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County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1956

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

ANNUAL REPORT, 1956.

To the Chairman and Members
of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1956, being my eighth since I became your Medical Officer of Health.

Vital statistics show a further small decline of population, from 83,560 to 83,360, presumably due to a continuing migration to the new town of Newton Aycliffe. There is certainly no local cause, such as a decline in opportunities for employment, to account for it. At the same time, a study of the movement of the population, such as we have had recent occasion to undertake in following up the present addresses of notified births, shows that there is considerable mobility in this respect to widely scattered new places of residence and the explanation I have suggested may be more convenient than true. Both birth and death rates showed a decline as compared with last year (14.1 and 11.9 per thousand respectively for 1956, 15.3 and 12.3 for 1955). There were no maternal deaths and only 2 from notifiable infectious diseases other than tuberculosis, one due to poliomyelitis and the other to whooping cough. Deaths from tuberculosis were 15 in all, 13 respiratory and 2 non-respiratory, and new notifications of this disease were 100, divided between 93 respiratory and 7 non-respiratory.

The outstandingly unsatisfactory feature among these figures is the increase of the infant mortality rate which was 34.0 per 1,000 live births as compared with 27.4 last year. It is important to remember in this connection that neonatal mortality, i.e., death within the first four weeks after birth, is very largely responsible for this adverse finding and accounts for 75% of all deaths within the first year. On examining the neonatal figure for particular causes, it is at once apparent that the largest single cause of death is to be found under the headings of congenital malformation, prematurity and debility ; in other words, factors indicative of adverse influences in intra-uterine life. These headings have accounted during the past ten years for a large but variable proportion of neonatal deaths and I have wondered whether the extensive employment of women in industry at the present time, often continuing well into pregnancy, may not account for it. Such a proposition would be difficult to prove and would need a nation-wide survey with appropriate controls, and it must always be remembered that most communities have in fact expected their women to work, never harder than in agricultural societies. I do not think that the other

causes of infant mortality, though deplorable and theoretically avoidable, are so prominent as to require any special nursing service for children at home, such as has been established in some other towns. All cases of infant mortality at home are investigated and preventable features as far as possible assessed, but as a matter of fact the majority of infant deaths in Darlington take place in hospital. The still-birth rate is related with that of neonatal mortality and was 25.7 per 1,000 births in 1956, also an increase on last year, 19.2 per 1,000 births.

In one respect 1956 was a bad year for infectious diseases, since there were more cases of poliomyelitis in the town than in any previous year. I have summarised an account of this outbreak with certain items of epidemiological and clinical interest in an Appendix, to be found on page 84. Otherwise there was little specially to report.

I trust that all members of the Council into whose hands this Report comes will do me the honour of reading it and I should like to draw special attention to the note on "Unsatisfactory Families" on page 33 and following. It may be noted that one subject, "Accidents in the Home," has been dropped this year. The reason is unfortunately not because accidents in the home have ceased to occur, but because relatively few of them have come to the notice of the Health Department in time to be effectively followed up. Whenever possible, enquiries are pursued, but there was not enough material to hand to make a useful comment.

With regard to future policy, it will be seen that I have once again underlined the desirability of the Council's assuming direct control of the home nursing service. A comment is made upon this on page 39 and I should like in this context to invite consideration of a longer-term question of policy upon which I reported to the Health Committee during the course of the year. This is the eventual amalgamation of the midwifery and home nursing services in one building and, as opportunity offered, under one Superintendent. In a service generally remarkable for its economy, these two branches are disproportionately costly. They are both, I hasten to say, entirely efficient and meet the demands upon them, with where the midwifery service is concerned a smaller establishment of midwives than in many other comparably sized towns. The overheads, however, of running two homes with domestic staff, heating, etc., would seem to be unnecessarily duplicated and, while it is untrue that two people can live as cheaply as one, these two houses amalgamated into one would certainly require much less of public money, without in my opinion any sacrifice of efficiency. One of my predecessors was strongly of the opinion that midwives and district nurses should live under separate roofs, but while I appreciate the reasons for his judgment I think that others are just as weighty in the opposite sense, notably that in many country areas the duties of midwife and district nurse are discharged by the same person. This proposal does not envisage the abandonment of the pupil midwives' training school. During 1956 a dearth of applicants was experienced which

seemed to portend the winding up of the school through inanition. There seemed some reason to believe that the amenities offered at Darlington were somewhat less than elsewhere and, although a questionnaire to a number of other training schools showed that our deficiency was small, there were nevertheless some points, such as free provision of indoor uniform, which suggested improvement, and appropriate resolutions in remedy were approved by the Council. It is too soon to say whether added amenities will attract more applicants. If the hoped-for revival fails to materialise, it may be necessary to consider the establishment of full-time midwives, since there is no doubt that the pupils give, in the legitimate pursuit of their training programme, quite considerable assistance on the district.

Another matter intermittently discussed in the Health Committee was that of health centres. As originally foreshadowed, three such centres were proposed in the first instance, with sites at Eastbourne, Cockerton and Harrowgate Hill. Nothing to date has been done towards implementing them, as the general practitioners of the town have shown no desire to make use of the accommodation they would provide. There is, however, a continuing need, not more urgent than in previous years but certainly not less so, for better local authority clinic facilities. Various projects have been proposed to meet this need, among them the establishment of a temporary clinic building in the grounds of the midwives' home at 72 Woodland Road, or the adaptation of the cellars of this house to the purpose. Fortunately in my opinion, the latter project was quite impracticable and the former, which was only conceived as a temporary expedient, has been abandoned. It had been more or less agreed that the first health centre, whenever it should be built, would be established at the corner of Yarm Road and Hundens Lane. I am of the opinion that the first centre should more appropriately be sited at Cockerton, to serve on the one side a new and extensive municipal building estate, and on the other older property with a long period of usefulness still before it. Whatever the needs for health centres, however (and I am among the first to commend them), the primary building need of the Health Department is for new departmental offices, which should incidentally have facilities for a central local health authority clinic incorporated within them. Fairly considerable work by way of patching and mending has been carried out since my last Report on the property in Feethams, for which the staff and I are duly grateful, but as the Borough Architect is the first to realise, this is merely a makeshift device and nothing that I said last year about the unfitness of the property for continued habitation needs to be modified.

During 1956 the Clean Air Act came into force and this naturally turns one's thoughts to the causes of air pollution and the need for smoke abatement. I trust that no-one will think me lacking in zeal if I fail to suggest any radical or immediate scheme under this Act. Darlington is not a notably smoky town, thanks to some extent to the planning of its industry in a zone to the North and East of the built-up area. Two foundries cause offence, but where the manufac-

ture of steel is concerned, special circumstances are allowed for by legislation. For the rest, offences mostly arise from individual guilty chimneys, most of them belonging to small firms and one of them belonging to the Crown. Wherever possible, the Chief Public Health Inspector and his assistants advise and instruct towards the abatement of any nuisance involved. With regard to smoke-controlled areas, I am of the opinion that the first step should be to encourage the use of smokeless fuels in the new housing estates. Where domestic smoke is concerned, the supremacy of the open coal fire needs to be shaken, but to this end smokeless fuels, solid or gaseous, together with electric current, must be in plentiful supply and reasonably cheap. A relationship between a polluted atmosphere and cancer of the lung has been advanced by some workers, with apparently convincing statistical support. The part played by the entirely artificial and preventable smoke of tobacco has also been heavily indicted in recent years. This last presents mainly as a problem of health education, whereby young people should be persuaded never to acquire the habit of smoking. As it is regarded as fashionable to smoke, what is really needed is to change the fashion, more easily done, it would seem, where women's dress is concerned than in such a matter as this. History shows, however, many examples of a complete change of point of view on even more important matters in a very short time, so that there is no occasion to regard the problem as insoluble.

With regard to staff problems, the dearth of public health inspectors still continued, but the position in respect of health visitors improved and it is to be hoped that with some additional inducements approved during the year the number of public health inspectors will soon reach full establishment also. This establishment was increased during the year from four to five inspectors. In spite of short-handedness under this and other headings, all the essential work of the department was carried on and a start made on slum clearance. The special housing inspector appointed in 1955 proved most useful in connection with the latter work and illustrates in his person that certain duties ordinarily carried out by a public health inspector can at need be discharged by someone without that specialist qualification. Dr. Bishop's illness during the latter part of the year threw an additional strain upon the small medical personnel of the department. Fortunately it was possible to find locums to carry out many of his routine duties and with regard to the completion of the B.C.G. vaccination programme, which otherwise would have been left in hopeless confusion to the prejudice of later years, I should like to pay the warmest tribute and thanks to the Chest Physicians, Dr. Gilbert Walker and Dr. D. P. Degenhardt. The former gave his fullest consent to give willing assistance, which the latter unstintingly carried out, so that the programme as originally planned was finished early in 1957. These activities give concrete evidence of the excellent co-operation existing between the Chest Physicians and the Health Department. There is no doubt that all members of the Health Department have a keen interest in their work and take a pride in doing it, so that no task seems too much for them. Praise for individuals would be invidious when all deserve it and I should like

to remind those of my readers who are members of the Council that the best sort of service, pre-eminently in a department such as this, is neither seen nor heard, but goes forward efficiently and unobtrusively. Such an admirable state of affairs may lead to a certain overlooking of merit when January comes round, a matter of regret to your Medical Officer of Health, who tries to make their interests his own.

