Health Service Act which is at all fully developed. It has some important differences arising from the nature of the malady from the service formerly administered by the Health Committee and now by the Welfare Committee for the welfare of the blind and again from the complicated and so far inchoate Mental Welfare Service described more fully on page 25. It is, one feels, the pattern of other services for the community care of the long-term domiciliary sick, for which so much scope exists. Among the tuberculous, for instance, there are both the severely ill and persons at work in apparently good health. This situation also exists, to name a few instances, among diabetics, cardiac invalids of all sorts, and sufferers from peptic ulcer. The Care Committee, of wide representation, the special Health Visitor and Social Worker, and the diversional therapy service are functions equally applicable to the community care of other kinds of patient, and here, as must necessarily be elsewhere, is maintained a close contact with other welfare organisations, such as the Assistance Board and the Disablement Rehabilitation Office of the Ministry of Labour. Thus, new developments are likely to profit greatly from the experience of the Tuberculosis Service.

Dr. Donald J. Campbell, Deputy Medical Officer of Health and Tuberculosis Officer, writes as follows :

"The total number of new cases for 1948 numbered 86 pulmonary and 15 non-pulmonary, compared with 83 and 25 respectively in the previous year. Included in the 86 pulmonary cases are 12 notifications following death and two transfers from other areas. Fifty-six of the remaining 72 pulmonary cases have been treated at the dispensary and it is possible, therefore, to study the problem from a detailed examination of these cases. The age and sex incidence is of initial interest and may be seen readily from the following table :

			0-15	16-25	26-35	36-45	46 and over
Male	...	...	1	9	1	7	18
Female	...	...	2	8	5	2	3

"Though the numbers are small, they illustrate a feature common to those of other towns, namely that the incidence in males over 40 years markedly exceeds that in females of the same age-grouping. This is also evidenced from a study of the town's Tuberculosis Register, which shows that males predominate by 173 to 104 and that 56.5% of men and 48.1% of women were over 35 years of age,

"Since it has been stated that there is no satisfactory explanation of this increased incidence among men, it is of interest to consider possible contributing factors. One fact known to many is that men as wage-earners for the family have, as a rule, a fear of being "laid-off" and that this is most noticeable while their families are young. Thus, it leads to avoidance and delay in consulting the doctor often until some of the children are left school, and diagnosis of disease is, therefore, only made when the individual is from 35 years of age onwards. Again, men, by their employment, are in close contact with a greater number of individuals daily than are women and it is unfortunate that some, in seeking relaxation and recreation, continue this risk out of work in clubs and public houses where the atmosphere and conditions are so often conducive to the spread of infectious diseases. It is possible also that at least among urban communities the peak of resistance to respiratory infections is reached at about 35 years of age and that thereafter a gradual decline sets in, leaving the individual more prone to contact infections. These are factors of possible importance, and it will be of further interest in this connection to note the effect on the female incidence of the increasing employment of women in factories.

"Of the 56 cases, 32 were proved to be sputum positive, while 24 were negative on direct smear examination. General practitioners notified 26 cases, 13 of whom were sputum positive, but only 7 were below 30 years of age. Fifteen cases resulted from Mass Radiography of 9,174 individuals. Six of these were under 30 years of age and 3 of the 6 sputum positive. Remaining notifications came from the Services (6), hospitals and clinics (7) and contacts (2) of previously notified cases.

"The results of treatment are gratifying and significant, in that they give proof of the happy results following upon early diagnosis. There has fortunately been no delay in hospitalization in cases where active therapeutic measures were indicated and likely to bring about arrest of the disease and subsequent cure. Thus, of the 20 female cases, 16 received treatment in hospital. Of these, 12 were sputum positive and in all but 2 reversion to negative was obtained by collapse therapy in the case of 8 and by routine sanatorium measures in 2. These cases are now all discharged from hospital and the majority returned to normal employment. The two remaining cases are still in hospital. Of the sputum negative cases, 1 remains in hospital, while the other 3 are returned to employment, the disease now considered quiescent.

"Of the male cases, 13 were under 30 years of age and 7 of these sputum positive. Four have been successfully treated by collapse therapy, i.e., artificial pneumothorax or thoracoplasty, while 3 remain in hospital. With the exception of 1 case under treatment in the R.A.F. and another ill at home, the remaining cases under 30 years of age are now back at work."

The following table summaries some of the work carried out under this heading during the year, indicating the disposal of notified cases, visits made at home, and other revelant matters.

TABLE XI.
TUBERCULOSIS: DISPOSAL OF CASES.

Sanatoria	In			Admitted			Discharged			Deaths			Remaining		
	M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.
Stannington	-	-	3	-	-	1	-	-	3	-	-	-	-	-	1
Papworth Hall	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Barrowmore Hall	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Borough Isolation Hospital	9	8	-	45	36	-	38	25	-	8	9	-	8	10	-
Municipal Institution	-	3	-	-	3	-	-	2	-	-	1	-	-	3	-
Poole Sanatorium	8	6	-	8	10	-	7	8	-	-	-	-	9	8	-
Kirbymoorside	-	-	2	-	-	1	-	-	2	-	-	-	-	-	1
St. Vincent Orthopædic Hospital	-	-	2	-	-	-	-	-	1	-	-	-	-	-	1
Grosvenor House San., Ashford	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-

Railway Warrants issued—14.

Dispensary Attendances—2,152.

Bus Warrants issued—2.

Doctors' Home Visits—24.

X-ray examinations—

Health Centre—1,089.

Ultra Violet Rays—5.

DOMICILIARY VISITS:—

Health Visitors

Queen's Nurses' Association

First Visits. Re-visits Total.

82 1504 1586

4 22 26

Total ... 86 1526 1612

§ 4. VENEREAL DISEASES.

On 5th July the service for the treatment of venereal diseases passed to the Regional Hospital Board. The same amenities continued until the end of the year, the clinic meeting on seven sessions every week, two of them in the evening, at Greenbank Hospital. Dr. D. J. Campbell remained as Medical Officer in charge.

With the repeal of Defence Regulation 33B., no obligation remained with the Local Health Authority to follow up contacts, with a view to possible coercion to obtain treatment. There is no doubt that education by persuasion is a better method, but it remains to be seen how far it will be effective among the habitual carriers of venereal infection. Some are so set in bad habits that compulsion may be necessary for their own good and for that of others. The health visitors continued to make visits with a view to encouraging attendance at the clinic in cases brought to their notice.

The following figures summarise the work carried out.

TABLE XII.

	Darlington		Other Authorities	
	Males	Females	Males	Females
Suspected Venereal Disease—				
New Cases ...	135	70	109	39
Non-Venereal Diseases ...	68	38	54	29
Total Attendances of all				
persons ...	1,767	1,262	1,162	615
In-patient days ...	20	277	74	69

SECTION C.

Mental Health.—Among the new responsibilities laid by recent legislation upon Local Health Authorities few have greater possibilities for good, and present greater initial difficulties, than the service for Mental Health. The Minister of Health has particularly requested information under this head in the Annual Report for 1948 and the subject would in any case have received attention because of its intrinsic importance. Conditions prior to 5th July are not described, except to remark that until the Appointed Day the oversight of mentally defective persons (aments) was administered by an Afflicted Persons Committee, whose Executive Officer was the Medical Officer of Health, while concern with persons of unsound mind (dements) was limited to little more than ascertainment, and rested with the Public Assistance Committee, the County Borough of Darlington having no mental hospital of its own.

The operation of the National Health Act led to a fusion of the work on behalf of both categories of mentally afflicted persons, and implied the establishment of after care and preventive services. This in turn entailed as the ultimate goal the closest possible co-operation between those concerned with treatment, centred in mental hospitals and administered by the Regional Hospital Board, and the Officers of the Local Health Authority. The nearest analogy among existing services appeared to be with that for tuberculosis; in each instance there was a division between treatment on the one hand and prevention and community care on the other, between the R.H.B. and the L.H.A., but whereas tuberculosis was already provided for on the Appointed Day by a developed organisation, unsoundness of mind had no similar amenity. It also must be remembered that mental deficiency and dementia in their various forms are quite different kinds of condition, needing different provisions and administrative forms.

Reference is made to the wider aspects of the subject of mental health in the introductory letter to this Report.

Until the end of the year no more was attempted than to keep already existing services in operation under different conditions. A Mental Welfare Sub-Committee of the Health Committee was established, to which, in the first instance, all relevant matters stood

referred. During the last six months of 1948 no meetings of this Committee were held, but it was to meet in January, 1949, and quarterly thereafter, until the work required more frequent meetings. The Executive Officer of this Committee was the Medical Officer of Health, who, together with the Assistant Medical Officer of Health, were available for the purpose of certification under the Lunacy and Mental Treatment and the Mental Deficiency Acts. The approved Proposals constituted them and the Assistant School Medical Officer Duly Authorised Officers, though the proper duties of a D.A.O. are not medical at all. Also designated as Duly Authorised Officers, and acting as such, were an ex-relieving officer (a man) and an ex-assistant relieving officer (a woman), both of long-standing experience. They were responsible for the ascertainment and subsequent disposal of persons of unsound mind in the County Borough, but these were by no means their only duties and they were otherwise employed with services administered by the Welfare Department of the Authority.

For the care of mentally defective persons a Social Worker, without formal qualification but of lengthy experience, was employed as a home visitor. An Occupation Centre was open on the afternoons of five days a week for certain selected cases and was supervised by a qualified teacher who also acted as home instructress for others who were able to carry out creative work of various sorts in their homes. At the Occupation Centre she had the services of a part-time assistant, a woman without special qualifications. The question of converting the part-time to a whole-time Occupation Centre was under consideration at the end of the year. A foreseen difficulty was in respect of adequacy of premises.

During the period under review, the Town Clerk remained the Petitioning Officer, and this work was expected to be transferred to the Health Department at an early date in the New Year.

Patients on licence from residential institutions for mental defectives were supervised during their stay in Darlington by the Mental Deficiency Welfare Worker, who also reported on home conditions before licence was granted. In addition, she acted in lieu of a Psychiatric Social Worker at the Psychiatric Out-patient Clinic, which continued to be held to the end of the year at the Greenbank premises and was supplied by the Medical Superintendent of Winterton Hospital. This worker was not, however, concerned otherwise with persons of unsound mind and made no domiciliary visits in connection with community care, either to patients after their discharge home from mental hospitals or to out-patients attending the clinic. The Duly Authorised Officers were not concerned with this work either. No duties were delegated in this area to voluntary associations.

A glance at the situation reviewed above shows the need for co-ordination in respect of both staff and services and of an officer who should combine in his or her person the duties of a Duly Authorised Officer with those of community care and after care of patients, including those suspected of being of unsound mind. This officer should in fact hold an analogous function to the Tuberculosis Health

Visitor, being employed by the Local Health Authority but having the closest contacts with the remedial services supplied by the Regional Hospital Board. The number of available Psychiatric Social Workers would seem to be insufficient to fulfil the minimal needs of all the Local Health Authorities of the country, and the training ad hoc of a new kind of Mental Health Worker, to develop the services administered by them, would seem to be essential. One is glad to remark upon a course for Duly Authorised Officers established by Professor Alexander Kennedy of Durham University, which, by the extent of its syllabus, appears to foreshadow the training of an officer of this kind, but until the end of the year no steps had been taken to train such a worker under this Authority, nor, within the period covered by this Report, to assess the need.

The work undertaken between 5th July and 31st December, 1948, can be summarised as follows :—

TABLE XIII.

ASCERTAINMENT AND VISITS, MENTAL ILLNESS AND DEFICIENCY.

(a)	Work under Section 28, National Health Service Act ...	nil
	(Prevention, Care and After Care)	
(b)	Work under Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers (5th July to 31st December only) :—	
	Patients dealt with under Section 1, Mental Treatment Act (Voluntary patients)	11
	Patients dealt with under Section 5, Mental Treatment Act	1
	Patients dealt with under Section 14, Lunacy Act (Certified patients)	6
	Patients dealt with under Section 21, Lunacy Act	3
	Other patients (not certified, transferred, etc) ...	6
	Total ...	27
(c)	Work under the Mental Deficiency Acts, 1931-1938 (the whole year) :—	—
	Number of mentally defective patients ascertained	4
	Number of such persons awaiting vacancies in institutions at end of year	7
	Number of mentally defective persons under guardianship	2
	Number of such persons under statutory supervision	111
	Number in training—	
	At home 10	
	At Occupation Centre 16	26

(These figures do not include persons under voluntary supervision, of whom there were 242 on the register of the Health Department, 15 being ascertained during the year).

The Duly Authorised Officers have commented on the inconvenience subsequent to 5th July of the unavailability of one time Public Assistance accommodation for the short-term reception of patients difficult to deal with otherwise than under Section 20 and 21 of the Lunacy Act, 1890. No accommodation of any sort in Darlington now exists for such patients, and admission to mental hospitals with beds designated for the purpose of these sections has often been achieved with difficulty. The matter has been discussed with the Psychiatrist of the Regional Hospital Board, who has advised that procedure under these Sections should be made use of as little as possible and that patients so dealt with should normally be accepted at St. Luke's Hospital, Middlesbrough.

This is one example of what may prove to be a fault in the present administrative set-up under the National Health Service Act, which is based on the assumption that a clear-cut division exists between the sick and the non-sick. In fact there is no such clear division, and mental illness is by no means the only instance of the problem involved.

With regard to transport facilities, the Ambulance Service of the Local Health Authority was utilised when occasion demanded it. For the most part, patients were transferred to mental hospitals by the Senior Duly Authorised Officer in his private car, for which duty he received an appropriate allowance from the Local Health Authority. When sitting case cars have been obtained for the Ambulance Service a greater use may be made of it, as it will be appreciated that the majority of patients suffering from mental illness are better conveyed by car than by ambulance.