I would also like to thank you, Mr. Chairman, and the members of your Committee, for your continued interest and help.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE.

(at 31st December, 1956).

Alderman A. J. Best, J.P. (Chairman).

Councillor Mrs. M. Lyonette, J.P. (Vice-Chairman).

Councillor	F. Alsop.	Councillor	Mrs. G. W. Raine.
,,	J. E. Angus, J.P.	,,	J. L. Shaw.
,,	Rev. M. A. Beaton.	,,	A. W. Snaith.
,,	L. Beaumont.	,,	F. Stephenson.
,,	L. E. Davies.	,,	J. W. Stokoe.
,,	A. M. Porter.	,,	A. Summers.

Co-opted Member : Dr. W. W. Forsyth.

STAFF.

Medical Officer of Health and Principal School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Assistant Medical Officer of Health and School Medical Officer.	Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
Assistant Medical Officer of Health and School Medical Officer.	John Fleming Bishop, M.B., Ch B C.P.H.
Chest Physician (part-time) ...	Gilbert Walker, M.B., Ch.B., M.R.C.P., D.P.H.
Consultant Venereologist	Edward Campbell, M.B., Ch.B., D.P.H.
Obstetrician (Registrar) for Ante-natal Clinics (part-time) ...	Albert Howard Saddler, M.B., B.S.
Assistant Medical Officer for Child Welfare (part-time)	Mrs. K. H. Odling-Smee, M.B., Ch.B., D.P.H.
Principal School Dental Officer ...	J. L. Liddell, L.D.S.
School Dental Officer	J. McAra, L.D.S.
Public Analyst	C. J. H. Stock, B.Sc., F.I.C.
Chief Public Health Inspector ...	F. Ward [1 2 3]
Deputy Chief Public Health Inspector	J. R. White [1 2 3]
Public Health Inspectors	A. F. Theakston [1 2] F. Gardner [1 2 3] (till 31/8/56). E. B. Miller [1] P. J. Jemmeson [1] (from 1/6/56).
Pupil Public Health Inspectors ...	R. Kelly. K. Dixon (from 17/9/56).
Housing Inspector	S. R. Blackbourn.
Superintendent Health Visitor and School Nurse	Miss E. Winch [4a 5 6 7]
District Health Visitors	Miss A. M. McIlwaine [4a 5] Miss M. Milestone [4a 5 6] Mrs. J. L. Copping [4a 5 6] (till 12/3/56). Miss F. E. Smith [4a 5 6] Mrs. M. Welsh (nee Dobie) [4a 5 6]

Health Visitor/School Nurse ...	Mrs. E. Allan [4a 5 6] Miss M. Wilkinson [4a 5 6] (from 1/8/56 to 15/12/56). Miss D. Smith [4a 5 6] (from 1/9/56). Mrs. D. Barry [4a 5 6] (from 12/11/56).
Tuberculosis Health Visitor ...	Miss A. Thornton [4a 5 6]
Superintendent Midwife	Miss M. J. Gillespie [4a 5 8]
District Midwives	Mrs. F. R. Hawley [5] Mrs. I. Wilson [5] Miss E. Shaw [5] Miss H. D. Allick [4a 5] Mrs. O. M. Johnston [4a 5]
Chief Clerk and Petitioning Officer	Hugh R. Kirk.
Clerical Staff	I. Burnley (Senior Clerk). A. B. Cullum (till 14/8/56). W. Brown. Miss G. W. Ruecroft (Senior Female Clerk). Mrs. E. Ward. Miss M. Spence. Mrs. O. Bertram (nee Roberts). Mrs. A. Craig. Mrs. D. Moore. Miss E. Black (till 30/11/56). Miss A. Lumb. Miss M. Hipkiss. Miss C. Walker (from 19/11/56).
Mental Welfare Social Worker and Duly Authorised Officer	C. W. Price. S. McAulay (from 23/4/56).
Mental Welfare Social Workers	Mrs. J. Paxton. Mrs. F. Pinchen (till 28/9/56). Mrs. J. Hackett (from 29/10/56 to 30/11/56).
Handicraft Instructors	D. J. Whalley. Mrs. M. Hewson.
Registrar of Births, &c.	Cyril Gannan.
Rodent Operative	W. Calvert
Disinfector	W. Hunter.

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
3. Associate of Royal Sanitary Institute.
4. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nursing.
8. Midwifery Teacher's Certificate.

PART I.

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6,463.

Resident population (Registrar General's estimate, 1956)—83,360.

Resident population (last census, 1951)—84,861.

Percentage decrease on last census population—1.8%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1957) :—

(a)	Dwelling houses	25,659
(b)	Dwelling houses and shops	595
(c)	Licensed premises	63
	Total ...	26,317

Rateable value (at 31st March, 1957)—£1,204,905.

Sum represented by 1d. rate (at 31st March, 1957)—£4,809.

Birth rate per 1,000 population—14.1.

Death rate per 1,000 population—11.9.

Natural increase—187.

Infant mortality rate per 1,000 live births—34.0.

Neo-natal mortality rate per 1,000 live births—25.5.

Stillbirth rate per 1,000 births—25.7.

Deaths from notifiable infectious diseases (other than tuberculosis)—2.

Deaths from diarrhoea (under 2 years)—0.

Deaths from respiratory tuberculosis—13.
do. do. non-respiratory tuberculosis—2.
do. do. cancer—165.
do. do. circulatory diseases—462.
do. do. pneumonia and bronchitis—71.
do. do. violent causes—29.

Deaths under four weeks—30.

Maternal deaths—0.

Deaths of persons 65 years and over—67.7% of all deaths.

Deaths of persons 75 years and over—40.3% of all deaths.

Births and Deaths, 1956 :—

Live births—

Legitimate ... 1,115 (males—579 ; females—536).
Illegitimate ... 61 (males— 29 ; females— 32).

Stillbirths—31.

Deaths—989 (Males—507 ; females—482).

Death Rate of Infants under One Year.

All infants per 1,000 live births	34.0
Legitimate infants per 1,000 legitimate live births ...	33.2
Illegitimate infants per 1,000 illegitimate live births ...	32.8
Neo-natal death-rate per 1,000 live births	25.5
Stillbirth rate per 1,000 births	25.7

Inquests held—33.

Uncertified deaths—28.

Deaths in institutions—372 (including 49 in institutions outside the Borough. This is equivalent to 37.6% of all deaths compared with 31.5% in 1955).

TABLE I.

Comparable Table of Vital Statistics, 1937—1956.

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population.	Dar-lington	England & Wales	Dar-lington	England & Wales	Dar-lington	England & Wales
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	82,460	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
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.5
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.7	11.9	11.7	34.0	23.8

* 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 :—

	CAUSE / WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	Total	Inward Transfers	Grand Total
1	Tuberculosis, respiratory	1	2	1	3	...	1	...	1	...	1	1	11	2	13
2	Tuberculosis, Other ...	...	...	...	...	...	...	...	...	1	...	...	1	1	2
3	Syphilitic disease ...	...	1	...	...	...	...	...	...	...	1	1	3	...	3
4	Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Whooping cough ...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
6	Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Acute poliomyelitis ...	...	...	...	...	...	...	...	...	1	...	...	1	...	1
8	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Other Infective and parasitic diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10	Malignant neoplasm, stomach	2	5	...	5	3	3	...	4	1	1	1	25	1	26
11	,, ,,lung, bronchus	2	8	1	3	3	7	1	2	1	2	1	31	1	32
12	,, ,, breast ...	2	1	1	...	2	1	...	1	2	1	1	12	2	14
13	,, ,, uterus ...	1	1	...	...	...	...	...	...	2	...	1	5	3	8
14	Other malignant and lymphatic neoplasms	5	11	3	9	5	6	3	4	7	12	9	74	11	85
15	Leukaemia, aleukaemia	1	...	...	...	...	1	...	...	...	...	...	2	...	2
16	Diabetes	...	1	...	...	1	...	...	...	1	...	1	4	1	5
17	Vascular lesions of nervous system ...	9	10	4	13	16	5	2	4	5	16	14	98	4	102
18	Coronary disease, angina	10	4	6	8	16	11	3	6	9	7	7	87	4	91
19	Hypertension with heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20	Other heart disease ...	2	2	3	9	7	13	1	10	7	12	14	80	4	84
21	Other circulatory disease	14	18	14	15	23	20	11	8	12	21	21	177	8	185
22	Influenza	...	...	...	...	...	...	...	...	...	1	...	1	...	1
23	Pneumonia	3	3	...	3	1	1	2	1	...	6	3	23	1	24
24	Bronchitis	6	4	2	9	3	5	4	4	3	1	3	44	3	47
25	Other diseases of respiratory system ...	...	1	...	2	...	2	1	...	...	1	1	8	...	8
26	Ulceration of the stomach or duodenum ...	...	...	...	...	1	...	...	...	...	1	1	3	2	5
27	Gastritis, enteritis, and diarrhoea	...	...	1	...	...	...	...	...	...	...	3	4	...	4
28	Nephritis and nephrosis	3	...	2	1	1	1	...	1	1	2	2	14	1	15
29	Hyperplasia of prostate	...	1	...	...	...	...	...	...	...	1	...	2	...	2
30	Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31	Congenital malformations	...	1	2	2	...	2	1	2	1	1	1	13	1	14
32	Other defined and ill-defined diseases ...	12	23	12	21	13	16	9	14	8	21	28	177	11	188
33	Motor vehicle accidents	1	...	...	2	...	...	...	1	...	...	3	7	2	9
34	All other accidents ...	...	1	...	...	2	1	...	1	1	1	...	7	4	11
35	Suicide	1	1	...	...	1	1	...	2	...	...	...	6	1	7
36	Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Totals ...	75	99	52	106	98	97	38	66	63	110	117	921	68	989

TABLE III.