SECTION D.

AMBULANCE SERVICE.

I am indebted to the Annual Report of Mr. R. H. Patterson, A.M.I.F.E., the Chief Fire and Ambulance Officer, for the following observations.

He writes that before 5th July three ambulance services operated in the Borough; the town ambulance service with four vehicles, twelve drivers and attendants and one telephonist, the vehicle and driver at the Borough Infectious Diseases Hospital, and the one vehicle and two drivers at the Darlington Memorial Hospital. The total mileage covered by these three services was 34,285 in their last independent year, when 4,044 patients were conveyed. There was, in addition, an ambulance and hospital car service manned by volunteers and run by the British Red Cross Society in collaboration with the Darlington Memorial Hospital. On 5th July the vehicles and fourteen of the staff of the three services were transferred to

the control of the Fire Brigade and four recruits were appointed to bring the Brigade up to the authorised strength of the combined service. It was decided to erect garages in the Station or to provide the necessary accommodation, and this scheme was approved by both the Ministry of Health and the Fire Service Department, but no steps had been taken up to 31st December. Arrangements were also made in collaboration with the Durham and North Riding County Councils to service areas outside but adjacent to the County Borough.

On taking over, all the ambulances were overhauled and serviced. In two instances 22 h.p. engines were replaced by 30 h.p. engines and the body-work of these vehicles was renovated and repainted. It was the intention to replace vacancies caused by resignations of the ambulance staff by fire/ambulance personnel until eventually the whole of the staff was under the same conditions of service. It was appreciated that certain complications and difficulties in the operation of the service arose owing to the personnel being under two different terms of conditions, but such difficulties did not prove to be insurmountable.

The following table extracted from the aforementioned report shows the monthly totals of ambulance calls and mileage during the last six months of 1948. It is to be observed that both removals and mileage have tended to increase, but during the year under consideration the service proved fully adequate to deal with all the demands made upon it.

TABLE XIV.

WORK OF AMBULANCE SERVICE.

Month	Re- movals	Acci- dents	Not required	From Durham County	From North Riding	Total	Mileage
July	524	76	6	36	10	652	5639
August	654	73	—	33	6	766	6258
September	804	81	6	50	8	949	7503
October	902	63	6	26	12	1009	7702
November	1041	69	6	27	18	1161	7819
December	1038	75	15	25	16	1169	7161
TOTALS for 6 months	4963	437	39	197	70	5706	42082

SECTION E.

MATERNITY AND CHILD WELFARE.**§ 1. MATERNITY SERVICES.**

Before the Appointed Day the County Borough of Darlington administered the Maternity Hospital at Greenbank with 35 beds, a Resident Medical Officer, Matron and appropriate staff, and maintained a domiciliary Midwifery Service of 4 whole-time midwives. The R.M.O. at the Maternity Hospital was also Assistant Medical Officer of Health and undertook the medical work of the ante-natal clinics at Greenbank, Eastbourne Nursery and Albert Road School House, and was medical supervisor of all midwives in the County Borough. At the same time, the Queen's Nurses' Association maintained a domiciliary Midwifery Service under a Superintendent, who was also responsible for district nursing, having 2 midwives and 4 pupils. This establishment was recognised as a training school for Part II of the S.C.M. On 5th July the Maternity Hospital, with its staff, passed to the administrative care of the Darlington District Hospital Management Committee, but the R.M.O. continued to carry out for the Local Health Authority her previous functions outside the hospital. The Local Health Authority acquired the direct responsibility of the midwifery section of the Queen's Nurses' Association, obtaining automatically the responsibility for the Part II Training Scheme. Up to the end of the year the task of the Authority was in co-ordinating the two sections of the domiciliary Midwifery Service and to that end a Superintendent Midwife was appointed, with effect from 15th November. An outstanding problem was in respect of premises. While four district Midwives continued to live in their own homes, it now became necessary to establish a hostel independent of the Queen's Nurses' Association where the Superintendent Midwife, the pupils and one or more of the district midwives might reside, and which should be designated the Part II Training School.

To the end of the year this problem remained unsolved, the pupils and one midwife living as before at the Queen's Nurses' headquarters. For this hospitality the L.H.A. was extremely grateful. Unfortunately the Superintendent was unable to obtain lodgings in Darlington at a reasonable price and resided in her home town of Middlesbrough.

The work carried out from 5th July to the end of the year may be gathered from the following statistics:—

TABLE XV.

MATERNITY CASES ATTENDED BY MIDWIVES.

5th July to 31st December, 1948.

	Domiciliary Cases		Cases in Institutions		TOTAL	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives Employed by the Authority	231	63	—	—	231	63
Midwives Employed by Voluntary Organisations:—						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	—	—	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the N.H.S. Act, 1946)	—	—	—	49	—	49
Midwives Employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	422	43	422	43
Midwives in Private Practice ...	26	2	—	—	26	2
TOTALS ...	257	65	422	92	679	157

From these figures it is apparent that 61.5% of the mothers were confined institutionally.

PREMATURITY.

The situation is summarised in the following figures:—

TABLE XVI.

BIRTH AND SURVIVAL OF PREMATURE INFANTS.

Number of premature babies notified who were born—

(i) (a) At home	—	21
(b) In hospital	—	52
(ii) The number of those born at home—		
(a) who were nursed entirely at home ...	—	16
(b) who died during the first 24 hours ...	—	2
(c) who survived at the end of one month ...	—	16
(iii) The number of those born in hospital—		
(a) who died during the first 24 hours ...	—	4
(b) who survived at the end of one month ...	—	40

No special domiciliary scheme of premature care on the district was in operation. Statistics do not suggest that the prospects of a premature baby cared for at home are notably worse than in hospital, especially if the service of a specially trained nurse is available, who can spend a good deal of her time with each premature baby and not only can advise the mother but see that her advice is carried out. There is little advantage in removing premature babies born at home to institutional care and there is no means of knowing beforehand whether a baby is likely to be born prematurely. Thus, the need for a specially trained nurse and for the appropriate equipment for loan at the home is sufficiently clear.

Maternity Morbidity.—There were 6 maternal deaths due to the following causes:—

Toxaemia of pregnancy	— 4
Pulmonary embolism	— 1
Haemorrhage due to ruptured ectopic gestation	— 1

Notifications of puerperal pyrexia were 12. No case was severe enough to require admission to Hundens (Infectious Diseases) Hospital.

Ante-natal Clinics. — The following description relates to the situation as it was after 5th July. The Local Health Authority was then responsible for three ante-natal clinics, held at Greenbank Maternity Hospital, Eastbourne Nursery and Albert Road School House. The number of sessions held among them was five per week. During the period reviewed, 415 women attended and they made 1,639 attendances. There were no facilities for post-natal clinics, and the available time of the Medical Officer did not permit of post-natal patients attending at ante-natal sessions.

Analgesia. — All the domiciliary midwives were trained in the administration of gas and air analgesia. The course was given in 1947 by arrangement with Dr. E. R. Dingle, the Senior Anaesthetist to the Darlington Memorial Hospital. Two sets of apparatus were in use, and during the period under review they were stationed at the Greenbank Maternity Hospital and brought thence as necessity demanded, by the Ambulance Service. During the whole year 85 mothers at home received this form of anaesthesia (78 since 5th July). The question of analgesia in childbirth is much before the public at the present time and is possibly a wider one than is fully realised, as it is concerned not only with the pains during the actual delivery of the child but with the other and longer-lasting pains of the first stage of labour, when the uterus is preparing to expel the foetus, and also with the problem of loneliness during the period. In this matter the question of the time a midwife can spend with her patient is urgent and this, in turn, is bound up with availability of staff. It is sufficient to say that psychological as well as physical factors are involved in all aspects of childbirth and the relation of a midwife to her patient is, or should be, an intensely personal one. In domiciliary practice during the year, medical aid was requested in 178 cases (82 since 5th July).

An aspect of ante-natal work not perhaps sufficiently appreciated, and certainly given insufficient time in our service, is what may be called education for motherhood. This is not only to prepare the expectant mother for the care of her child after its birth, but also to instruct her in the physiology of her own pregnancy and impending labour, and in her after care during the puerperium. Co-operation is best attained where there is good knowledge of what is required, and people desire their own good the better when they know what it is. A good deal of ignorance and needless fear no doubt still adheres to maternity and women need to be convinced that it is part of the life of home and family and not an illness to be avoided if possible and treated in hospital when it occurs.

§ 2. CHILD WELFARE.

The key worker in the Child Welfare Service is the health visitor. The establishment in Darlington remained the same after the Appointed Day as before it, one Senior Health Visitor, five district health visitors and one health visitor for tuberculosis care, whose work was not at all with Child Welfare. Their work can be summarised as follows:—

TABLE XVII.
WORK OF HEALTH VISITORS.

Expectant Mothers	...	...	249	18	267
Infants under 1 year	...	...	1558	4028	5586
Children 1 to 5 years	...	...	5	6839	6844
Infectious Diseases	...	...	412	241	653
Infant Deaths	...	...	38	—	38
Still-births	...	...	27	—	27
Miscellaneous Visits	...	...	263	2	265
Maternal Deaths	...	...	2	—	2
Illegitimate Children	...	...	51	473	524
Adoptions	...	...	33	19	52
Puerperal Pyrexia	...	...	1	—	1
Total	...	...	2639	11620	14259

Some interesting conclusions follow from the above figures. Excluding all other activities, the health visitors paid 12,430 visits to children under five years of age, in pursuance of their strictly Child Welfare duties. As the pre-school population of Darlington is approximately 6,500, each child received on average less than two visits per year, which is much too few. Also, excluding the Senior Health Visitor, whose time was fully taken up among the other kinds of visits itemised above, each district health visitor had on average 1,300 names of pre-school children on her visiting list, which is much too many. Admittedly many children require very little in the way of health visiting, but theoretically every child should be visited once soon after birth and possibly every year thereafter, so that the

First Visits. Re-visits. Total Visits.

present establishment in Darlington does not offer scope for a fully effective Child Welfare Service without any consideration at all for those other commitments in respect of prevention of illness generally, and advice on health to the whole family, which are foreshadowed in the National Health Service Act.

Clinics were held on 13 sessions in the week, as follows: —

Albert Road School House ...	—	Tuesdays (morning and afternoon)
Cockerton Methodist School Room	—	Fridays (morning and afternoon)
Eastbourne Nursery School ...	—	Tuesdays (afternoon) and Wednesdays (morning and afternoon)
Greenbank Maternity Hospital	—	Mondays (afternoon) and Thursdays (morning)
Haughton Church Hall ...	—	Fridays (afternoon)
Paradise Methodist School Room	—	Thursdays (afternoon)
Thompson Street Methodist School Room ...	—	Mondays (morning and afternoon)

As will be noted most of these Child Welfare Centres were in improvised premises. These premises, though not ideal, served the purpose satisfactorily and are not likely to be improved upon until Health Centres come into operation. Unfortunately, it was only possible to provide a Medical Officer at 8 of the 13 sessions, Dr. K. H. Odling-Smee, a Medical Officer employed part-time by the Department, taking 4 of them. Had it been possible during the year to provide additional Child Welfare Centre facilities, there is no reason to anticipate that accommodation as satisfactory as that already in use would not have been found, and the further extension of welfare work through centres was handicapped by lack of staff.

The question of extended scope of the Child Welfare Service, especially since the National Health Service Act, is not as simple as it might appear. If there were medical and health visiting personnel to staff them, more Centres might be opened, so that the 60% attendance of children under one year of age, a low figure for a town such as Darlington, would be improved. This would also lead to a higher proportion of pre-school children immunised against diphtheria.

On the other hand, the aim of the National Health Service Act is to restore the general practitioner to the family, making him its normal medical adviser in all circumstances. In the intention of the Act, the health visitor will undoubtedly remain a key worker in Maternity and Child Welfare, as indeed in family health in all its aspects, but the doctor of the Welfare Centre, insofar as he or she is not a general practitioner or a consultant paediatrician, will, on a long view, cease to exist. In any case it is uneconomic to take health visitors off their district in order to staff more Centres, as their place is in the home. In short, the Welfare Centre is a technique in child care that may now be ripe for considerable modification.

For the time being the best policy for Darlington would seem to lie in making the best use of Centres already available rather than in increasing their number. A medical Officer should attend at every session and not only more babies under one year of age should be encouraged to attend but also toddlers, i.e., children able to walk, whose needs are as great as, and in some respects greater than those of younger children. In 1948, 1,386 children over one and under five years of age attended, as compared with 964 under one year of age.

§ 3. DEPRIVED CHILDREN.

Some other duties of the health visitors have been in connection with deprived children, involving special oversight of illegitimate infants and work under the Adoption of Children (Regulation) Act. Work in connection with child life protection, i.e., the supervision of foster-parents and their homes, was not carried out by health visitors, but by Miss V. I. Smiles, an officer of the Welfare Department. Her work may be summarised as follows:—

Number of children on register at 1st January, 1948	—	4
Additions during the year	—	1
Children returned to mother	—	3
Children adopted by foster-parents	—	1
Number on register at 31st December, 1948	—	1
Number of visits made	—	62

From these figures it will be apparent that this is not an extensive part of child care in Darlington.

With regard to adoptions, 33 first and 19 subsequent visits were carried out and 51 first and 473 subsequent visits were paid to illegitimate children.