Deaths occurred at the following ages :—

	CAUSE	YEARS								
		0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1	Tuberculosis, respiratory ...	...	...	...	...	...	...	10	2	1
2	Tuberculosis, Other ...	...	...	...	...	...	...	1	1	...
3	Syphilitic disease	...	...	...	...	...	...	1	2	...
4	Diphtheria	...	...	...	...	...	...	...	...	...
5	Whooping cough	...	1	...	...	...	...	...	...	...
6	Meningococcal Infections ...	...	...	...	...	...	...	...	...	...
7	Acute poliomyelitis ...	...	...	...	...	...	1	...	...	...
8	Measles	...	...	...	...	...	...	...	...	...
9	Other Infective and parasitic diseases...	...	...	...	...	...	...	...	...	...
10	Malignant neoplasm, stomach...	...	...	...	...	...	1	9	11	5
11	,, ,, lung, bronchus	...	...	...	...	...	1	18	12	1
12	,, ,, breast ...	...	...	...	...	...	...	4	2	8
13	,, ,, uterus ...	...	...	...	...	...	1	3	2	2
14	Other malignant and lymphatic neoplasms...	...	...	1	2	...	5	30	23	24
15	Leukaemia, aleukaemia ...	...	...	...	...	...	...	1	1	...
16	Diabetes	1	...	...	...	...	...	2	2	...
17	Vascular lesions of nervous system...	...	...	...	...	...	1	17	27	57
18	Coronary disease, angina ...	...	...	...	...	...	4	26	34	27
19	Hypertension with heart disease...	...	...	...	...	...	...	...	...	...
20	Other heart disease ...	...	...	...	...	...	2	13	28	41
21	Other circulatory disease...	...	...	...	...	...	1	34	71	79
22	Influenza	...	...	...	...	...	...	1	...	...
23	Pneumonia	5	1	...	...	...	...	4	2	12
24	Bronchitis	1	...	...	...	...	1	18	12	15
25	Other diseases of respiratory system...	...	...	...	...	1	...	2	2	3
26	Ulceration of the stomach or duodenum...	...	...	...	...	...	...	2	...	3
27	Gastritis, enteritis and diarrhoea...	...	...	...	...	...	2	...	1	1
28	Nephritis and nephrosis ...	...	...	...	...	...	2	4	3	6
29	Hyperplasia of prostate ...	...	...	...	...	...	...	...	...	2
30	Pregnancy, childbirth, abortion...	...	...	...	...	...	...	...	...	...
31	Congenital malformations	10	1	...	...	...	...	3	...	...
32	Other defined and ill-defined diseases...	23	...	...	2	2	4	18	30	109
33	Motor vehicle accidents ...	...	...	1	...	...	1	6	...	1
34	All other accidents ...	...	...	...	1	...	3	2	3	2
35	Suicide	...	...	...	...	...	2	5	...	...
36	Homicide and operations of war...	...	...	...	...	...	...	...	...	...
	TOTALS ...	40	3	2	5	3	32	234	271	399

TABLE IV.

1956 Cancer Deaths—Parts of Body Affected.

Parts Affected	under 35		35–45		45–55		55–65		65–75		75 and over		Total		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	...	...	...	1	1	1	...	...	...	2	1	4	2	3.6
Gastro Intestinal	...	...	1	...	2	...	10	12	13	14	7	12	33	38	43.0
Genito Urinary ...	1	1	...	2	1	1	1	4	3	4	4	3	10	15	15.2
Breast	...	...	...	...	...	3	...	1	...	2	...	8	...	14	8.5
Bones	1	...	...	...	1	1	...	1	...	...	...	...	2	2	2.4
Glands	...	...	1	...	1	...	...	1	...	2	...	1	2	4	3.6
Thorax	...	...	...	1	5	1	12	...	10	2	2	...	29	4	20.0
Skin, etc.	...	...	...	1	...	...	...	...	...	...	...	...	...	1	.6
Brain	2	...	...	...	1	1	...	1	...	...	...	...	3	2	3.1
Total	4	1	2	4	12	8	24	20	26	24	15	25	83	82	100.0

TABLE V.

Seasonal Incidence of Deaths Under 1 Year, 1956.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
ALL CAUSES	5	11	11	13	40
Measles	...	...	...	...	...
Whooping Cough	...	...	...	...	...
Bronchitis	1	...	...	...	1
Pneumonia (all forms)	1	3	2	...	6
Meningitis (not T.B.)	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...
Injury at Birth	...	...	...	1	1
Atelectasis	...	...	1	1	2
Congenital Malformations ...	1	1	4	4	10
Premature Births	1	6	3	7	17
Atrophy, Debility and Marasmus	...	...	...	...	...
Other Causes	1	1	1	...	3

TABLE VI.

Infant Mortality, 1956.

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	23	4	2	...	29	2	5	2	1	39
All Causes — Uncertified	1	...	...	...	1	...	...	...	...	1
Measles	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	1	...	...	1	...	...	...	...	1
Pneumonia (all forms)	1	...	...	...	1	1	2	2	...	6
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...	...	...
Injury at Birth	1	...	...	...	1	...	...	...	...	1
Atelectasis	1	1	...	...	2	...	...	...	...	2
Congenital Malformations	4	2	1	...	7	...	3	...	...	10
Premature Birth	16	...	1	...	17	...	...	...	...	17
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...
Other causes	1	...	...	...	1	1	...	...	1	3
TOTAL	24	4	2	...	30	2	5	2	1	40

TABLE VII.

Further Details of Infant Deaths, 1956.

CAUSE OF DEATH	PLACE OF DEATH				TOTAL
	Greenbank Hospital	Memorial Hospital	Home	Other Places	
Prematurity	13	—	1	—	14
Congenital Malformations	7	1	1	—	9
Atelectasis & Asphyxia	2	—	—	—	2
Cerebral Haemorrhage	2	—	—	—	2
Pneumonia	2	2	2	—	6
Acute Bronchitis	—	—	1	—	1
Intussusception	—	—	1	—	1
Diabetes	—	—	1	—	1
Total	26	3	7	—	36

N.B.—Four deaths of Darlington infants in hospitals outside the County Borough are not included in this Table.

TABLE VIII.

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

Causes of Death	1	2	3	4	To'l 1–5	5	6	7	8	9	10	11	12	13	14	To'l 1–15
Road Accidents	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Bronchopneumonia ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Cerebral tumor	...	...	1	...	1	...	...	...	...	...	...	...	1	1	...	3
Extra dural haemorrhage ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Endocardial fibro-elastosis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Congenital heart defect ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Pertussis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Encephalitis	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Total ...	3	...	2	...	5	...	1	1	1	...	...	...	1	1	...	10

It must be admitted that 40 deaths under one year of age out of 1,176 births, giving a local infant mortality rate of 34.0 is far from satisfactory, especially when the rate for England and Wales for 1956 was 23.8. For a long time somewhat higher mortality figures have been tolerated in the North of England as compared with the South and a year or two ago there was some correspondence, first in "The Manchester Guardian" and later in the medical press under the title of "The Deadly North." Circumstances in Darlington except perhaps for climate appear to be propitious and in a town with the relative prosperity, cleanliness and good amenities of your own it is difficult to say why figures of infant mortality should lag behind those of the country at large. It will be observed from a study of the foregoing Tables that the majority (23) died from prematurity and congenital malformations, for much the most part within the first four weeks of life (neo-natal mortality) and in hospital rather than at home. With this group may be placed the next of atelectasis and asphyxia, which represents failure to acquire or to maintain adequate respiration. All these causes ought to be preventable, but the time for such action is during the ante-natal period, safeguarding the health of the mother from social and economic as well as from more strictly medical dangers. The other 11 deaths might be regarded as preventable by care during and after birth.

Where deaths at home were concerned, your Superintendent Health Visitor reported upon them and although some instances showed less than average standards of care, this was by no means constant and there would not seem to be any need in spite of the high total figure for a special branch of the home nursing service to look after young children, such as has been established in Rotherham. This is a matter which your Medical Officer of Health always keeps in mind, but as a matter of interest the calls made upon the home nursing service for nursing attention to young children are remarkably few.

PART II.