The Council's Day Nursery at North Road continued in being and admissions were limited to those children who were actually, if not technically, deprived of an adequate home life by adverse circumstances. The aim of the Council was not simply to offer facilities to enable women to enter industry, their view being that where young children were concerned the place of the mother was at home, unless she was under necessity to work to support her family. Every effort was made by the Matron and by the Health Department to prevent an abuse of the Nursery by undeserving persons, and when such abuses were discovered a notice was given to remove the child. Throughout the year there was a considerable waiting list and the names on the register were limited rightfully to 70; the maximum was 74. The average daily attendance was 60. The Matron, Miss M. S. Hope, in a report for the year, has remarked on the remarkable decrease in daily attendance during school holidays, when the need for the Nursery is not so great because of the availability of other children at home to look after the babies. She has remarked upon immunisation against both diphtheria and whooping cough carried out for almost all the children, and has reported a successful Christmas Party and also a Garden Party during July where members of the

Health Committee attended. She has given, as her opinion, that Day Nurseries are bad for the mothers though good for the children and that her personal conviction is wholly at one with the policy of the Health Committee, that the Nursery should only be available to cases of real need. Her actual words on one aspect of her work are worthy of quotation: "I am continually meeting mothers belonging to this town who will go to any lengths to have their children admitted to the Day Nursery. Once this is achieved the mother is practically relieved of all responsibility and is quite content and happy to go on, in the knowledge that the child is being cared for well and efficiently in the Day Nursery. One thing that strikes me forcibly is that the mothers who appear to come from the poorest districts of Darlington can still well afford to smoke cigarettes, and the child will always tell of the regular visits to the cinema, etc."

It has sometimes to be admitted with regret that parents are their own worst enemies and however zealously one may desire to uphold the integrity of the family and the sacred responsibilities of parenthood, a few will refuse to accept the duties of their privilege and will consider only what they can gain, without thought of what there is to give. When all adverse factors are considered, however, the Day Nursery does undoubtedly confer a benefit on many who are truly eligible to receive it.

§ 4. DENTAL CARE.

The Maternity and Child Welfare Dental Service was carried out in 1948 both before and after 5th July, by the Senior Dental Officer and his one Assistant who resigned at the end of the year. The equivalent of one-eleventh of their time was allocated to this duty, inspections and some treatment being normally given on Saturday mornings and other treatment at convenient times during the week as necessary. The Senior Dental Officer has written as follows:—

"Because the Dental Officers are primarily employed in the School Medical Service, it was never possible to give as full a service to expectant and nursing mothers and to pre-school children as was desirable, because of lack of available time. This has led in turn to fewer patients seeking treatment through the Local Health Authority than otherwise might have been the case. For instance it has not been possible to make the dental inspection and treatment of expectant mothers a routine part of ante-natal care, as with some authorities, and I am sure that with a larger staff much more work could be carried out along these lines. We cannot suppose that the dental fitness of mothers and young children in Darlington is as good as is suggested by the small numbers treated.

"In order to cover all patients referred, and to give them the priority demanded under Section 22 of the National Health Service Act, an arrangement was made with private practitioners in the town to supply dentures for expectant or nursing mothers and to give them high priority in this work. Two mothers received treatment through this scheme during the year and are not therefore included in the following table."

TABLE XVIII.

SUMMARY OF WORK OF SENIOR DENTAL OFFICER.

	Ex- amined	Needing treat- ment	Treated	Made Dentally fit	Ex- tractions	Fill- ings	Den- tures	Other oper- ations	Anaes- thetics
Expectant Mothers	10	10	9	9	12	6	—	5	—
Nursing Mothers ...	12	11	11	11	21	9	—	5	—
Children under 5	21	17	16	16	36	—	—	—	14
Total ...	43	38	36	36	69	15	—	10	14

SECTION F.

§ 1. HOME NURSING.

Under the National Health Service Act the Local Health Authority acquired from 5th July the responsibility for district nursing in Darlington. The Approved Proposals arranged for the provision of this service on an agency basis with the Darlington Queen's Nurses' Association, who had hitherto carried out the work for a number of years with great success. From the Appointed Day the Queen's Nurses' Association continued to supply nursing attendance by personnel, and under the supervision of a Superintendent, employed by themselves, residing at their hostel in Woodland Road, while the Local Health Authority reimbursed them in full for approved expenditure incurred.

By placing District Nursing Services under the Local Health Authorities, whether on an agency basis or directly, the National Health Service Act has put in their care not only a most important amenity to the population, but also a valuable means of obtaining information about prevailing non-infectious morbidity. It is hoped to attain in Darlington the closest integration between the Queen's Nurses' Association and the Health Department, with special reference to the accessibility of such information thereby provided, though during the last six months of 1948 there was not much opportunity for making closer the association.

Miss E. Binns took up her post as Superintendent towards the end of the year and she submitted a report on the work carried out between 1st July and 31st December, which is incorporated in the following table:—

TABLE XIX.

WORK OF DOMICILIARY DISTRICT (QUEEN'S) NURSES.
July to December, 1948.

General Diseases			
Cancer (all sites) ...	...	—	18 cases
Diabetes ...	...	—	8 "
Senility ...	...	—	44 "
Pyrexia (cause undefined)		—	7 "

Diseases of the Alimentary System

Tonsillitis	—	2 cases
Intestinal Disorders, various	—	66 "
Threadworms	—	25 "

Diseases of the Blood and Blood Forming Organs

Anaemia	—	2 cases
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Diseases of the Heart and Blood Vessels

Disorders of Heart, various	—	25 cases
Cerebral Vascular Accidents	—	37 "
Hemiplegia	—	7 "
Thrombosis (unspecified)	—	3 "
Phlebitis	—	2 "

Diseases of the Respiratory System

Bronchitis	—	9 cases
Pneumonia	—	14 "
Pleurisy	—	2 "
Pulmonary Tuberculosis ...	—	2 "

Diseases of the Central Nervous System

Disseminated Sclerosis ...	—	1 case
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Diseases of the Skin

Dermatitis	—	3 cases
Carbuncle	—	5 "
Ulcer of Leg	—	10 "
Shingles	—	2 "

Diseases of Bones and Joints

Rheumatoid Arthritis ...	—	8 cases
Osteomyelitis	—	1 case

Surgical Cases

Burns and Scalds	—	6 cases
Fractures	—	3 "
Post-operative dressings ...	—	57 "
Minor operations	—	13 "

Disorders of Reproduction and of Reproductive System

Miscarriages	—	9 cases
Uterine disorders, various	—	25 "
Mastitis	—	8 "

In addition to the above, 4 healthy babies were attended with their mothers.

Total morbid conditions attended — 424.

Total number of individual patients — 424.

Total number of visits made — 10,380.

Number of Nurses: Superintendent, 1; nurses on district, 8 whole-time and 2 part-time.

§ 2. DOMESTIC HELP.

The Appointed Day led to a fusion in Darlington between two kinds of domestic help in the home provided hitherto; that of the Home Helps employed for assistance in maternity cases and that provided for other kinds of illness and infirmity. The Organiser of the Women's Voluntary Services, Mrs. D. Johnson, continued as Organiser of the combined scheme and gave her time free of charge. Clerical assistance was supplied by the Health Department, but Mrs. Johnson remained the moving force and inspiration of the Service.

The scope for domestic help is great and likely to grow. There are many reasons for this, which is due by no means solely to a disinclination on the part of girls to accept domestic service in the households of people able to afford it. Smaller families, for instance, and weakened family ties, have made members less willing to accept responsibility for aged parents or ill relatives and even the lying-in woman is less assured of maternal, sisterly or neighbourly help than of yore. This illustrates a social trend that may be unfortunate, but which cannot be ignored, and the Domestic Help is every bit as essential a part of Health Services in the home as the midwife, the health visitor and the district nurse. It is an expensive service as many of those assisted are unable to bear the full cost, but it is an expense worthily incurred.

In a report on the work of 1948 Mrs. Johnson writes as follows:—

“From January, 1948, to July, 1948, the Home Help Scheme as administered by the Women's Voluntary Services on behalf of the Local Authority, dealt with domestic cases arising from illness or old age. The Helps had no conditions of service and were merely casual workers, paid by the hour. Under these conditions it was very difficult to command a very high standard of efficiency and reliability. An average of 50 to 60 cases per week was dealt with, with an average of 9 full-time Helps and about 25 part-time.

“During these early months we had to make a continual effort to publicise the scheme, and those who availed themselves of it were loud in their praise. The old people, particularly, were grateful for their weekly dust-up.

“From 5th July we combined the Domestic and Maternity Help Schemes and took over three Maternity Helps. Conditions of Service were then granted to all full-time and part-time Helps, after six months' continuous service. The number of cases helped weekly mounted to about 100 per week. On the whole the Helps are a good type and interested in their work. The married woman with experience in running her own home has proved most useful in a part-time capacity, and the Maternity Helps have won praise wherever they have gone.

“Analysis of Helps on Register during the year 1948 is as follows :—

			Full-time	Part-time
January	...	...	9	25
February	...	...	8	22
March	...	...	9	19
April	...	...	9	25
May	...	...	9	26
June	...	...	9	28
July	...	...	14	23
August	...	...	14	26
September	...	...	13	29
October	...	...	13	30
November	...	...	14	30
December	...	...	11	22

“The decrease in December was due to illness and home ties.”

SECTION G.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR, 1948.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration a report of the work carried out in the Sanitary Section of the Health Department during the year 1948.

The work of a Sanitary Inspector is not spectacular nor is it front page news, yet it is so vitally necessary to the well-being of the community, that it is second to none in importance. A Sanitary Inspector is concerned chiefly with improvement of living conditions, safety of our food supplies, health and comfort of the workers, etc.

Every effort has been made to improve the housing conditions in the Borough. In some cases difficulties have been experienced particularly with owners who receive small rents, and are reluctant to pay for extensive and costly repairs.

Hygiene in food premises continues to be one of our major problems, and I am pleased to say that the Food Traders are co-operating with a view to making some improvement.

Mr. A. E. Wade retired during the year and I must pay tribute to a very capable and respected Officer. I do not underrate the work before me in following an Officer of such capabilities.

I desire to acknowledge with many thanks the cordial support I have received from the members of the Health Committee, the Medical Officer of Health and all members of the staff.

I have the honour to be,

Your obedient Servant,

F. WARD,
Chief Sanitary Inspector.

§ 1. ANALYSIS OF INSPECTIONS, 1948.

Inspections with Reference to Housing Conditions.

Under Public Health Act	...	...	...	...	3889
Corporation Houses	...	...	...	...	27
Living Vans	...	...	...	...	205
Verminous Premises	...	...	...	...	97
Yards and Courts	...	...	...	...	3
Common Lodging Houses	...	...	...	...	49
Tenement Houses	...	...	...	...	11
Overcrowding	...	...	...	...	125
Interviews with Owners and Builders	...	...	...	...	1449
					<hr/> 5855

Inspections with Reference to Food.

Abattoir	...	...	...	...	537
Markets	...	...	...	...	131
Bakehouses	...	...	...	...	160
Other Food Premises	...	...	...	...	711
Cowsheds	...	...	...	...	64
Dairies and Milkshops	...	...	...	...	114
Ice Cream Premises	...	...	...	...	258
Sampling	...	...	...	...	436
Fish Friers	...	...	...	...	195
Cafes	...	...	...	...	37
Schools	...	...	...	...	36
					<hr/> 2679

Miscellaneous Inspections.

Stables	...	...	...	...	25
Drain Testing	...	...	...	...	18
Rats	...	...	...	...	24
Infectious Diseases	...	...	...	...	185
Contacts of Infectious Diseases	...	...	...	...	16
Transferable Deaths	...	...	...	...	19
Factories and Workshops	...	...	...	...	415
Piggeries	...	...	...	...	77
Allotments—re Pig-killing	...	...	...	...	7
Pharmacy and Poisons Acts	...	...	...	...	86
Offensive Trades	...	...	...	...	45
Smoke Abatement	...	...	...	...	2
Music Hall	...	...	...	...	3
Tips	...	...	...	...	8
Police Court	...	...	...	...	11
Complaints	...	...	...	...	855
Ineffective Visits	...	...	...	...	781
Air Raid Shelters	...	...	...	...	350
Shops Act	...	...	...	...	3
					<hr/> 2930

1.	Housing Conditions	...	...	...	...	...	5855
2.	Food	...	...	...	...	...	2679
3.	Other Inspections	...	...	...	...	...	2930
							<hr/> 11464 <hr/>

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)	...	...	...	...	1109
	(b)	Number of inspections made for this purpose					3670
(2)		Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	...	...	...	...	114

2. Proceedings under The Public Health Acts.

(1)		Number of informal notices served during the year requiring defects to be remedied or nuisances abated	...	...	...	...	734
(2)		Number of formal notices served	...	...	...	...	171
(3)		Number of premises where defects have been remedied, or nuisances abated :—					
	(a)	As a result of informal action	...	...	...	...	525
	(b)	After service of formal notice	...	...	...	...	233
(4)		Number of defects remedied or nuisances abated	...	...	...	...	2739

Summary of work carried out as a result of informal or formal action under the Public Health Act.