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following table shows the incidence of infectious diseases and also their disposal to the Hundens Hospital. The initials "C" and "M" designate civil and military patients. The 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 hospital was continued by the Darlington District Hospital Management Committee throughout 1956 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District. R.A.F. patients from neighbouring stations were admitted also and are included with "M" cases in the Table.

TABLE IX.

Incidence of Infectious Diseases.

DISEASE.	Borough Cases				Cases removed to and Deaths in Hundens Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	46	...	...	...	2	...	...	...	3	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	4	...	...	...	4	...	...	...	4	...	...	...
Erysipelas	8	...	...	...	1	...	...	...	1	...	...	...
Ophthalmia Neonatorum ...	1	...	...	...	1	...	...	...	...	...	...	...
Puerperal Pyrexia	18	...	...	...	...	...	...	...	1	...	...	...
Babies with Mothers ...	...	...	...	...	...	...	...	...	1	...	...	...
Pneumonia	12	...	24	...	1	...	...	...	...	...	...	...
Measles	141	...	...	...	3	...	...	...	1	...	...	...
Respiratory Tuberculosis ...	93	...	13	...	30	...	...	...	7	1	...	...
Meningitis T.B.	...	...	...	...	1	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	5	...	2	...	...	...	...	...	...	1	1	...
Whooping Cough	206	...	1	...	8	...	1	...	8	1	...	...
Para-typhoid	...	...	...	...	...	...	...	...	1	...	...	...
Poliomyelitis	23	...	1	...	15	...	1	...	23	3	1	...
Dysentery	4	...	...	...	...	...	...	...	...	1	...	...
Food Poisoning	6	...	...	...	...	...	...	...	2	...	...	...
Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...
Other Conditions	50	...	...	...	48	...	3	...	39	13	3	...
Totals ...	617	...	41	...	113	...	5	...	91	20	5	...

Commentary. As compared with last year, when over 1,400 cases of measles were notified, the amount of infectious disease in Darlington during 1956 was gratifyingly small. Unfortunately what was lacking

in quantity was made up by quality and there was more poliomyelitis in the Borough and surrounding area than in any previous year. A fuller account of this outbreak will be found in an Appendix on page 84.

With regard to other infectious maladies, some points call for a brief comment. In order to show the sort of work handled today by an infectious diseases hospital, the following list supplements the foregoing Table IX as showing the conditions on account of which other patients were admitted to the cubicle block at Hundens Unit. These patients are undifferentiated as to place of residence, Darlington and county district patients being included together under each heading.

Gastro-enteritis	18
Tonsillitis	14
Rubella	8
Other forms of meningitis	8
Skin conditions, allergic and otherwise ...	7
Influenza and other febrile conditions ...	5
Chicken-pox	1

Among other diseases, single cases each were treated of infective polyneuritis, acute nephritis, appendical abscess and lateral sinus thrombosis. The figure for gastro-enteritis includes the 2 cases of food poisoning noted in Table IX, but in fact a firm diagnosis of an infective inflammation of the alimentary tract was not established among the majority of these patients. They were mostly infants and were suffering from functional disturbance due to injudicious feeding. At any rate, in the majority of instances symptoms cleared up as soon as they were able to enjoy the regularity and order of the hospital routine. This in itself, however, is sufficient to show the benefit of admitting them there and after their return home they all appear to have made satisfactory progress.

Under the heading "Other Forms of Meningitis" are included a number of cases which were differentiated on clinical grounds from poliomyelitis and equally from meningococcal and tuberculous meningitis. Specimens of blood and faeces were submitted to the Virus Research Laboratory from a number of patients and in no instance was the poliomyelitis virus detected, though other viruses were sometimes found, such as the Coxsachie virus.

It is of some interest to note that more cases of rubella were admitted than of measles, though measles undoubtedly presents severer symptoms. The difference in age distribution of the diseases may, however, account for the paradox since rubella often occurs among young adults who are not so easily looked after at home.

Once again, looking back on a busy year, it is appropriate to remark how from time to time danger was anticipated of the saturation of the eighteen beds in the cubicle block, but they proved after all to be sufficient and this year it was not necessary, as in 1955, to ask West Lane Hospital, Middlesbrough, to oblige by taking some patients. When the large area catered for by Hundens Unit is

remembered, this is a matter for congratulation, though not for complacency.

Various firms in the town continued to report incidence of sickness among their personnel as in previous years, for which your Medical Officer of Health continues to be grateful, and although no warning deviation from the norm has so far (fortunately) been marked to justify the scheme as an early detector of an impending epidemic, the picture of "normal" incidence of illness as shown by these returns year after year is of epidemiological interest and value.

The Control of Infection Committee met three times in 1956, one quarter being missed for unavoidable reasons, though the appropriate returns for the period were considered at the next meeting. While such a Committee, which is responsible and reports to the Hospital Management Committee, is of no official concern to the local health authority, from the point of view of the Medical Officer of Health all infection wherever it occurs in his area is of importance and the fact that he receives from all wards of the hospital group weekly reports on cross-infection, and in turn reports on the matter to the Committee, is a valuable example of co-operation between two branches of the National Health Service. The amount of cross-infection at the hospitals appears to be as small as can reasonably be expected, but the pathologist, Dr. J. Tregillus, is most anxious to devise a net of the finest possible mesh to capture and trace sources of infection in surgical wards. Your Medical Officer of Health agrees that here lies what is potentially the gravest risk to hospital treatment at the present time.

TABLE X.

1956—Infectious Diseases in Wards.

Disease	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	Total
Scarlet Fever	4	3	2	3	5	3	...	5	8	9	4	46
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	12	22	37	20	8	24	5	24	28	11	15	206
Measles	4	3	3	5	21	3	54	32	4	4	8	141
Poliomyelitis	1	...	2	4	1	1	3	2	5	3	1	23
Paratyphoid Fever	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	...	...	1	...	...	...	1	...	...	2	...	4
Pneumonia	3	2	...	1	...	1	...	2	2	1	...	12
T.B. Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	1	2	...	2	...	...	...	1	...	...	2	8
Puerperal Pyrexia	...	...	...	16	...	...	...	1	...	...	1	18
Ophthalmia Neonatorum	...	...	...	1	...	...	...	...	...	...	...	1
Dysentery	...	1	1	...	...	...	...	1	...	1	...	4
Food Poisoning	...	1	...	3	...	1	...	...	...	1	...	6
Others	...	10	3	4	6	5	2	4	1	6	9	50
Respiratory Tuberculosis	1	15	7	19	4	8	1	7	12	13	6	93
Non-Respiratory Tuberculosis	1	1	1	...	...	...	1	...	...	...	1	5
Total	27	60	57	78	45	46	67	79	60	51	47	617

Food Poisoning.

In accordance with Memorandum 188/Med. of the Ministry of Health, a return was made of cases of food poisoning and suspected food poisoning in 1956 as follows :

First Quarter ...	Nil
Second Quarter ...	Nil
Third Quarter ...	2
Fourth Quarter ...	4
Outbreaks due to identified agents	None
Outbreaks due to undiscovered cause (2 or more patients)	1
Number of patients	2
Single cases—Agents identified	Nil
Unknown causes	4

It is difficult to be sure that any of the above cases of illness was due to food poisoning ; all presented the symptoms of diarrhoea and vomiting for a rather longer period than would seem likely to be due merely to a functional upset. On the other hand, bacteriological investigation of specimens yielded no positive results and there was nothing significant in the dietetic history of the patients.

It is to be observed that the majority of notifications of suspected food poisonings in Darlington came from one practitioner and it would seem likely that many other similar cases exist, which in the judgment of the medical attendant are not severe enough or possess such significant features as to merit notification.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY.

Your Medical Officer of Health is once more indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Here, as in some other instances, is a splendid example of satisfactory co-operation between a hospital and a local health authority service. Dr. Walker writes as follows :—

" In 1956, although there had been no great change in the methods of ascertainment and treatment of tuberculosis, the statistics show an increase in the number of notifications, a larger number of deaths and a greater number of persons on the clinic register at the end of the year than at the beginning. These facts should dispel any idea that the tuberculosis problem has been solved and they provide a challenge calling for greater efforts in the direction of prevention and treatment.

In Darlington the number of new notifications of respiratory tuberculosis rose from 63 in 1955 to 93 in 1956. Of the 86 new cases seen at the clinic 33 were found to be sputum positive and therefore in need of immediate isolation and treatment.

The increase in notifications affected all age groups, but the larger proportion occurred in males over the age of 45 years. In the young age groups the increase is partly due to stricter notification of primary disease in the lungs where chemotherapy has been employed in addition to the general supportive measures formerly

considered to be sufficient. Primary tuberculosis in children is most often found in the home contacts of known tuberculous persons and is discovered at the routine contact examinations and radiological follow-up. Its occurence indicates a failure to prevent spread of infection in the home, usually because the damage has already been done by the time the infective adult is discovered and treated, but occasionally it results from carelessness of unco-operative parents who cannot be made to understand the danger of infection to children.

In the ascertainment of new cases of respiratory tuberculosis we continue to rely chiefly on the co-operation of the general practitioners who are very much alive to the need for investigation of any patient suffering from respiratory symptoms which do not clear rapidly and completely under treatment. Such patients are referred either to the Mass Radiography Unit or direct to the Chest Clinic. The Mass Radiography Unit also leads to the discovery of many symptomless abnormalities, including early tuberculosis, amongst the general public.

During 1956 the demand for hospital beds and sanatorium treatment was easily satisfied and the waiting list for admission disappeared. As a result, the bed allocation in the Darlington area was modified by (1) the provision of ten beds for men at the Friarage Hospital, Northallerton, instead of for women, (2) the temporary transfer of one chest ward at Hundens Hospital, Darlington, for use by general medical patients instead of female pulmonary cases, and (3) the closure at the end of the year of St. Cuthbert's Hospital, Croft. This hospital, administered by the Order of St. John of God and opened in 1951 at a time when there was a great need to expand treatment facilities for pulmonary tuberculosis and reduce the waiting lists, served a most useful purpose and did a great deal for Darlington and Middlesbrough patients during the six years it was in use as a chest hospital.

It may seem anomalous that these modifications and reductions in available hospital beds should take place during the year in which the number of new notifications increased, but they were possible because the demand was chiefly for male beds and also because the period of in-patient treatment was shorter in many cases as a result of effective chemotherapy, which reduced the need for prolonged periods of bed rest.

As mentioned in last year's report, the treatment of pulmonary tuberculosis has continued to depend on chemotherapy and major surgery. Collapse therapy with pneumothorax and pneumoperitoneum has almost been abandoned. The chief drugs in use were isoniazid, streptomycin and P.A.S. in various combinations over a period of six to twelve months according to the nature of the case. Viomycin and isoniazid analogues were used to a limited extent. Domiciliary treatment has not been employed except as a continuation of hospital treatment or in cases where for some reason the patient refused admission. We have been impressed by the advantages of an initial period in hospital for assessment and treatment and in addition to the value of isolation as a preventive measure.

A short note about the deaths of persons notified as cases of pulmonary tuberculosis may be of interest. Of the 17 patients in this category, 4 died from causes other than tuberculosis and the remaining 13 who died from respiratory tuberculosis were all over 45 years of age at death. Seven of the latter were notified prior to 1952, the year in which isoniazid was introduced into therapy and their lives were undoubtedly prolonged by chemotherapy.

The scheme for prophylactic vaccination with B.C.G. continued to operate unchanged in 1956. Contacts and members of hospital staffs were tested and vaccinated by the Chest Physicians whereas the scheme for voluntary vaccination of school children was operated by the staff of the Health Department.

Close liaison was maintained with the staff of the sanatorium and thoracic surgery unit at Poole Hospital. The excellent facilities for diagnosis and treatment were readily available to all patients who required them and in addition the clinical conferences organised by the Physician-Superintendent for the discussion of difficult problems of diagnosis and treatment were greatly appreciated by the medical staff of the clinic.

I should like to express my thanks to the staff of the Health Department and in particular the Medical Officer of Health for his interest and assistance in questions of rehabilitation and rehousing of tuberculous persons, without which the treatment of the individual would be incomplete.

The following paragraphs give some details of the chest service for Darlington in 1956.

Administration — The Darlington administrative area for the chest services comprises Darlington, Northallerton and the surrounding rural districts in the counties of Durham and the North Riding of Yorkshire.

The medical staff consists of one Chest Physician and one Assistant Chest Physician, who are responsible for the consultative and diagnostic work at the Darlington and Northallerton clinics and the in-patient treatment of patients in the beds controlled by them.

The contact clinic established by the Corporation is held in the clinic premises at Feethams and is attended by the Chest Clinic team who work in close liaison with the Medical Officer of Health and staff of the Health Department in the prevention, care and after-care functions of the local health authority. All child contacts are tuberculin tested and negative reactors are offered B.C.G. vaccination, whereas positive reactors are X-rayed and retained under supervision.

Beds available to patients in the Darlington administrative area were as follows :—

	Male	Female
Hundens Unit	4	11
St. Cuthbert's Hospital, Croft	30	—
Friarage Hospital	10	—
Poole Hospital	As required.	

Notifications—Notifications of respiratory tuberculosis in the past five years were as follows :—

1952	...	102
1953	...	86
1954	...	90
1955	...	63
1956	...	93

The following Table shows the age and sex distribution of patients notified in 1956.

TABLE XI.

Age Distribution of Notifications.

		0–4	5–14	15–24	25–34	35–44	45–54	55–64	over65	Total
Respiratory	M.	3	2	12	6	5	12	14	5	59
	F.	1	2	9	11	6	2	1	2	34
Non-Respiratory ...	M.	1	—	—	—	—	1	—	—	2
	F.	—	1	—	1	1	1	1	—	5

Deaths — There were 13 deaths from respiratory tuberculosis compared with 10 in 1955, 16 in 1954, 10 in 1953 and 11 in 1952. There were 2 deaths from non-respiratory tuberculosis, 1 in 1955, none in 1954, 1 in 1953 and 1 in 1952. In addition 5 tuberculous persons (4 respiratory and 1 non-respiratory) died from causes other than tuberculosis.

Age and Sex Incidence—The age and sex incidence of new cases seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures for 1955.

TABLE XII.

	15—25	—45	—65	65+	Total
Male	13 (7)	10 (11)	22 (11)	5 (1)	50 (30)
Female	8 (11)	16 (12)	3 (3)	—	27 (26)
Children	—	—	—	—	9 (4)
Total ...	21 (18)	26 (23)	25 (14)	5 (1)	86 (60)

Of the 86 new cases, 33 were found to have T.B. in the sputum.

The patients were drawn from a wide range of occupations; 19 were housewives, 17 were in some branch of engineering and 5 were clerks.

Mass Radiography—The Middlesbrough Mass Radiography Unit continued to visit Darlington, the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practioners, factories, senior schools and other interested parties, and to organise publicity and the system of appointments. The venue continued to be the School Clinic.

TABLE XIII.

Number of MALES X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examination and the Abnormalities discovered.

	Examinee Group.	Miniature Films taken.	To Chest Clinic.	Pulmonary Tuberculosis.				Non-Tuberculous Abnormalities.				
				Immediate treatment.	Close supervision.	Occasional Supervision.	Healed no further action.	Pleural abnormalities.	Bronchiectasis.	Cardiac abnormalities.	Thoracic Neoplasm.	Misc.
X-Rayed at School Clinic	Doctors' Patients ...	304	33	2	—	3	2	2	1	2	4	11
	T. B. Contacts ...	95	4	2	—	—	—	—	—	—	—	—
	School children ...	690	6	1	—	—	—	1	—	—	—	—
	Adults working with children	56	2	—	—	—	1	—	—	—	—	1
	General Public ...	3,577	104	10	1	6	12	10	1	6	4	26
	Children under 5 years of age	7	—	—	—	—	—	—	—	—	—	—
	Total	4,729	149	15	1	9	15	13	2	8	8	38
	Factory	568	10	1	—	2	3	1	—	—	—	2
	Grand Total ...	5,297	159	16	1	11	18	14	2	8	8	40

TABLE XIII(a).

Number of FEMALES X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examinations and the Abnormalities discovered.

	Examinee Group.	Miniature Films taken.	To Chest Clinic.	Pulmonary Tuberculosis.				Non-Tuberculous Abnormalities.				
				Immediate treatment.	Close supervision.	Occasional Supervision.	Healed no further action.	Pleural abnormalities.	Bronchiectasis.	Cardiac abnormalities.	Thoracic Neoplasm.	Misc.
X-Rayed at School Clinic	Doctors' Patients ...	340	25	4	—	—	2	4	—	6	—	4
	Ante-Natal Patients ...	7	—	—	—	—	—	—	—	—	—	—
	T. B. Contacts ...	204	2	1	—	—	1	—	—	—	—	—
	School children ...	524	16	3	1	—	—	—	1	2	—	1
	Adults working with children	48	—	—	—	—	—	—	—	—	—	—
	General Public ...	4,072	68	7	—	5	9	2	2	10	—	11
	Children under 5 years of age	3	—	—	—	—	—	—	—	—	—	—
	Total	5,198	111	15	1	5	12	6	3	18	—	16
	Factory...	1,560	21	3	—	—	9	1	—	1	—	1
	Grand Total ...	6,758	132	18	1	5	21	7	3	19	—	17

Number of MALES and FEMALES X-rayed at School Clinic showing the number referred to Chest Clinics for Large Films and/or Clinical Examination.

X-rayed on Miniature Film ...	9927	
Referred to Chest Clinic ...	260 = 2.63%	of total X-rayed

Abnormalities found—Male and Female.

Pulmonary Tuberculosis.

Immediate treatment needed	30 = 0.30%	of total X-rayed
Close supervision needed ...	2 = 0.02%	
Occasional supervision needed	14 = 0.14%	
Healed—no further action ...	27 = 0.27%	

Non-Tuberculous Diseases.

Pleural abnormalities ...	19 = 0.19%	of total X-rayed
Bronchiectasis	5 = 0.05%	
Cardiac abnormalities ...	26 = 0.26%	
Thoracic Neoplasm	8 = 0.08%	
Miscellaneous	54 = 0.54%	

TABLE XIV.

Cases of Pulmonary Tuberculosis needing treatment, shown as a percentage of the group in which they were discovered.