Roofs repairs	...	...	...	...	...	366
Eaves, gutters and rain water pipes repaired	...	...	...	...	...	466
Brickwork repaired/repointed	...	...	...	...	...	136
Dampness in walls remedied	...	...	...	...	...	455
Floors repaired	...	...	...	...	...	78
Wallplaster repaired	...	...	...	...	...	179
Ceilings repaired	...	...	...	...	...	97
Windows repaired	...	...	...	...	...	195
Doors Repaired	...	...	...	...	...	68
Fireplaces repaired	...	...	...	...	...	54
Chimneys repaired	...	...	...	...	...	43
Staircases repaired	...	...	...	...	...	2
Handrails repaired	...	...	...	...	...	7
Sinks renewed	...	...	...	...	...	3
Waste pipes repaired	...	...	...	...	...	43
Yard paving repaired	...	...	...	...	...	18
Boundary walls repaired	...	...	...	...	...	16
Water closet basins renewed	...	...	...	...	...	27

Water closet seats provided	...	...	36
Water closet flushing apparatus repaired			71
Wash boilers repaired	...	...	4
Dustbins provided	...	...	127
Drains repaired	...	...	48
Blocked drains cleared	...	...	99
Sundry repairs	...	...	51
Rooms cleansed	...	...	27
Verminous premises disinfected	...	...	8
Animals improperly kept	...	...	6
Deposits of refuse removed	...	...	9
			<hr/>
			2739
			<hr/>

§ 2. DARLINGTON CORPORATION ACT, 1930,

Section 166.—Living Vans, Tents and Sheds.

There are at the present time, 9 sites in the Borough on which living vans are stationed. Of these, 5 are for single vans, 1 for personnel employed in connection with building operations, as temporary accommodation, and the remaining 3 sites are occupied chiefly by persons of the hawker type.

All these vans and sites have been kept under strict observation by this Department and, with the exception of 3 sites, have been maintained in a satisfactory manner. In these 3 cases (one owner), it was decided to take legal proceedings for failure to comply with the licence conditions attached to each site.

The Magistrates imposed a fine of £1 0s. 0d. and 10s. 6d. costs in each case and also ordered the defendant to employ a contractor to carry out the necessary work within 12 weeks, in default of which, a daily penalty of £1 0s. 0d. in each case would accrue until the work was completed. All the work was done within the allotted time.

§ 3. FOOD HYGIENE.

The Minister of Health has requested Local Authorities to bring to the notice of all persons concerned in the handling of food, the provisions of Section 13 of the Food and Drugs Act, 1938.

We have for this purpose, distributed to all occupiers of food premises in the Borough, a circular letter containing the provision of Section 13. In this circular, emphasis was laid on the importance of an adequate standard of hygiene in all food premises and, in this respect, particular attention was drawn to the section relating to personal cleanliness and the provision of wash basin, hot and cold water, clean towel, soap and nail brush for hand washing.

Included with the circular was a handbill to place in or near to the water closet compartment, drawing the attention of the employees to wash their hands. To ensure a more uniform standard of hygiene in all food premises in the Borough it was decided to keep a register

of all premises where food is manufactured, stored or distributed, and for that purpose, periodic visits are being made by Inspectors of this Department, in order to give advice and information relative to Section 13.

These premises also include cafes where particular attention is drawn to the washing up arrangements of crockery, hand washing, etc.

During 1948 inspections have been made and advice given in connection with hygiene in food premises as follows :—

1. Shops (including Butchers' preparation rooms) ...	711
2. Fish Shops (including Fried Fish Shops) ...	195
3. Cafes ...	37
4. School Canteens ...	36
5. Ice Cream Premises ...	258
6. Bakehouses ...	160
7. Dairies and Cowsheds ...	178
	1575

Anti Fly Precautions in Schools. — All the school dining halls, kitchens and serveries were treated with a contact insecticide to control fly infestation. It was interesting to note that the treatment carried out appeared to have been successful, as very few flies were found after spraying, and dead flies were seen for a considerable period afterwards.

Proceedings relating to contraventions of the Food and Drugs Act, 1938 (Section 13).

(1) Informal notices served during the year ...	83
(2) Formal notices " " " " ...	nil
(3) Informal notices complied " " " " ...	43
(4) Formal " " " " " " ...	2

Work under the following headings has been carried out as a result of the above proceedings.

Structural defects ...	29
Water closet compartments communicating directly with room ...	2
Cleanliness of walls and ceilings ...	19
General cleanliness: floors, utensils, etc ...	6
Provision of refuse receptacles ...	2
" " wash basins ...	5
" " apparatus for supply of hot water ...	18
" " soap and towels ...	3
Improvement of crockery, washing facilities ...	1
" " drainage ...	3
Cleanliness of sanitary conveniences ...	2
" " yards ...	1
	91

§ 4. ICE CREAM.

During the year the numbers of dealers in Ice Cream on the "Active" Register were as follows :—

1. Manufacturers of Ice Cream ...	—	16
2. Vendors of Ice Cream loose ...	—	47
3. Vendors of Ice Cream prepacked	—	59

24 samples of ice cream were taken and submitted for Bacteriological Examination. The results were as follows :—

Grade 1.	Grade 2	Grade 3	Grade 4
13	1	10	0

The provisional grades suggested by the Ministry of Health are :—

Grade 1.	Time taken to reduce M. Blue.	4½ hours or more
Grade 2.	do.	2½ - 4 hours
Grade 3.	do.	½ - 22 hours
Grade 4.	do.	0 hours

Therefore, 14 samples were classed as satisfactory whilst 10 were not satisfactory.

The samples falling into Grade 3 were initial samples and, upon receipt of reports, visits were made by the Sanitary Inspectors, and instruction and advice given. When further samples were taken, only 2 failed to reach a higher grade.

Although there is no legal chemical standard at present for ice cream, 17 samples were taken and submitted for analysis. The results of these analyses indicated that some of the local manufacturers produce an inferior type of ice cream as compared with the well known brands. I feel that the genuine manufacturer is looking forward to the time when a legal standard for fat content is introduced.

Strict supervision has been continued of all premises where ice cream is manufactured, stored and sold, and the cleanliness of factories has been satisfactorily maintained. 258 visits were made to premises where ice cream was produced or sold ; more attention being paid to the sale of loose ice cream than to prepacked. Most of the "fixed stalls" have facilities provided for hand washing, including warm water, soap, nail brush and towel.

It is gratifying to know that all the manufacturers are endeavouring to obtain the necessary equipment required to comply with the Ice Cream (Heat Treatment) Regulations, 1947.

§ 5. MILK PRODUCTION AND DISTRIBUTION.

Inspection of all premises where milk is produced or retailed is carried out as a routine measure. During the year, except for minor offences, the conditions of the premises generally have been found to be satisfactory.

I am pleased to report that only a very small amount of milk retailed in the Borough is sold loose, i.e., 1.13%.

The total number of persons/premises on the Register is as follows:—

Cowsheds.	(a) Producers—wholesalers ...	16
	(b) Producers—retailers ...	6
Dairies.	Other than Cowsheds ...	23
Milkshops.	Bottled milk only (as received)	16
	Retail Purveyors residing outside the Borough ...	6

MILK (SPECIAL DESIGNATION) ORDER, 1936 - 1946.

The number of licences granted during the year is in accordance with the following table.

	Grade of Milk.			
	Tuberculin Tested	Accredited	Pasteurised	Total
Pasteurisers/Bottlers ...	—	—	1	1
Producers ...	3	8	—	11
Bottlers/Retailers ...	8	1	—	9
Dealers ...	2	—	11	13
Supplementary Licences (Retailers) ...	1	—	—	1
Total ...	14	9	12	35

Of the milk produced and sold under the Special Designation Order, 68.22% is sold as pasteurised.

BACTERIOLOGICAL EXAMINATION OF MILK.

Samples of all milk sold in the Borough are taken regularly and submitted for Bacteriological Examination. In all, 210 samples were procured during the year, the results being as follows:—

	No. of Samples		No. of Samples Unsatisfactory		
	Taken	Satisfactory	Meth. Blue only	B. Coli only	Meth. Blue and B. Coli
Tuberculin Tested ...	21	19	—	1	1
Accredited ...	21	15	2	2	2
Undesignated ...	65	49	6	5	5
Total ...	107	83	8	8	8
				Phosphatase Test	
Pasteurised ...	84	72	11	1	
Pasteurised T.T. ...	19	18	—	1	
Total ...	103	90	11	2	

There is no statutory standard of cleanliness applicable to milk other than Designated Milk. We, in this Department, however, endeavour to ensure that Undesignated Milk shall reach a degree of

cleanliness comparable with Accredited Milk. When serious deviations from the standard are found to exist, letters of warning are sent to those concerned. If the unsatisfactory samples are from milk produced inside the Borough, visits are made to the premises of production and warnings or advice are given. If the milk originates from outside the Borough, letters are sent to the Sanitary Inspector for the area concerned.

BIOLOGICAL EXAMINATION OF MILK.

39 samples of Milk have been taken and sent for Animal Inoculation for the detection of Tubercle Bacillus, and I am pleased to report all the samples gave a negative result.

§ 6. BACTERIOLOGICAL EXAMINATION OF WATER SUPPLY.

Five samples of "well water" were taken and submitted for Bacteriological Examination. Of these, 2 were reported to be satisfactory. The remaining 3 samples (from one supply) were reported as being unfit for human consumption. The owner was notified and a piped supply has now been installed.

§7. FOOD AND DRUGS ACT, 1938.

During the year 128 samples were taken and sent for analysis by the Public Analyst. These comprised:—

64	Informal samples of Milk.	} 75.
9	Formal samples of Milk.	
2	"Appeal to Cow" samples of Milk.	
1	of Cheese.	
1	" Lemonade Powder.	
13	" Cake Mixture etc.	
1	" Ground Nutmeg.	
1	" Bi-carbonate of Soda.	
1	" Baking Powder.	
1	" Chocolate Spread.	
1	" Arrowroot.	
1	" Quinphos Tablets.	
1	" Aspirin Tablets.	
1	" Orange Squash.	
1	" Raisin Punch.	
1	" Ground Almond Substitute.	
2	" Gelatine.	
1	" Coffee and Chicory Extract.	
1	" Fish Cakes.	
1	" Malt Vinegar.	
1	" Fruit Sauce.	
2	" Fish Paste.	
1	" Olive Oil.	
17	" Ice Cream.	
2	" "Well" water.	

Of the above, 9 samples of milk failed to comply with the presumptive standard laid down by the Sale of Milk Regulations, 1939.

The details of the 9 samples not complying are set out below :—

Sample No.	N.F.S.	Fat.	Freezing point. Hortvet.	Deficiency.	Formal or Informal.	Remarks.
7	8.30%	3.55%	-0.496°C.	Equiv. to 7% added water	Informal	Samples taken from producer who was fined £1.0.0. and £2.2.0 costs, after the case was taken to the High Court.
8	8.91%	2.70%	—	10% fat	„	
10	8.69%	2.57%	—	14.2% fat	Formal a.m.	
11	8.11%	3.55%	-0.494°C.	Equiv to 7.8% added water	Formal p.m.	
12/11	8.79%	4.00%	-0.543°C.	Genuine	Appeal to cow p.m.	
13/11	8.69%	3.20%	-0.541°C.	Genuine	Appeal to Cow a.m.	
30	8.60%	2.95%	—	1.66% fat	Informal	Warning given to vendor to ensure adequate mixing of milk prior to bottling.
38	9.15%	2.95%		1.66% fat	Informal	Further samples were found to be genuine.
39	8.73%	2.90%		3.40% fat	Informal	
40	8.86%	2.95%		1.66% fat	Informal	
43	9.26%	2.80%		6.66% fat	Informal	

A sample of pudding mixture was found to be slightly infested with mites. The rest of the stock was voluntarily surrendered and destroyed.

§ 8. INSPECTION OF MEAT AND OTHER FOODS.

The total number of animals inspected at the time or immediately after slaughter by qualified Officers of this department was 18,810 including 668 slaughtered in emergency.

	Cows	Heifers	Bulls	Bullocks	Calves	Sheep	Pigs
	430	1,191	101	1,576	3,881	10,506	457
Emergencies	176	66	16	34	85	120	171
Total ...	606	1,257	117	1,610	3,966	10,626	626

The following tables show the amount of meat found to be diseased or otherwise unfit for human consumption and condemned by Officers of this Department. All the meat was surrendered voluntarily :—

Carcases Inspected and Condemned.

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,984	606	3,966	10,626	628
Number inspected	2,984	606	3,966	10,626	628
All Diseases except Tuberculosis					
Whole carcasses condemned	8	26	67	26	16
Carcasses in which some part or organ was condemned ...	919	127	15	489	72
Percentage of the number inspected affected with dis- ease other than Tuberculosis	31.07%	25.25%	2.067%	4.848%	14.02%
Tuberculosis only—					
Whole carcasses condemned	111	48	16	—	3
Carcasses of which some part or organ was condemned ...	310	150	1	—	5
Percentage of the number inspected affected with Tuberculosis	10.76%	32.68%	.4285%	—	1.274%

The percentage of animals especially cows, affected with tuberculosis still gives cause for some concern, and I look forward to the time when a reduction of these figures will give proof of the success of such measures as are being taken to eradicate this disease from the living animal.

In an attempt to assist in these measures, the Animal Health Division of the Ministry of Agriculture and Fisheries has been notified in all cases where cows have been condemned for generalised tuberculosis with lesions in the uterus and/or udder, and calves affected with congenital tuberculosis.

Details of Whole Carcasses Condemned.