Examinee Group.	Total X-Rayed.	Pulmonary T.B.			Percentage of Group X-rayed
		M.	F.	Total	
Doctors' Patients	644	2	4	6	0.93%
Contacts	299	2	1	3	1.0%
Adults working with children ...	104	—	—	—	—
School children	1,214	1	3	4	0.32%
Ante-Natal Patients	7	—	—	—	—
General Public	7,649	10	7	17	0.11%
Children under 5 years of age ...	10	—	—	—	—
Factory	2,128	1	3	4	0.19%
TOTAL	12,055	16	18	34	0.28%

B.C.G. Vaccination at Contact Clinic—The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the mass radiography unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 104 new contacts were tuberculin tested and 52 children were vaccinated with B.C.G. These figures are additional to those in the scheme for vaccinating school children operated by the staff of the Health Department.

Care Work — The Tuberculosis Care Committee undertake the day-to-day care and after-care of tuberculous families and a summary of the work done appears in the Annual Report of the Committee.

Liaison between the Committee and the chest service was improved during the year by the attendance of the Assistant Chest Physician at the meetings of the Committee.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician before appropriate action was taken to secure priority for re-housing.

Disablement Resettlement Officers of the Ministry of Labour and National Service arranged rehabilitation and vocational training in suitable cases recommended by the Chest Physician.

Patients on the Register—On 31st December, 1956, there were 527 Darlington patients on the Chest Clinic Register compared with 484 in 1955, 501 in 1954, 481 in 1953 and 435 in 1952. Of these, 519 were suffering from respiratory tuberculosis.

The following table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B) and the extent of the disease on diagnosis, namely (1) early, (2) moderately advanced, and (3) advanced.

There were 33 patients written off the register in 1956 as "recovered."

TABLE XV.

Age Group	A.1		A.2		A.3		B.1		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5	5	4	1	—	—	—	—	—	—	—	—	—	6	4
„ 15	15	11	—	1	—	3	—	—	—	—	—	—	15	15
„ 45	65	52	24	30	3	3	18	15	32	44	11	23	153	167
„ 65	20	5	26	7	—	2	5	2	41	12	16	2	108	30
Over 65	5	—	7	3	—	—	—	—	5	—	1	—	18	3
Totals ...	110	72	58	41	3	8	23	17	78	56	28	25	300	219

B.C.G. Vaccination for School Children.—The scheme described in previous years was continued in 1956, whereby B.C.G. vaccination was offered to all thirteen-year-old school children following a preliminary skin test to indicate whether in fact such vaccination would benefit them. The following Table summarises the findings and subsequent action. It will be noticed that while negative reactors were vaccinated, the positive reactors were asked to submit to mass miniature radiography. The reason for this was that the positive skin reaction indicated some previous experience of *mycobacterium tuberculosis*, which, though likely to be healed, may have been active and so discoverable at an early stage by radiological examination. Enquiries were also made as far as possible in the families of positive reactors, to discover unknown cases of open tuberculosis at large in the population from whom these young people had in the first place picked up the infection.

Your Medical Officer of Health would like in this connection to express his thanks for the co-operation shown by the Chest Physicians, Dr .G. Walker and Dr. D. P. Degenhardt, who completed the 1956 programme when Dr. Bishop's illness dislocated it to such an extent that its fulfilment was unlikely. It has been stated on previous occasions that co-operation between the Chest Physicians, who are of course primarily consultants employed by the Regional Hospital Board, and the Health Department left nothing to be desired and this example of whole-hearted co-operation proves it.

TABLE XVI.

School		No. Skin Tested	Positive Reactors			Negative Reactors		
			No.	%	X-rayed	No.	%	Vaccinated
St. Augustine's	Girls	36	14	39	14	22	61	22
St. Augustine's	Boys	27	13	48	4	14	52	13
Eastbourne	Girls	69	34	49.4	14	35	50.6	35
Eastbourne	Boys	111	59	53	58	52	47	51
North Road	Girls	53	27	51	20	26	49	26
Albert Road	Boys	73	40	55	39	33	45	32
St. Mary's Grammar	Boys	22	13	60	12	9	40	9
Polam Hall	Girls	23	7	30	7	16	70	16
Technical	Mixed	20	3	15	3	17	85	17
Grammar	Boys	81	27	33.4	25	54	66.6	54
High	Girls	75	29	40	28	46	60	45
Gladstone Street	Boys	56	6	11	6	50	89	50
Reid Street	Girls	73	25	34	21	48	66	48
Barnard Special	Mixed	6	4	66.6	4	2	33.4	2
Open Air	Girl	1	—	—	—	1	100	1
		726	301	41.5	255	425	58.5	421

PART III.

National Health Service Act, 1946

§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

There is little change to record with regard to the administration of this service nor to the use made of it by the mothers and children of Darlington. Numbers of individuals and of total attendances were rather smaller in 1956 than in the previous year, but this can be accounted for by a declining birth rate. There is, of course, no inherent necessity for special provision by a local authority of clinic facilities for maternal and child welfare purposes ; the same services could be carried out by general practitioners under the terms of the National Health Service Act, using either their own surgeries or, preferably and ideally, health centres provided under Section 21 of the Act. Under these conditions, of course, the health visitors would continue to carry out their present functions, acting in collaboration with general practitioners as foreseen and cultivated as far as possible by all progressive administrators.

(a) Expectant and Nursing Mothers.

The satisfactory arrangement whereby medical supervision is given at ante-natal clinics by the obstetric registrar at Greenbank Maternity Hospital continued as hitherto. Dr. J. B. Donaldson left in the early part of the year and was replaced by Dr. A. H. Saddler. The advantages of this arrangement, whereby the amenities of the hospital service for complicated cases are brought into close touch with domiciliary midwifery, and an expert obstetrical opinion is available ante-natally for every mother confined at home, need no emphasis.

The times of the clinics are as follows :—

Attended always by a Medical Officer :

Thursday, 2 p.m.—Eastbourne Nursery School.
Friday, 2 p.m.—Albert Road School House.

Medical Officer attends sometimes or is available at need :

Tuesday, 2 p.m.—Cockerton Methodist School Room.
Wednesday, 2 p.m.—Greenbank Maternity Hospital.

Midwife only in attendance :

Friday, 2 p.m.—Eastbourne Nursery School.
Wednesday, 2 p.m.—Albert Road School House.

The number of expectant mothers attending the Corporation clinics during 1956 was 673 and the total attendances made were 3,167.

(b) **Child Welfare.**

The following is a list of the baby clinics provided by the local health authority.

Monday	10 a.m. and 2 p.m.	Thompson Street Methodist School Room.
	10 a.m. and 2 p.m.	Corporation Road Methodist School Room.
Tuesday	10 a.m. and 2 p.m.	Albert Road School House.
	10 a.m.	Eastbourne Nursery School. (Toddlers).
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School.
Thursday	2 p.m.	Coniscliffe Road Methodist School Room.
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room.
	2 p.m.	Haughton Church School Room.

In 1956 attendances for the first time of children under one year of age was 872, which was 75% of the notified births during the same period. Total attendances of children under one year of age were 14,158 and of children one to five years of age, 5,234.

The Medical Officer of Health and both Assistant Medical Officers take baby clinic sessions and Dr. Odling-Smee gives the whole of her part-time services to this purpose ; 9 sessions in all per week among all officers.

Some disturbance was occasioned to the medical servicing of the baby clinics by the long illness of Dr. Bishop. The toddlers' clinic at Eastbourne, never a very successful venture, lapsed altogether and owing to the pressure of other work it was not possible for the Medical Officer of Health to make a regular visit to Haughton Clinic on Friday afternoons, though he attended there as often as possible. Dr. Odling-Smee very kindly added one session to her normal rota and visited the Eastbourne Clinic on Wednesday afternoons. As he has remarked before in other contexts if not in these pages, your Medical Officer of Health believes the success of baby clinics should depend more upon the health visitors in attendance than upon the medical officer. On the other hand, a doctor's regular attendance at sessions where he is expected adds an essential amenity to give medical support to the health visitor, and also to meet a popular need. Thus, if for any reason a medical officer is unable to attend a clinic for a number of weeks, the attendance figures invariably show a declining trend. The inevitable suspension of the Eastbourne Toddlers' Clinic unfortunately puts added emphasis upon a feature common to 1956 as to previous years, that mothers bring their children much less when they are over than when they are under one year of age. This is a short-sighted policy, since the toddler is at greater risk to health, both physical and psychological, than the infant in arms. The accepted pattern of clinic attendance does not, however, seem to recognise this fact.

(c) Care of Premature Infants.

The number of premature infants born at home in 1956 was only slightly above half the number born at home in 1955, but this has little meaning since so large a proportion of confinements in Darlington take place at Greenbank Maternity Hospital. The figures below show that almost all were nursed exclusively at home and the great majority survived one month. Whether or not a premature baby can be successfully cared for at home depends on a number of questions, social and economic as much as medical. All things being equal, home would seem the best place for the child born there, since the less the premature infant is disturbed, the better.

Total premature births	19
Nursed exclusively at home	18
Surviving at end of month	16

(d) Supply of Dried Milks, etc.