				Tons	Cwts.	Stones	Lbs.
48 Cows	Tuberculosis Generalised	...	...	9	14	5	12
9 Heifers	or with Emaciation	...	...	1	18	2	12
2 Bullocks	" " "	...	...		13	5	2
16 Calves	" " "	...	...		9	1	9
3 Pigs	" " "	...	...		4	5	12
1 Cow	Bruising extensive	...	...		4	6	0
3 Calves	" " "	...	...		1	0	7
1 Sheep	" " "	...	...			4	3
1 Pig	" " "	...	...			2	4
1 Sheep	Decomposition: general	...	...			3	0
1 Pig	" " "	...	...		1	2	0
5 Sheep	Distomatosis and Emaciation	...	...		1	2	4
1 Calf	Emaciation and Dropsy	...	...			3	8
8 Sheep	" " "	...	...		3	0	2
1 Pig	" " "	...	...			3	0
1 Cow	Enteritis and Emaciation	...	...		3	0	8
22 Calves	" " "	...	...		6	6	13
1 Sheep	" " "	...	...			2	10
9 Cows	Johnes disease and Emaciation	...	...	1	9	7	8
3 Heifers	" " " "	...	...		9	4	2
1 Bullock	" " " "	...	...		2	6	0
1 Cow	Pneumonia and Emaciation	...	...		2	7	10
4 Calves	" " "	...	...		1	1	2
3 Pigs	" " "	...	...			4	2
1 Pig	Rheumatism and Emaciation	...	...			5	6
5 Calves	Acute Enteritis	...	...		1	6	1
1 Pig	" " "	...	...			4	2
2 Pigs	Acute Erysipelas	...	...		1	4	8
1 Cow	Acute Fever	...	...		4	5	4
2 Heifers	" " "	...	...		10	7	6
1 Sheep	" " "	...	...		1	1	5
4 Pigs	" " "	...	...		6	1	2
24 Calves	Immaturity	...	...		5	5	11
1 Calf	Melanosis	...	...			3	6
5 Sheep	Moribund: ill bled	...	...		2	2	10
5 Calves	Umbilical Pyaemia	...	...		2	0	5
1 Cow	Sapraemia	...	...		5	0	4
1 Sheep	" " "	...	...			4	2
1 Pig	" " "	...	...		1	2	1
5 Cows	Septic Mammitis	...	...	1	3	7	1
1 Sheep	" " "	...	...			4	7
2 Cows	Septic Metritis	...	...		7	0	12
2 Cows	Septic Peritonitis	...	...		7	5	8
1 Bullock	" " "	...	...		4	4	10
1 Sheep	" " "	...	...			4	0
1 Pig	" " "	...	...		1	3	2
2 Cows	Septic Pneumonia	...	...		8	6	13
2 Calves	" " "	...	...			6	12
1 Sheep	" " "	...	...			4	0
1 Cow	Uraemia	...	...		3	2	4
1 Heifer	" " "	...	...		2	0	4
Total ...				21	17	1	10

Summary of all Meat and Offal Condemned.

	Tons	Cwts.	Stones	Lbs.
221 Carcases and all organs ...	21	17	1	10
8 Forequarters of Beef ...		6	2	13
2 Hindquarters of Beef ...		1	3	10
23 Portions of Beef ...		4	6	7
1 Portion of Calf ...				7
2 Portions of Sheep ...			1	2
14 Portions of Pork ...			6	11
130 Heads and Tongues ...	1	12	7	3
11 Tongues ...			3	5
491 Lungs ...	2	5	5	11
27 Hearts ...			4	4
18 Skirts ...			2	8
34 Plucks ...		1	1	2
22 Kidneys (Pairs) ...			3	5
1383 Livers ...	5	10	2	5
29 Stomachs ...		6	0	0
230 Mesenteries (intestines)	1	5	0	6
63 Udders ...		9	6	6
Total ...	34	3	4	3

The above summary will partly explain the reason for the shortage of fresh liver available to the public. Of the amount shown 936 were bovine livers of which approximately 80% were affected with liver fluke (*distomum hepaticum*). In addition to that shown in the summary, a very large amount was condemned as part livers and trimmings resulting from spoilage by the same parasite. It seems a great pity that so much valuable food already in short supply is lost through the depredations of this parasite.

Summary of Other Foods Condemned.

		Tons	Cwts.	Stones	Lbs.
8568	Tins of Food	5	3	3	0
	Imported Beef		11	3	0
	Imported Lamb			2	0
	Bread	1	14	3	0
	Fish		10	7	0
	Prawns		1	6	3
	Kippers			3	7
	Crabs		3	1	0
	Sausage		4	0	7
	Brawn etc.			5	0
	Dried Fruit		8	0	0
	Flour		1	7	7
	Cornflour		3	3	0
	Wheat Flakes		2	0	7
	Barley Flakes		1	4	7
	Pea Flour			5	0
	Macaroni etc.		5	0	0
	Cake Mixture			6	12
	Sweets		4	2	12
	Cream of Tartar		1	0	0
	Peas		1	0	0
	Trifle		1	5	0
	Pears		1	3	0
	Almond Substitute			5	7
	Mixed Pickles		2	7	12
	Miscellaneous		3	1	0
	Total ...	10	9	6	11

Transport of Meat.—In my opinion the vehicles used at the present time by the Contractors employed by the Ministry leave much to be desired. I would like to see vehicles specially and hygienically built, being completely enclosed, metal lined with hanging hooks, etc.

Representation has been made to the Ministry of Food by my Association in connection with Meat Transport throughout the country. No doubt the time will be more opportune to press for the desired improvements when the future policy for the slaughtering of livestock and the distribution of meat has finally been determined.

§ 9. OFFENSIVE TRADES.

Throughout the year, inspections (45) of these trade premises have been carried out systematically. Offences of only a minor character were dealt with. These trades have been maintained in a satisfactory manner. They comprise :—

- 1 Fat Rendering and Tripe Boiling.
- 2 Tripe Boiling.
- 2 Fat Rendering.
- 1 Gut Scraping.
- 3 Rag and Bone Dealing.

§ 10. FRIED FISH SHOPS.

There are at the present time, 59 Fish Friers on the register. The premises have been visited regularly (195 visits) by the District Inspectors.

Many of the premises fall short of an ideal standard so far as preparation rooms are concerned, and in some cases it is difficult to reach this standard owing to lack of space. Substantial improvements, however, have been carried out in a number of cases and the requirements of the byelaws have been observed in all cases.

§ 11. PHARMACY AND POISONS ACT, 1933.

The number of premises registered under Part 2 of the Act is 133. The premises have been kept under observation and instructions given in cases of minor offences where necessary.

The sale of poisons in the majority of these premises is confined to disinfectants.

§ 12. FACTORIES ACT, 1937.

There are 568 Factories on the Register, as follows :—

	With Mechanical Power.	Without Mechanical Power.
Ice Cream Manufacturers	13	2
Food Preparation Preservation etc.	32	36
Bakehouses	56	24
Joiners and Undertakers	37	6
Printers	8	0
Motor Engineers	42	5
Boot Repairs	34	8
Tailoring etc	8	27
Mantle Alterations etc.	0	4
Upholstery	6	6
Cabinet Makers	7	4
General Engineers	39	0
Electrical Engineering	8	0
Cleaners and Dyers	2	0
Laundries	7	0
Monumental Masons	0	4
Plumbers	4	12
Building Operations	3	0
Miscellaneous	68	56
	<hr/>	<hr/>
	374	194
	<hr/>	<hr/>

During the year 781 inspections have been made and the following is a list of the defects found and dealt with:—

Defects.	Found.	Remedied during 1948.
Want of Cleanliness	3	3
Inadequate ventilation	1	1
Sanitary Conveniences:—		
Insufficient	7	4
Unsuitable or defective ...	16	11
Not separate for sexes ...	3	2
Other Offences	20	18
	—	—
	50	39
	—	—

Eight notices of defects to be dealt with under the Factories Act were received from the Factory Inspector and in each case the premises were inspected, notices served where necessary and the defects in all cases remedied.

Outworkers.— Three lists containing the names of seven Outworkers were received and sixteen inspections of the premises of such Outworkers were made.

§ 13. COMMON LODGING HOUSES.

There is 1 Common Lodging House on the Register with accommodation for 161 lodgers.

The lodging house is regularly inspected and, with the exception of minor offences, the premises have been kept in a satisfactory condition.

§ 14. RODENT CONTROL.

Organisation.

Recommended and approved by Ministry of Food.

One full-time Rodent Operative.

Additional four men supplied by the Borough Surveyor for 6 to 8 weeks every six months for treatment of sewers. These men work under the direction of the Rodent Operative and under his control.

Methods.

Recommended and approved by the Ministry.

Bait bases—Sausage Rusk, Bread, and Flour.

Poisons—Zinc Phosphide, Arseneous Oxide, and Red Squill.

Two to four days prebaiting, one day poison-baiting, one day checking. Post-baiting is carried out.

Sewers Maintenance Treatment.

Two Sewer Maintenance Treatments have been carried out, the first during the period 26th January to 20th March, and the second from 4th August to 6th October, 1948, details of which are set out below :—

	1st	2nd
Total number of manholes in foul and connected systems	1541	1585
Number of manholes baited	1178	1191
" " " showing pre-bait take	378	262
" " " showing complete pre-bait take (on one or both days)	210	260
Schemes of baiting used	1st 3rd 5th—	1st 3rd 5th
Number of manholes post-baited	62	153
Total estimated kill	1310	978

Surface Infestations.

Corporation properties.

Hundens Tip	} Treated as required.
Haughton Tip	
Salvage Depot	

Infestations of rats and mice in all Corporation properties, including schools, are dealt with as they arise.

Business premises.

Charge 3/- per hour plus cost of materials.

Occupiers co-operate and report infestations to this office when they receive prompt attention. In no case has it been necessary to take formal action under the Act.

Private dwellings.

Charge — 2/6 for prebaiting and surveying.

2/6 for poison-baiting.

Complete treatment 5/-.

Occupiers willingly report infestations and where infestations have been brought to the notice of occupiers, they have willingly signed Order Forms to have the infestations dealt with. No formal action has been taken under the Act.

Block Control.

When investigating complaints or dealing with infestations, the Rodent Operative surveys the area concerned and the survey is recorded. Infestations found during surveys are dealt with as already stated.

General.

Number of premises surveyed	...	822
Number of premises dealt with	...	312
Number of bodies seen	... ..	436 rats, and 77 mice
Number of baiting points	... ..	1,773
Number of traps used	... ..	88
Amount of poison bait taken	... ..	Rats—476 2/5th ozs Mice— 79 3/5th ozs
Estimated number of rats killed	... ..	1,191 + 34 trapped (Assessed by Ministry of Food Formula)
Estimated number of mice killed	... ..	398 (Assessed at 1/5th ounce per mouse)

SECTION I.

MISCELLANEOUS.§ 1. **METEOROLOGY.**

While most people are of the opinion, through their personal observations, that the weather and time of year have a direct bearing on feeling of health and incidence of illness, a great deal of work on their scientific correlation remains to be carried out. This may be one of the subjects which, as a result of the greatly increased knowledge of bacteriology and other contributory causes to disease, has fallen into relative obscurity for all that its importance is considerable.

TABLE XX.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1948.
Taken Daily at the South Park.

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	No. of days Date of on which Greatest Rain fell (.01 ins. or more)	
	Highest	Lowest	Highest	Lowest			Fall	Rain fell
January ...	29.7	28.5	51	27	5.78	.89	9	25
February	30.5	29.3	53	22	.97	.17	20	20
March ...	30.6	28.5	70	29	1.29	.62	17	6
April ...	30.7	28.4	70	30	1.13	.26	29	15
May ...	30.7	29.3	76	29	1.35	.32	31	12
June ...	30.2	29.1	75	40	3.26	1.06	2	22
July ...	30.3	29.3	89	42	2.77	1.63	31	13
August ...	30.2	29.1	72	39	3.96	1.63	11	17
September	30.4	29.1	70	31	2.28	.93	3	13
October ...	30.4	28.7	69	24	1.14	.36	17	12
November	30.4	29.1	58	22	.92	.19	17	12
December	30.6	28.2	57	22	1.65	.49	11	15
Totals ...	—	—	—	—	26.50	—	—	182
Averages ...	—	—	—	—	2.2	—	—	15

§ 2. HEALTH EDUCATION.

The Council maintained the subscription of past years to the Central Council for Health Education and use was made of some of their propaganda material. The outstanding intention of the year under this head was the hygiene of food handling and the prevention of food poisoning. Every opportunity was taken to remind food handlers of their responsibilities and of the simple means to avoid the risks of spreading infection.

§ 3. FURTHER NOTE ON CARE AND AFTER CARE.

Under Section 28 of the National Health Service Act, wide but indefinite powers are conferred on Local Health Authorities in respect of diseases generally. Some general implications of care and after care have been noted in the introductory letter and the Tuberculosis Service under new legislation has been described on page 19. Reference was made there to the work of the Handicraft Instructor and to the scope of occupational and diversional therapy in the rehabilitation of the tuberculous. The same opportunities exist in many other categories of long-term sickness and a beginning was made in 1948 to review the possibilities of this service in its widest terms. In addition to the blind, at the end of 1948 there were 13 other handicapped persons attending the Centre at Greenbank, or were attended by the Instructor in their homes. Their handicaps were as follows:—

Effects of War injury	...	...	...	2 patients
Effects of industrial injury	...	...	...	1 patient
Spastic paraplegia	...	...	...	1 patient
Effects of poliomyelitis	...	...	...	2 patients
Effects of cerebral embolism	...	...	...	1 patient
Neurosis	...	...	...	2 patients
Myocardial degeneration	...	...	...	1 patient
Thrombo-angeitis obliterans	...	...	...	1 patient
Arthritis deformans	...	...	...	2 patients

Another aspect of care and after care was the provision of nursing requisites to persons at home. A small quantity of items were accumulated to this end and they were loaned out or sold, subject to re-purchase, in accordance with a scale recommended by the Association of Municipal Corporations. Up to the end of 1948 there was little demand for this amenity and no efforts had so far been made to co-ordinate it with similar and much more widely used services administered by the British Red Cross Society and the Co-operative Wholesale Society. The Queen's Nurses' Association, since 5th July the agents of the Local Health Authority, also had a small store of items for loan.

§ 4. HANDICAPPED PERSONS.

As suggested in the introductory letter of this report, the connection between the Health and Welfare Departments is necessarily very close, and I have pleasure in including the following note from Miss V. I. Smiles, the Blind Welfare Officer. It is to be remarked that the report covers nine months, from 1st April to 31st December, 1948. In future years it will be possible to give figures covering the whole year.

"The number of certified blind persons on the register up to date is 95. During the nine months ended December, 1948, 19 names were added to the register, 12 names were removed, 10 persons died and 2 moved to other areas. Visits to homes and East Haven numbered 1,066.

"It gives me much pleasure to report a period of steady progress in the blind welfare work, largely due to Mr. Cooke, the blind home teacher, by his unstinted devotion to duty during a very difficult period of new administration.

"The Occupation Centre, commenced at Greenbank in February, 1948, is proving very satisfactory, both from the work and social side. The Blind Club held at "The Poplars" is very much appreciated by its members and the numbers are gradually increasing in regular attendances. It is a very great handicap that the accommodation is so limited, particularly when we entertain members from other Blind Clubs in the district during the Domino and Darts' Tournaments.

"The two home-knitters are continuing to give every satisfaction and they are much more contented and happy in their work."

§ 5. LABORATORY SERVICE.

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department. The Public Analyst, Mr. C. J. H. Stock, carried out as hitherto the chemical examinations. There was complete harmony and co-operation in these fields.

§ 6. MEDICAL EXAMINATION OF STAFF.

Among the unadvertised but continuous duties of the Medical staff of the Health Department was the routine and special examination of Corporation employees, prospective and otherwise. Ordinarily Dr. J. F. Bishop examined men and Dr. A. McGarrity women, being occupied therein for the equivalent of more than one whole session every week throughout the year. It is to be remembered that the examinations required were of different kinds and were unevenly distributed in time, so that the actual work involved was greater than the numbers concerned might suggest. The following table illustrates the work.

TABLE XXI.

MEDICAL EXAMINATIONS OF CORPORATION STAFF.

DEPARTMENT	Sup'ation		Sick Pay		Periodicals etc.		Total		Grand Total
	Male	F'male	Male	F'male	Male	F'male	Male	F'male	
Architect's	8	...	...	...	...	...	8	...	8
Education	43	55	...	...	1	1	44	56	100
Electricity	16	4	28	...	...	...	44	4	48
Fire	6	...	...	...	2	...	8	...	8
Gas	35	...	34	...	...	...	69	...	69
Health	2	18	...	...	1	...	3	18	21
Library and Museum	2	5	...	...	...	...	2	5	7
Markets	1	...	3	...	...	...	4	...	4
Parks, Cemeteries and Baths	14	...	1	...	...	...	15	...	15
Surveyor's (incl. Water)	70	1	...	...	12	...	82	1	83
Town Clerk's	2	1	...	...	...	...	2	1	3
Treasurer's	7	6	...	...	...	...	7	6	13
Transport	52	16	32	2	4	...	88	18	106
Welfare (incl. British Restaurant and Municipal Hos.)	5	6	...	...	3	...	8	6	14
Totals	263	112	98	2	23	1	384	115	499

SWIMMING BATHS.

The Superintendent of the Public Baths has kindly submitted the following report:—

“The Corporation's Baths Department, situate in Gladstone Street, consists of two swimming pools and fourteen slipper baths.

“The Gladstone Bath, 100 ft. x 40½ ft. of approximately 140,000 gallons' capacity is extensively used, the 1948 summer season public attendance being 77,840. This pool is covered during the winter months to form the largest public hall in Darlington, seating audiences up to 1,650 persons.

“The Kendrew Bath recently underwent roof renewal and redecoration at an approximate cost of £4,000, and fills a definite need by being largely used by school children, over 50,000 attending during 1948-49, with a total attendance, including public, of 97,778, and for the teaching of swimming and life-saving. This pool is 100 ft. x 48 ft. with 100,000 gallons' capacity.

“The water of both pools is filtered and sterilised by the modern “Breakpoint” technique of chlorination and maintained at a mean temperature of 75°F., thus at all times, under the heaviest bathing loads and waters remain comfortable, clear and sparkling, and of an attractive blue colour. Weekly samples of pools' water are sent to the County Analyst for bacteriological examination, thus ensuring germ-free water comparable to drinking water. This is achieved by the modern filtration and sterilisation plant which is in fact a miniature water-works. The plant is carefully operated by fully trained

staff who, during the last twelve months, have taken and recorded over 15,000 tests of alkalinity, chlorinity and temperature, with 78 samples submitted for bacteriological examination. With only three sub-standard tests, all others proved up to standards as required by the Ministry of Health.

"The year ended 31st March, 1949, proved a record for attendances, including 16,101 slipper bath attendances, and a total of 191,719 persons used one or other of the bathing facilities provided by the Corporation."

SECTION H.

WATER SUPPLY AND SEWAGE DISPOSAL, ETC.

The following information has been kindly provided by the Water Engineer, G. S. Short, Esq., M.A., LL.B., A.M.Inst.C.E., A.R.I.C.S., to whom I am indebted:—

"Water Supply.—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency lime is added before the water leaves the works.

"During the year bacteriological examinations of the raw filtered and chlorinated water were made on 52 occasions and on tap water from different areas of the town on 55 occasions.

"Details of the total annual water consumption for the last nine years are given below and it will be seen that the consumption for the year ending 31st March, 1948, has increased, thus maintaining the general trend that has been evident over the last few years.

Year ending 31st March.	Gallons pumped.
1940	1,363,100,000
1941	1,593,520,000
1942	1,670,190,000
1943	1,726,350,000
1944	1,863,230,000
1945	1,861,210,000
1946	1,899,850,000
1947	1,877,610,000
1948	1,950,890,000

"Work on the scheme for the provision of the additional battery of seven pressure filters and for the installation of additional chemical plant commenced in April, 1948, and it is anticipated that the plant can be put into operation in the Autumn of 1949.

"So far as quantity of water is concerned, that there are ample supplies available in the River Tees is shown by the following records taken when the river was flowing at its lowest recorded level in 1938.

	Gallons per day.
Water pumped by Tees Valley Water Board ...	6,500,000
Water pumped by Darlington Corporation ...	4,700,000
Flowing over Weir	22,000,000
Total ...	33,200,000

"The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is 7 million gallons.

"In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

"The approximate total number of dwelling houses within the Borough is 23,940. This figure has been amended this year to allow for a number of demolitions of old property that have taken place. The whole of these are supplied by water mains direct into the houses except 75 which are served by stand pipes; i.e., out of a total population of 84,000, 260 are served by stand pipes.

"Rivers and Streams.—The slow running River Skerne enters the town at its East boundary at Haughton-le-Skerne, from whence it flows West and then South. It is crossed by 12 road bridges and is the natural channel for floodwater in the case of heavy rain.

"The condition of the River Skerne has remained relatively good, the improvement reported last year being maintained. Analyses have continued to be taken and, as previously, it was found that the quality of the water varies considerably, being governed by the amount of suspended matter present; the suspended solid matter is highest when the river is in flood. Watch is continued to see that pollution does not take place in the town itself.

"Sewage and Sewage Disposal.—The policy of the Council to introduce storm water relief sewers and the partially separate system of drainage continues and work on the construction of a new Main Outfall Sewer from the centre of the town to the Sewage Disposal Works commenced in August, 1948, and continues actively.

"The whole of the sewage is treated at the Stressholme Sewage Works where one half of the flow receives preliminary treatment in sedimentation tanks and is then treated by broad irrigation on the Stressholme Farm. The remainder is dealt with by the Sewage Purification Works completed in 1942, which consist of detritus and sedimentation tanks, percolation filters, humus and storm water tanks.

"Work on the scheme for the provision of four additional percolating filters commenced in March, 1948, and it is anticipated that these can be put into operation in the latter part of 1949.

"A satisfactory effluent is being produced at the new works.

"The Council has tried, wherever possible, to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town."

Disposal of the Dead.—Three Cemeteries with a total area of 100 acres situated in different parts of the town provide adequate facilities for burial. These Cemeteries are properly planned and well kept. The Crematorium at the West Cemetery is equipped with the latest type of Gas Furnace and is used increasingly each year. It is owned and operated by the Darlington Cremation Society.

UNITED STATES OF AMERICA

ANNUAL REPORT

FOR THE YEAR 1914

DEPARTMENT OF THE INTERIOR

1870

The first part of the report is devoted to a general survey of the progress of the work during the year. It is followed by a detailed account of the various experiments conducted, and the results obtained. The report concludes with a summary of the work done, and a list of the papers published during the year.

During the year 1870, the following experiments were conducted: 1. The effect of temperature on the rate of reaction between hydrogen and oxygen. 2. The effect of pressure on the rate of reaction between hydrogen and oxygen. 3. The effect of the nature of the catalyst on the rate of reaction between hydrogen and oxygen.



COUNTY BOROUGH OF DARLINGTON.

ANNUAL REPORT

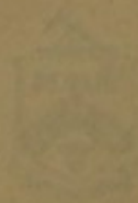
OF THE

SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D. M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1948.



COUNTY BOROUGH OF DARTINGTON

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

JOHN V. WALKER, M.D. M.B. D.M.

FOR THE

Year Ending 31st December, 1948.

Printed by the County Borough of Dartington

ANNUAL REPORT, 1948.

School Clinic,
Greenbank,
Darlington.

*To the Chairman and Members
of the Education Committee.*

Ladies and Gentlemen,

I have the honour to present the report for the year 1948 on the health of the school children of Darlington.

As I took up my duties on 1st September, there has been little opportunity so far to add to the building of my predecessors, but there are a few matters of local and general interest upon which I should like to comment.

During the year there were no outstanding developments under the Education Act, 1944, though the following pages describe progress under several headings along lines already laid down. Reference may be made in this respect to Child Guidance, the detection and training of the Partially Deaf and Physical Education.

The National Health Service Act, 1946, whose appointed day was 5th July contains no direct reference to School Medical Services, but the long term effect of this Act will undoubtedly be very great. Since a universal "free" medical service has been made available to the whole population, provision of treatment under the Education Act through the School Medical Service would seem to be a redundancy. For the time being, however, the established therapeutic services of school medicine are to continue and Local Education Authorities are permitted to employ, on their own account, Specialist Officers, where arrangements are not available with the Specialists of the Regional Hospital Boards. In Darlington no changes directly attributable to the operation of this Act took place in 1948 subsequent to the appointed day.

The eventual transference of this aspect of the work does not mean that the School Medical Service will disappear. More closely integrated with the work of the Health Department in its proper sphere of preventive and social medicine, its best days should be before it.

One particular service that school medicine should be able to give is to detect, at an early stage, potential later diseases and to advise on occupation and manner of life so as to avoid them. To some extent this is already done, as for instance in respect of children with damaged hearts, and the total field is very great.

During the year the new record card issued to all Local Education Authorities by the Ministry for medical inspection purposes, came into use among entrants. Gradually this form of record will replace the generally similar, but in detail different, forms in use throughout the country and it should provide a full dossier of the development and illnesses of each child during his school life.

Some have taken exception to the new record card as a further evidence of the regimentation of the people and it is very necessary for School Medical Officers, in the zealous discharge of their duties, to remember that the persons responsible for a child's welfare are not themselves, or teachers, or the State, but the parents, whose confidence they should always seek to gain and for whose information their inspections are actually carried out.

Often by their indifference to their children's welfare at school, parents are the worst enemies of their own interests. One is glad to record an on the whole satisfactory response in Darlington to the invitation to attend at school inspections. One would like to see a larger number of parents attending when senior children are inspected. This is to some extent a question of fashion and if the leaders of opinion among senior children were to bring their parents to inspection, the others would rapidly follow.

In connection with this most important subject of parent and child, I should like to call attention to the final observations of the Educational Psychologist in his report on Child Guidance, wherein he comments upon the adverse factors arising from housing difficulties and from the mother who goes out to work. Both these are factors exercising a disintegrating influence on the family, nor is it always, as Mr. Saunders suggests, the aim of economic security that persuades a mother into the factory. In some cases at least, it is the attraction of the less adult kind of society provided by factory life as compared with the highly responsible role of the mother at home.

In this connection the value of school meals as an ordinary part of educational amenities may need to be questioned, excellent and necessary as they are in many cases. The ideal, surely, should be that every family at least once in the day should sit down together in reasonable leisure to eat their main meal and to exchange ideas. This ideal, however unrealised in many families to-day, would be wholly shattered if children from an early age came to rely on their main meal away from home.

Attention is drawn to the report on Partially Deaf Children and the remark by Miss Scott that she expects to be employed full-time instead of one day per week. This will provide an opportunity for an extensive survey of defective hearing among school children and it is hoped to carry this out with the advice of the Ear, Nose and Throat Surgeon at the Darlington Memorial Hospital and by making use of the Gramophone and Pure Tone Audiometers during the coming year. At a future date it may be possible to share Miss Scott's services with the Welfare Committee in connection with a comprehensive scheme for the welfare of the deaf and deafened of all ages.