The central depot at the Health Department was maintained for the distribution of dried milks, which were also available at baby clinics. Mrs. D. Moore continued to give full-time service at the centre and Mrs. H. O. Bertram (nee Roberts) attended at the clinics, as also Mrs. D. Peden on a part-time basis. Mr. H. R. Kirk continued to supervise this side of the work with his accustomed efficiency.

During the period 39,087 tins of dried milk, 60,029 bottles of orange juice, 9,833 bottles of cod liver oil and 4,365 packets of vitamin tablets have been distributed.

(e) Dental Care.

The amount of work provided under this heading is surprisingly small and represents a lack of demand rather than lack of facilities, since both the Principal School Dental Officer, Mr. J. L. Liddell, and the School Dental Officer, Mr. J. McAra, continue to be at the disposal of this service on Saturday mornings, each thus giving a notional one-eleventh of his time to maternal and child welfare. The fact of their availability is known to the health visitors and to the medical officers attending the ante-natal and child welfare clinics, which suggests that there is a genuine lack of demand, but your Medical Officer of Health is not so satisfied with the teeth of the people of Darlington to believe that there is no need for work to be done under this heading if it were brought to light.

The work during the year was as follows :—

Expectant and Nursing Mothers	7
Children under 5	32

(f) Care of Unmarried Mothers and their Children.

The local health authority has continued to support St. Agnes' Home, Duke Street. This establishment belongs to the Durham Diocesan Moral Welfare Society and is prepared to assist all mothers in difficulty because of an illegitimate child. As may be expected, the majority of mothers accommodated at St. Agnes' Home come from areas outside Darlington, for the most part from other parts of County Durham. The work of Mrs. E. Featherstone, the Superintendent of the Home, is not, however, confined to looking after the inmates and during 1956 she made arrangements in respect of 50 out-door cases in the County Borough itself, finding accommodation for them in institutional homes elsewhere or otherwise solving their problems. If some query is felt as to whether the Council should support, to the extent of an annual contribution of £360, a home that caters in practice for young women normally resident in other areas, it may be remembered that there is a reciprocal care for Darlington people outside the town. No charge is ordinarily made to this authority on their behalf and, in return, no charge is made to their home authorities for expectant mothers accommodated in Darlington.

The work carried out may be summarised as follows. Twenty-seven unmarried mothers with their babies were accommodated. Of these, 22 were confined in Greenbank Maternity Hospital and the remainder at Northallerton. In addition, 3 expectant mothers returned home before confinement. With regard to the later history of the babies, 26 were placed for adoption and one with a foster mother.

A small and occasional amount of work is done on behalf of the mothers of illegitimate children in Darlington by the Hexham and Newcastle Diocesan Rescue Society. Up to the present the local health authority has not seen fit to make any contribution to this Society.

(g) Unsatisfactory Families.

The inclusion of a section under this heading would seem appropriate at this point in the Annual Report, since unsatisfactory families, insofar as the work of the Health Department is concerned with them, present a problem of child care. A good many families in any community are to some extent sub-standard, much depending upon environment and economic resources and on the general example set by neighbours. Many of these given better circumstances considerably improve the quality of their households, as has been demonstrated in several instances in Darlington when such families have been rehoused in Corporation estates. A few, however, seem incapable of any continued improvement and quickly relapse through lack of perseverence even if for a time they show some indication of bettering their circumstances. Sometimes such inadequacy is due to lack of intelligence, particularly on the part of the wife and mother.

In other cases the will appears to be defective when there is no desire to shake off bad habits of slothful and vicious practices. This group in the population, which is found in all societies irrespective of place or race, was designated by a nineteenth century sociologist "the submerged tenth," and a good many studies in various towns and areas have been carried out in recent years in this country by Medical Officers of Health and others into the present conditions and incidence of the problem. It is fortunately possible to say that the number of incorrigible families is very much less than 10% ; where Darlington is concerned less than 1% of all families in the County Borough. On the other hand, as social workers have constantly pointed out, this small group occupies a disproportionate amount of the time of welfare services of all kinds and shows from year to year extremely little return for the activity exercised on its behalf. The group tends moreover to self-perpetuation since children brought up in an atmosphere of negligence and insecurity themselves become negligent and anti-social adults. At the same time, all the evidence goes to show that this is not a predestined history for every individual concerned and many members of generally unsatisfactory families can be reclaimed to better standards and establish quite normal families of their own. Thus, work expended in this field is worth the effort, even though little is often to be seen for it.

A development in 1956 was the regular meeting of a Co-ordinating Committee to consider such families, the past history of which may be worth a note, since it somewhat changed its character at the end of the year. You will remember that in the summer of 1950 a joint circular was issued by the Home Office and the Ministries of Health and Education on the subject of children neglected in their own homes. Under this circular it was suggested that a particular officer should be designated to co-ordinate information and action in respect of such children, and also that a Co-ordinating Committee of officers be instituted to assist in the pooling of such information. At the time the General Purposes Committee only took action in respect of the first recommendation (neither of them was mandatory) and appointed your Medical Officer of Health as designated officer. In an authority of the size of Darlington co-ordination between the various departments seemed already good enough to dispense with the need for a formal Co-ordinating Committee. As Principal School Medical Officer, your Medical Officer of Health was already in close touch with the Education Department, he had regular meetings with the Inspector of the N.S.P.C.C., in whose company he often visited unsatisfactory households, and as medical adviser to the Children's and Welfare Committees he had close knowledge of the work of their respective departments. Within his own department, of course, he was in constant contact with the Chief Public Health Inspector, the Superintendent Health Visitor and the Duly Authorised and Mental Welfare Officer, who were most likely to discover in the course of their duties the sort of situation in which as designated officer he was

particularly interested and they were certain, in his frequent, almost daily, conferences with them, to bring such cases to his notice. Thus between September, 1950, and December, 1955, a conference of officers to discuss problem families was only convened on two occasions and no instance of any kind of oversight was observed during this period to suggest the advisability of more frequent meetings. At the end of 1955, however, there was some evidence of lack of co-ordination between two departments, neither of them your own, which led to an approach by your Medical Officer of Health to his colleagues the Chief Education Officer and the Children's Officer as to whether a Co-ordinating Committee should not receive some kind of formal constitution and meet at regular intervals. He knew that many other Medical Officers of Health were holding such regular meetings in their own areas with apparently useful results, and as both the Chief Education Officer and the Children's Officer were in full agreement with the proposal a meeting was convened for 10th January, 1956, at which a representative group of officers, including the Area Officer of the National Assistance Board, the Probation Officers and the Inspector of the N.S.P.C.C., was brought together. There were eight subsequent meetings in 1956 and during the year the scope of the Committee was somewhat enlarged, to include for instance a representative of the Borough Treasurer's Department, whose importance from the housing angle was very clear. It was found that most of the cases raised by the particular members were known to all the rest, but some saving of effort by each knowing what the others were doing, as well as some benefit to the persons discussed, and to the community, can be discerned. The meetings tended to be unduly long as the annals of this type of family are anything but short and simple.

It was perhaps fortunate that the Co-ordinating Committee had been instituted as described, because during the year the Home Office made enquiry as to what was being done under this heading and it was possible to make a very adequate reply. It is, however, to be noted that the Co-ordinating Committee was intended to be a conference of officers and while its findings as and when necessary were to be reported to the appropriate committees of the Council it was not itself a committee or sub-committee of the Council and was under no obligation to produce Minutes for submission to any other body or authority. As a result of the extreme latitude given in the original joint circular, a wide variety of usages grew up among different authorities and in some areas the committee met under the Chairmanship of the Town Clerk and had an even wider range of representation than in Darlington. Towards the end of the year the question was discussed by a joint sub-committee of the Housing and Children's Committees as to whether the terms of reference in Darlington might be enlarged, with the special intention of including cases of threatened eviction. As a result of these deliberations it was decided to appoint the Town Clerk as convenor of the Committee and the first meeting under the new arrangement was called for a date in January, 1957. Your

Medical Officer of Health believes that an improvement has been gained by the change, since it is more convenient to have in the Chair an official who is rather less closely involved with the details of the cases discussed than himself. At the same time, as a personal opinion he feels that some members of the Council may have somewhat misinterpreted the original aims of the Co-ordinating Committee, which, as first envisaged, was a quite informal means of passing on information.

An example of the sort of work carried out under this heading may be instructive. A particular case was brought to the notice of all concerned where a husband had been committed to gaol for violence against his wife's lover, who was left living in his house. A large family of children were reported as showing signs of neglect, though not of malnutrition, and after some preliminary discussion with their mother, your Superintendent Health Visitor, Miss E. Winch, agreed to take particular interest in the family and to assist the housewife in the proper expenditure of her budget. One of the first needs was to re-establish electricity supply, which had been cut off for debt and gave rise to a potentially dangerous situation when a family of young children were left alone on winter nights with the sole illumination of unguarded candles while their mother and her lover regaled themselves elsewhere. The housewife expressed herself as delighted at this proposal, being always anxious to promise amendment tomorrow, though tomorrow never seems to arrive. Miss Winch paid daily visits to the household for a week, during which time some degree of order was brought into financial affairs and effort towards saving made to pay for several debts. At the end of about ten days, however, effort at perseverence seemed to become too much to endure and after one or two occasions when the housewife failed to be at home when she knew Miss Winch was visiting her, she and her lover, who until then was said hardly ever to call at the house, appeared together and asked Miss Winch to discontinue her attendances. No ill-will was expressed towards her for the help she had given, but they just preferred to do without it. Since then the situation has returned to what it was before. The children, though not under-nourished, remain in a neglected state and although pleasant enough young people the elder ones show the early signs of juvenile delinquency, which is hardly surprising having regard to the comfortless home where they live and the probability that on quite frequent occasions their presence there is not required. An effort was later made to persuade the husband to find accommodation with his own relations for at least some of the children, but its success was unknown at the end of the year.