I should like to pay tribute to the work of Dr. Annabella McGarrity, Mr. J. L. Liddell and of the School Medical Department generally. With the move of the Health Department to Feethams this branch has been left at Greenbank and the need for other accommodation is outstanding partly because of impending extension of the Maternity Hospital and partly to obtain the closest possible integration with the Health Department. Up to the end of 1948 such accommodation had not been provided. There was also a shortage of staff as Dr. Henderson, who resigned on 31st March, was not replaced. The consequence of this and of the somewhat confused situation in respect of medical personnel after 5th July, has been to lay a heavy load upon Dr. McGarrity, who in addition to her responsibility for most of the inspections in school, all minor ailment clinics and the general supervision of the branch, has acted as School Ophthalmologist.

If inspections are not to fall behind, a considerable portion of the time of another Medical Officer is required. The threat of similar arrears faces the dental section, for the Assistant Dentist, Mr. A. Lewis, resigned on 31st December, and his appointment remains vacant at the time of going to press.

I have the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER,

School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE.

Ald. R. Luck (Chairman).

Ald. H. P. Bell, J.P. (Vice-Chairman).

Ald. A. J. Best, J.P.	Coun. Mrs. M. M. Taylor, J.P.
Ald. W. Heslop, J.P.	Coun. C. Dougherty.
Ald. J. D. Hinks, J.P.	Coun. F. Thompson.
Ald. W. G. Chandler, M.B.E., J.P.	Coun. G. E. Wilson.
Ald. T. E. Hudson.	Coun. J. W. Harrison
Coun. M. Lyonette.	(from 28/1/48).
Coun. H. Buckborough.	Coun. K. F. Scott
Coun. J. Neasham.	(from 21/1/48).
Coun. Mrs. M. Lyonette, J.P.	Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF.**School Medical Officer.**

W. E. Orchard, M.D., D.P.H. (Resigned 2/8/48).
Joseph V. Walker, M.D., M.R.C.P., D.P.H. (from 1/9/48).

Assistant School Medical Officers.

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
Winifred M. Henderson, M.B., Ch.B. (Resigned 31/3/48).
J. F. Bishop, M.B., Ch.B. (Part-time), (from 19/10/48).

Senior Dental Officer.

J. L. Liddell, L.D.S.

Assistant Dental Officer.

A. Lewis, L.D.S. (Resigned 31/12/48).

Psychologist.

H. G. Armstrong, M.A., Ed.B. (Resigned 31/8/48).
R. V. Saunders, M.A., Ed.B. (from 8/9/48).

Psychiatrist.

Brenda E. Ridley, B.A., M.B., B.Ch. (Part-time), (Resigned 19/3/48).
W. Hinds, M.B., B.S., D.P.M., F.R.S.M. (Part-time), (from 1/7/48).

Teacher of Classes for Children Who Experience Hearing Difficulties.

Muriel Scott (Part-time).

Senior School Nurse.

Gladys M. Whittaker.

School Nurses.

Doris M. Goodinson.	Hilda Gardiner.
Laura Addison.	Margaret Borwell
Dorothy Young (from 16/8/48).	(Resigned 30/6/48):

Educational Health Visitor.

Elizabeth H. Fleetham.

Clerks.

Audrey C. Smith (Senior Clerk).	Mary Langhorne.
Patricia Harris.	Odette R. Lister.
Teresa Howell.	Vera Salisbury (from 12/1/48).

School Population.

School Population 2-5 years	...	...	...	...	479
" " 5 years and over	...	...	...	...	11,372
					<u>11,851</u>

School Meals and Milk.

1,162,338 meals were distributed to school children during the year, of these 55,771 were provided free. The average number of meals distributed per day was 5,816.

1,941,371 bottles of milk were supplied during the year.

School Nurses.

During the year the Nurses paid 553 surprise visits to the schools and 1,469 children were found to have unclean heads. Home visits and advice in school resulted in the number being reduced to 547 at the end of the year.

2,133 home visits were paid re infectious diseases, follow-up from medical inspection and cleanliness.

Immunisation Against Diphtheria.

270 children completed a full course of immunisation and 388 were given re-inforcing injections.

Percentage of School Population immunised—59%.

Schick Tests were carried out as given below:—

Pre-Schick	Number Positive
247	87 Equivalent to 35%
Post Schick	Number Positive
1,337	80 Equivalent to 6%

Infectious Diseases and Deaths Amongst School Children.

	Cases	Deaths
Scarlet Fever	96	—
Diphtheria	13	—
Measles	227	—
Whooping Cough	15	—
Tuberculosis	5	—
Cerebro Spinal Fever	2	1
	<u>358</u>	<u>1</u>

SCHOOL MEALS SERVICE.

The following is a typical fortnightly menu, showing the high standard and wide variety of the food prepared.

Week 1.

Week 2.

Monday.

Meat Pie, Gravy, Mashed Potatoes, Cooked Diced Carrots, Milk Pudding, Syrup Sauce.

Savoury Mince, Mashed Potatoes, Cooked Carrots, Steamed Marble Pudding, Creamola Sauce.

Tuesday.

Savoury Mince, Mashed Potatoes, Cooked Greens, Steamed Jam Roly-Poly, (Custard or Creamola Sauce.

Roast Topside of Beef, Gravy, Mashed and Baked Potatoes, Mashed Swedes, Baked Syrup and Barley Kernel Tart, Custard Sauce.

Wednesday.

Roast Topside of Beef, Gravy, Baked and Mashed Potatoes, Yorkshire Pudding (when possible), Mashed Swedes, Apple Crumble (Ministry of Education recipe), Custard Sauce.

Meat Pie, Gravy, Mashed Potatoes, Peas, Milk Pudding and Jam.

Thursday.

Braised Steak, Mashed Potatoes, Cooked Diced Carrots, Baked Jam Tarts, Custard Sauce.

Roast Cold Meat, Mashed Potatoes, Salad Dressing (Salads of Raw Shredded Cabbage, Raw Grated Carrots, Cooked Beet-root), Steamed Jam Sponge Pudding, Creamola Sauce.

Friday.

Fish for Nurseries.

Hot Roast Lamb, Mashed Potatoes, Gravy, Marrowfat Peas, Steamed Date Pudding, Creamola Sauce.

Fish for Nurseries.

Grammar School—Braised Liver and Onions.

Girls' High — Cheese and Potato Pie.

Remainder of Schools — Shepherds Pie (Grated Cheese Lid), Cabbage, Grated Carrots, Highland Feather Pudding, Custard Sauce.

INCIDENCE OF RINGWORM.

The following table gives the incidence of ringworm during the past five years :—

1944	...	6 Scalp 9 Body
1945	...	1 Scalp 3 Body
1946	...	18 Scalp 23 Body
1947	...	3 Scalp 1 Body
1948	...	7 Scalp 2 Body

It is interesting to compare these figures with the average incidence for the ten years 1934-1943, which are 13 scalp and 17 body. It will thus be apparent that only in 1946 was this average exceeded and this was due to a mild outbreak at St. Joseph's Home. In other years the figures were well below the earlier average.

Cases in Darlington are treated at the School Clinic or privately and are excluded from school until completely cured.

The routine treatment carried out at the Clinic is epilation, together with daily application of an anti-parasitic ointment, usually Cuprosal, followed up by Iodex, the average case clearing up in about six weeks. In very mild and early cases, Iodex alone may be sufficient.

SALTERS LANE OPEN AIR SCHOOL.

The number of children on the register on 31st December, 1948, was 111.

Medical Inspections carried out were as follows :—

90 Routine Inspections.

318 Special Inspections.

32 Re. Inspections.

Diet, as usual, has been given close attention and variations made from time to time.

A note has been kept of the weights and general improvement in all children with special reference to vitamin capsules, cod liver oil capsules and ultra violet light therapy.

Ultra Violet Light.—The number of individual children treated was 36.

Subnormal Nutrition	...	...	...	...	...	18
Asthma	...	...	...	...	...	6
Anaemia	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	3
Chorea	...	...	...	...	...	1
Early Chorea and Anaemia	...	...	...	...	...	1
Left Hemiplegia	...	...	...	...	...	1
Rickets and Cervical Gland	...	...	...	...	...	1
Valvular Disease of the Heart following Rheumatic Fever	...	...	...	...	...	1
Weakness Right Foot and Speech Defect	...	...	...	...	...	1

Vitamins.—

No. of Children on Hypotency Tablets	...	88
" " " " Cod Liver Oil Capsules	...	86
" " " " Fersolate Tablets	...	30

Treatment of Minor Ailments. — The average number of attendances for treatment per month was 262. Type of defects treated:—abrasions, sore throats, otorrhoea, sprains, scabies, septic fingers, rheumatism.

Cleanliness. — The children have clean heads and bodies and are well clothed with one or two exceptions and these have regular scrutiny and attention.

Shower Baths. — Children who are suitable have the benefit of a regulated shower which helps to tone up the general system. These are supervised by a School Nurse and Bath Attendant.

Barnard School for Educationally Sub-Normal Pupils.

At the end of the year 60 children were in attendance, 3 children have been admitted and 18 left during the year.

55 routine, 104 special and 22 re-inspections were carried out.

Nursery Schools and Classes.

379 routine inspections were carried out in the above schools. 19% were classified as Nutrition "A" (Good) and 81% as Nutrition "B" (Fair).

Miscellaneous Examinations.

71 teachers, clerks and others were examined and certified fit to commence duty or able to return to duty after prolonged illness.

168 children were examined and certified fit to take up part-time employment.

HANDICAPPED CHILDREN.

Blind and Partially Sighted—7 are in Residential Special Schools and 1 is in attendance at an ordinary school.

Deaf and Partially Deaf—1 is in a Residential Special School, 5 travel daily to Stockton School for the Deaf and 35 are attending special classes.

Delicate — 90 are in attendance at the Open Air School, 12 are excluded from school attendance, 1 is in a sanatorium, 2 are in the Memorial Hospital and 7 are in ordinary schools where their education proceeds without detriment to them.

Physically Handicapped—6 are in Orthopaedic Hospital Schools, 1 is in the Memorial Hospital, 12 are in attendance at the Open Air School, 8 are excluded from school attendance and 45 are educated in ordinary schools.

Educationally Sub-Normal—2 are in Residential Special Schools, 43 are in Barnard School, 1 is in the Special School at West Hartlepool, and 8 are in ordinary schools.

Multiple Defects—17 are in Barnard School, 9 at the Open Air School, 1 is excluded from school attendance and 3 are educated in ordinary schools.

OPHTHALMIC CLINIC.

The School Ophthalmologist, Dr. A. McGarrity reports as follows:—

Spectacles were prescribed for 556 errors of refraction, among these were 87 cases of squint, of which 50 were occluded; 13 of the 50 were referred to the Orthoptic Department at the Memorial Hospital for training; one has had operation and some others are awaiting operation when they reach the necessary stage in training.

As we said in last year's report, the Orthoptic Clinic opened during the first quarter of 1948 and every advantage has been taken of it in suitable cases and we are grateful to Mr. J. L. Wilkie, Ophthalmic Surgeon at the Memorial Hospital and to Miss G. Weatherall, Orthoptist, for their co-operation and help in this part of the work.

During the year there was one case of special interest in a girl of fourteen years, in whom a detachment of the retina was discovered at the Eye Clinic. She was referred to the Memorial Hospital where an operation was performed by Mr. Wilkie, vision being restored to a remarkable degree. This condition is unusual at so early an age and the history, although obscure, suggested the possibility of a blow having been sustained at an earlier stage. She has now left school and is able to take up employment in an ordinary way.

There were 174 cases of external diseases of the eye treated, which included conjunctivitis, blepharitis and other lid conditions.

DENTAL REPORT.

The Senior Dental Officer, Mr. J. L. Liddell, has reported as follows :—

The work done in 1948 compares favourably with previous years. 10,780 children were inspected and 1,447 were re-inspected, making a grand total of 12,227 inspections.

4,522 were found to require treatment, of which 67.5% were actually treated.

300 more fillings were done than in the previous year and it is gratifying to note that necessary extractions were 1,244 less.

Extractions of permanent teeth were again fairly low, the number being 283. As the average number of permanent teeth extracted, in pre-war days, was over 850 per year, this may be considered a satisfactory figure and is no doubt due to the fact that more parents are giving their consent for conservative work to be done.

I should like to place on record my appreciation of the co-operation which I have received from the Assistant Dental Officer, Mr. Lewis, and from the two Dental Clerks, Miss Langhorne and Miss Salisbury.

CHILD GUIDANCE.

The Educational Psychologist, Mr. R. V. Saunders, M.A., Ed.B., has reported as follows :—

During the twelve months covered by this report the Psychologist was working alone for three months (April-June inclusive) pending the appointment of a new Psychiatrist. Subsequently the new Psychiatrist was working alone for the period mid-July to the beginning of September pending the appointment of a new Psychologist.

Despite these breaks and the necessity for the new members of the team to acquaint themselves with the Clinic cases and records, and, most important, each other's personalities, the volume of work has not suffered.

Referrals.

During the year, 1948, 153 cases were referred to the Clinic.

The Table below gives the number and types of cases referred :—

Type of Problem.	No of Boys.	No. of Girls.	Total.
Intellectual	22	10	32
Organic	1	14	15
Emotional	16	12	28
Behaviour	27	10	37
Habits	23	18	41
	89	64	153

Sources of Referrals :—

Source	No. of Referrals.
Schools	76
School Medical Service	43
Parents/Guardians	10
Probation Officer	10
Family Doctors	7
Darlington Education Committee ...	4
Others	3
	153

For comparison we show the figures from previous annual reports :—

Year ending	Schools	Medical Service	Parents	Probation
31/5/46 ...	103	13	6	3
31/5/47 ...	172	15	7	5
31/5/48 ...	102	39	3	6

It can thus be seen that certain services are making increasing use of the Clinic.

The two largest single reasons for referral to the Clinic have been—Enuresis (32 cases), and Backwardness/Retardation (27 cases).

Sources of Enuretic Referrals.

School Medical Services	Schools	Family Doctor
25	6	1

Sex Distribution of Backwardness/Retardation Referrals.

General Backwardness		Backwardness in Specific subject		Subnormality		Totals		
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	All
12	4	6	4	1	—	19	8	27

Two thirds of the referrals relate to children of ages 7, 8, 9. It is felt that it cannot be too strongly emphasised that early diagnosis is vital in cases of backwardness or retardation in order to guard against wasted educational effort and to ensure that remedial measures are adopted as early as possible, when there is the best prospect of success. We would therefore be happier if the peak ages for referrals for backwardness/retardation were years 7 and 8.

Disposal of Cases Referred in 1948.

(a) Advice	(b) Advice and Observation	(c) Treatment				Examin- ation Incomplete
		Treatment Closed as Improved	Treatment Continuing	Treatment Closed Non- Improved	Treatment Waiting List	
58	37	7	20	3	20	8
Total ...						153

We wish to draw attention to the fact that we have departed from the criterion originally set up for measuring the success of the work of the Clinic. We feel that it is impossible to impose a single criterion which will cover every aspect of the work of the Clinic. Instead we feel that a separate criterion should be applied to each of the three headings in the previous Table (a) "Advice," (b) "Advice and Observation," and (c) "Treatment." We consider that the old criterion (no re-reference within a period of three months after advice has been given) can only be applied in the case of (a) (Advice). In the case of (b) (Advice and Observation) we feel that we may only claim success if after a number of "follow-up" enquiries the child has shown that the advice given by the Clinic has borne fruit in the shape of a reasonably successful adjustment. In the case of (c) (Treatment), the criterion for success is the evidence of our own direct assessment of the child's behaviour as obtained from regular interviews and corroborated by teachers, parents, doctors, whichever are most concerned.

In considering the Treatment figures it is necessary to emphasize that for three months the educational psychologist was operating alone and for a further two months the psychiatrist was operating alone so that the number of treatments in the second and third quarter of 1948 was of necessity very limited. This being the case, the figure of 7 successes is a reasonable one, while the figure of 20 continued treatments represents cases taken in hand in the last quarter of the year, many of which are steadily approaching closure as successes.

Some Outstanding Features of the Year's Cases :—

(1) **HOUSING DIFFICULTIES**—Referred to in previous reports—continue to operate as an adverse factor in many cases, partly from unhealthy over-proximity of children and adults and partly because it frequently occurs that too many adults are in contact with a child, confusing its emotional attachments and its standards.

(2) **THE WORKING MOTHER**—has appeared at the Clinic fairly frequently. She has decided on a maximum of economic security for the family and in so doing may have sacrificed the psychological security of those of her children who most need a real home with an ever present mother.

PARTIALLY DEAF CHILDREN.

The Teacher of the Deaf, Miss Muriel Scott, reports as follows:—

Total No. of cases tested	No. ascertained as totally Deaf	No Requiring Lip Reading	No. Requiring Lip Reading and Speech Training
40	Nil	23	12

This table indicates the number of children who have been tested by Pure Tone Audiometer for Hearing Defect. Cases referred for examination have come from the School Medical Officer and Head Teachers. It is interesting to note that Head Teachers of Nursery Schools are referring children to the Clinic whenever a speech defect is noticed.

These children under five years are tested by play apparatus and when necessary admitted to a special speech class.

Causes of Deafness amongst Children attending the Classes.

9 Mastoid ; 9 Cause unknown ; 6 Scarlet Fever or Measles ; 6 Born Partially Deaf ; 5 Meningitis ; 3 Infection from neglected Tonsils and Adenoids ; 1 Injury at Birth.

The total number who have attended classes throughout the year is 40.

Lip Reading and Speech Classes.

One day per week — Wednesday.

10 a.m. — 11 a.m. Junior Lip Reading.

11 a.m. — 12 noon Junior Lip Reading and Speech.

2 p.m. — 3 p.m. Senior Lip Reading and Speech.

3 p.m. — 3.30 p.m. Speech with under fives.

Children are tested and parents interviewed from 9.15 a.m. to 10 a.m., 3.30 p.m. to 4.15 p.m.

Up to August, 1948, all children attending classes had been tested by the Educational Psychologist and whenever it was found that a child was retarded due to his deafness, help was given in his Lip Reading Class.

The Position in the Future.

The Education Authority have ordered a Gramophone Audiometer which will be ready for use in January, 1949. The Teacher of the Deaf will be employed full-time instead of one day per week, and it is hoped that all children will have their hearing tested in the schools. Classes for children with speech defect not due to deafness will also commence in January and the present long waiting list should soon disappear.

PHYSICAL EDUCATION.

The Organiser of Physical Education, Miss Joyce O. M. Howe, reports as follows:—

I.—PHYSICAL EDUCATION IN SCHOOLS.

1. Darlington Agility Apparatus.

The outstanding achievement of 1948 in this branch of education has been the adoption by the Education Committee of the standardised equipment now known as the Darlington Agility Apparatus.

“Children must be trained to move under all sorts of conditions—difficult as well as easy—with skill and confidence and without fear. Great determination and courage can be shown only when the body is trained under conditions not wholly free from risk.

This is the very spirit physical education should preserve and foster.”

Ministry of Education Pamphlet.

The Authority may well claim that in supplying the Darlington Agility Apparatus embodied the following:—
foster such qualities.

In May, 1948, the Organiser's report with special reference to Agility Apparatus embodied the following:—

“We believe that we have devised equipment with the following:—

- (a) There is scope, with this graduated Apparatus, for the more adventurous and the more timid children, and the Apparatus allows for an infinite variety of activities.
- (b) It consists of both portable and fixed pieces which will not wear out, and apart from an occasional coat of paint there will be no expense beyond the initial outlay.
- (c) It does not require a large space for erection, and schools without a hall can enjoy it equally with their more fortunate counterparts.
- (d) A supply can be spread over a period of time since the Apparatus is made up of six different units. (Now seven units).
- (e) Those Head Teachers who have had experience of it in the experimental stage say that, apart from its purely educational value, it has given the children more joy in their lessons than anything they have hitherto experienced in physical education. It is interesting to note in this respect that a class of backward children have a new found sense of achievement with the discovery that here, at last, is something that they can do well. This has had a profound effect on their general bearing and attitude of mind.

With regard to the question of cost, if the initial outlay is around £1,000 for some 6,000 school children, enjoying use of the equipment, the average cost per head would only be 3s. 4d. for Apparatus which they will enjoy fully over a period of at least four years."

Following the report, Members of the Education Committee visited three schools to see the apparatus in use with the result that two units were ordered for use in each Primary School.

2. Demonstrations for Teachers.

(a) TEACHERS IN SCHOOLS WITH SENIOR CHILDREN— Demonstration lessons were given during May and June with classes of children from various Schools. The classes were taken by their own teachers.

(b) TEACHERS IN PRIMARY SCHOOLS—Two evenings were arranged — one for Head Teachers and the other for Assistant Teachers, in order that they should have a good idea of the preparatory work necessary for the sake of safety in the use of agility apparatus. The programme included—(1) a demonstration of preparatory work by classes of children; (2) the showing of a film strip made by Mr. Welek, H.M.I., of the Rise Carr apparatus in use; (3) a demonstration by a class of children using the agility apparatus. Both sessions were well attended.

3. Swimming.

(a) SUMMER SWIMMING IN SCHOOLS DURING TERM-TIME.

INSTRUCTORS — Three full-time Instructors were appointed. The 2nd Class Bath was set aside for the sole use of school children for 25 hours per week. Arrangements were made for 2,520 children to swim during the week. An innovation this year has been the use of the 1st Class Bath for advanced swimmers and life savers during four mornings each week.

LIFE SAVING AWARDS—This year has shown results for the excellent facilities afforded during the last three years. Total awards for the year were 110, including 4 Bronze Crosses, 3 Bars to Bronze Medallions and 39 Bronze Medallions. One school in particular, Gladstone Street, has won 71 awards. The Education Committee have now agreed to meet the cost of examination fees and awards for all boys and girls taking the examination and the Baths Superintendent has been authorised to present to each child in the Borough attaining the Bronze Medallion a certificate carrying a number of free admissions to the Swimming Baths.

SCHOOL GALAS—Apart from the Inter-School Swimming Gala, Secondary Modern Schools held their own successful meetings during the year.

(b) HOLIDAY SWIMMING.

It was found necessary to limit swimming during the summer holidays since there were more applicants than the Baths could reasonably hold. An average of 2,000 attended each week, free of charge, and received free instruction from four of the Committee's Instructors.

(c) WINTER SWIMMING.

This was the second year for Winter Swimming, which was extended to include Junior Schools which wished to attend. The number of schools concerned was 7 Secondary Modern and 13 Primary.

4. Lawn Tennis.

Four schools were equipped with courts and a second Course for the Lawn Tennis Association's Coaching Certificate was held for Teachers and Youth Leaders. A film show with a commentary by Major Applewhaite, the L.T.A. Coach, was given at the Training College.

II.—PHYSICAL TRAINING RECREATION IN CONNECTION WITH THE YOUTH SERVICE.

There have been a variety of activities made available this year for those who wished to take part in them and a happy feature has been the increase in the appeal of out-of-door pursuits. Added facilities have become available for Basket Ball, Lawn Tennis and Soft Ball.

An athletic course in conjunction with the C.C.P.R. ran for eight weeks and covered field and track events, the organisation of a sports meeting and training in athletics. The Authority purchased javelins and discs for use in the evening on available school playing fields, where leaders from the course gave instruction.

The first meeting for Youth Athletic Sports under the auspices of the A.A.A. was well attended and there was a good response among competitors.

Traditional Dancing and Irish Dancing are other activities that have received encouragement among Youth Organisations and adults and teachers also have become interested in the former.

The response to opportunities for swimming was so good that numbers had to be limited to 100 each Youth Evening.

This widened scope of enterprise has only been possible by the generous allowance of the Local Education Authority and the Organiser is grateful for the interest of the Education Committee as well as for the practical provision that makes possible new ventures in the field of Physical Education.

APPENDIX TABLES.

TABLE I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	418
Second Age Group	...	...	...	...	...	628
Third Age Group	...	...	...	...	...	733
					Total	1,779
Number of Other Periodic Inspections						475
Grand Total						2,254

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	3,096
Number of Re-Inspections	...	...	...	1,132
			Total	4,228

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment:—

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual Pupils (4)
Entrants	2	53	55
Second Age Group	55	63	116
Third Age Group	109	59	158
Total (prescribed groups).	166	175	329
Other Periodic Inspections	30	68	97
Grand Total	196	243	426

TABLE II A. Return of Defects found by Medical Inspection.

Defect Code No.	Disease or Defect (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	12	—	247	—
5	Eyes—	196	51	46	8
	a. Vision	15	4	16	2
	b. Squint	12	—	162	—
	c. Other	6	11	24	13
6	Ears—	1	—	46	—
	a. Hearing	19	—	107	—
	b. Otitis Media	55	93	200	60
	c. Other	3	4	19	16
7	Nose or Throat—	1	6	5	2
8	Speech	47	19	22	23
9	Cervical Glands	17	6	13	7
10	Heart and Circulation	—	1	2	1
11	Lungs	—	—	—	—
12	Developmental—	—	—	—	—
	a. Hernia	—	—	—	—
	b. Other	—	—	—	—
13	Orthopaedic—	—	15	—	6
	a. Posture	28	74	18	12
	b. Flat Foot	8	9	16	2
	c. Other	2	1	1	—
14	Nervous System—	6	3	13	8
	a. Epilepsy	—	2	8	50
	b. Other	9	8	29	2
15	Psychological—	20	19	1,357	36
	a. Development	—	—	—	—
	b. Stability	—	—	—	—
16	Other	—	—	—	—

TABLE II.B. Classification of the General Condition of Pupils Inspected during the year in the Age Groups:—

Age Groups (1)	Number of Pupils Inspected (2)	A (good)		B (fair)		C (poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	418	58	13.9	359	85.9	1	0.2
Second Age Group	628	147	23.4	478	76.1	3	0.5
Third Age Group	733	153	20.9	574	78.3	6	0.8
Other Periodic Inspections	475	84	17.7	389	81.9	2	0.4
TOTAL	2,254	442	19.6	1,800	79.9	12	0.5

TABLE III. Treatment Tables.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI).

(a)	Number of Defects treated or under treatment during the year
SKIN.—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none, indicate by dash	—
(ii) Other treatment	7
Ringworm—Body	2
Scabies	40
Impetigo	152
Other skin diseases	58
Eye Disease	174
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	173
Miscellaneous	1,340
(e.g. minor injuries, bruises, sores, chilblains etc).	
Total	1,946
(b) Total number of attendances at Authority's minor ailments clinics	10,538

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group 1).

	No of Defects dealt with
ERRORS OF REFRACTION (including squint)	556
Other defect or disease of the eyes (excluding those recorded in Group 1)	7
Total	563
No. of Pupils for whom spectacles were—	
(a) Prescribed	556
(b) Obtained	325

(7) Extractions:	Permanent Teeth	...	283
	Temporary Teeth	...	1,848
	Total	...	2,131
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(8) Administration of general anaesthetic for extraction	703
(9) Other Operations:	(a) Permanent Teeth	...	185
	(b) Temporary Teeth	...	74
	Total (a) and (b)	...	259
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TABLE V. Infestation With Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	30,457
(ii) Total number of individual pupils found to be infested	...	...	1,469
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act 1944)	—

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