§ 2. **DOMICILIARY MIDWIFERY (Section 23).**

Miss Gillespie, Superintendent Midwife, writes as follows:

"There has been no important advance during the year in the

domiciliary midwifery service. The staff of midwives remained unchanged, and throughout the year there was a pupil midwife shortage. As the service depends considerably on the help of the pupil midwives, this handicapped work and progress. Four pupils entered for the second part of the Central Midwives' Board examination and were successful. One midwife attended a post-graduate course.

The work of the district expanded in a limited way. Bloods were taken for Kahn, Wassermann, Rhesus investigation, grouping and haemoglobin estimations in most cases; haemoglobins were checked in necessary cases following a 6-week period of treatment. Weighing of all ante-natal patients, as recommended by the Minister of Health, was still not possible as the ante-natal clinic at Cockerton has not been provided with scales.

The attendances for post-natal examinations increased very considerably during the year. This, I believe, is due to the longer period of post-natal visiting; the midwife keeping contact with the patient until the 28th day (two visits are made in the third and two in the fourth week following confinement).

There has been a decline in the breast-feeding rate; this I attribute to our changing way of life, and mother having full or part-time employment in some cases.

Whilst the relationship between the family doctor and the midwife has always been good, there was a considerable strengthening of this during the year and the passage of information regarding patients was very satisfactory. I am most grateful to the doctors for their co-operation in this.

I would, as before, like to thank the midwives for their work and assistance in the past year.

During 1956 the total number of domiciliary confinements was 324. One patient developed a pulmonary embolism on her eighth puerperal day and was admitted to hospital. Another developed a puerperal depression which necessitated psychiatric treatment and the removal of the patient to Sedgefield Hospital. The work carried out during the year is summarised as follows: "

Gas and Air Analgesia:

	1953	1954	1955	1956
Number of patients using it ...	260	241	225	214
Percentage of total domiciliary confinements	75	68	64	66
Pethidine:				
Number of patients using it ...	217	193	135	108
Percentage of total domiciliary confinements	63	54	38	33
Total domiciliary confinements ...	347	355	350	324

	Cases attended as Midwives	Cases attended as Maternity Nurses
1949	292	... 152
1950	290	... 141
1951	254	... 139
1952	270	... 64
1953	299	... 48
1954	310	... 45
1955	319	... 31
1956	282	... 42

§ 3. **HEALTH VISITING (Section 24).**

The Superintendent Health Visitor, Miss E. Winch, writes as follows :—

" This was the first year that we have had Staff doing the combined duties of health visiting and school nursing and from every point of view it appears to be most successful. The Staff doing the combined work feel a much deeper sense of satisfaction. The parents have only one person visiting the home and therefore truly appreciate the Health Visitor as the ' family advisor ' on all matters of positive health. The amount of work done is increased because the districts on which the combined work is undertaken are smaller, travelling is cut down, and during school holidays the Staff are able to carry on their work as health visitors.

We are still greatly handicapped by the totally inadequate premises in which we have to hold our clinics. It is most disheartening to the Staff, and also very ineffective to try to interest mothers in an aspect of health education in a cold, bleak, draughty Church Hall. Mothers must greatly appreciate the advice given at clinics when they are prepared to attend such centres. If it were possible to add two or three rooms to each new school being built this would solve our problem. The schools are mostly on or near new housing estates where there is the need for child welfare centres. The rooms would also be available in which to hold ante natal clinics, mothercraft classes (for senior girls), home nursing classes, routine medical inspections, cleanliness inspections, minor ailment treatments, diphtheria immunisations, and B.C.G. and poliomyelitis vaccinations.

The work of the health visitors continues to increase. We have now to staff the clinics for poliomyelitis vaccination of children and the number of these clinics will increase as more vaccine becomes available. Selective visiting has been put forward as the only way of dealing with this extra work and, while I feel that this is necessary, I still maintain that routine visiting must still be carried out. This is the only way the health visitor can become known to the families in her area, so that she can be confidentially approached by them when the need arises."

The following Table shows the work of the health visitors during the year and the total number of visits may be compared with that of 16,361 which was the total number of visits in 1955 :—

TABLE XVII.

Work of Health Visitors.

	Total Visits
Expectant mothers	407
Infants under 1 year	4,327
Children 1 to 2 years	2,775
Children 2 to 5 years	8,573
Miscellaneous Visits	696
Tuberculous Patients	1,214
	17,992

§ 4. HOME NURSING (Section 25).

No change was made during 1956 in the arrangements described in previous Annual Reports, whereby the Darlington Queen's Nurses' Association carries out as agents for the Corporation the obligatory duties of home nursing under Section 25 of the National Health Service Act. Relations with the Health Department as far as executive action was concerned remained as excellent as hitherto and the Superintendent, Miss C. Beckett, might for all practical purposes be a member already of your staff. There is no difficulty whatsoever in obtaining such information as may be required for the keeping of adequate records of all the work carried out by the Darlington Queen's Nurses' Association and whether a particular interest may be in a disease or in an individual patient, whatever is needed to know is available with equal facility On the other hand, the notional independence of the Association is maintained and your Medical Officer of Health understands that when its meetings are held the co-opted members of the authority are not expected to be present during the whole of the proceedings. As the local health authority bears the entire cost of the service, it is difficult to understand what the Association can have to discuss which is irrelevant to the members of the Council, but possibly your Medical Officer of Health has misunderstood this matter as he is not invited to be present himself. His views remain as previously expressed, that the Darlington Queen's Nurses' Association has now exhausted its mandate as an independent body.

The work of 1956 is summarised as follows, where it will be seen that a total of 1,264 patients were attended in 33,970 visits, as compared with 1,394 patients last year. There has thus been a reduction by 130 in the number of patients attended and 3,105 fewer visits were made than in 1955. To some extent this is due to a generally healthy year, but also to the smaller use made of parenteral antibiotics. More antibiotic preparations are now available to be taken by mouth, with consequent saving of district nurses' time. When Table XIX is perused, it will be observed that the majority of the service is taken up with patients aged 65 and over. These patients constitute 67.5% of individuals attended and were

served by 65.6% of all visits. As Table XX discloses, nearly all the morbid conditions there listed become more common as age advances, which is of course the common experience. On the other hand, the number of patients among children, and the amount of attention they require, remain small, though somewhat larger than in 1955. The Ministry of Health has again asked that special attention be given to this item and having regard to the unfortunate trend observed in 1955/1956 and recorded elsewhere in this Report in respect of infant mortality, a special scrutiny has been devoted to this matter. Your Medical Officer of Health is of the opinion, however, that no occasion arises for any reorganisation of the home nursing service to meet the needs of infants and children and, in any case, such demand as exists at present is as satisfactorily met as from any other group in the community.

Of all the services administered by the local health authority under the National Health Service Act, that of home nursing would seem to be the most popular with general practitioners. There are reasons for this unconnected with the intrinsic efficiency of the service, but you may be sure that complaints would soon be made if it were anything less than adequate. Superficially there would seem to be at least one serious deficiency in the organisation, which is the lack of late evening or of night availability of nurses. On the other hand, no consistent or even occasional demand is encountered, so that the lack must be more apparent than real.

TABLE XVIII.

Analysis of Patients and Visits Paid, 1949 and 1956.

	Under 5			5–25			25–45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1956	31	282	9	56	522	9	130	2,592	20

	45–65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1956	319	8,295	26	728	22,279	31	1,264	33,970	27

(1) = Number of patients.
(2) = Number of visits paid.
(3) = Average number of visits per patient.

TABLE XIX.

Analysis of Visits.

	Under 5	5—25	25—45	45—65	Over 65	Total Cases	Total Visits
Infectious Diseases—							
All other than tuberculosis	1	1	2	6	2	12	90
Tuberculosis	1	3	21	20	6	51	2264
General Diseases—							
Cancer, all sites	—	—	1	29	24	54	1440
Diabetes	—	—	—	11	37	48	6540
Anaemia	—	—	4	11	45	60	1753
Diseases of the Alimentary system—							
Tonsillitis	—	2	7	3	—	12	78
Appendicitis	—	3	1	5	2	11	48
Constipation	9	6	5	33	73	126	1242
Threadworms	1	2	—	—	—	3	9
Other diseases	1	9	12	13	19	54	723
Diseases of the Circulatory system—							
Disorders of the heart, various	—	—	2	25	118	145	4338
After effects of Apoplexy	—	—	—	18	100	118	3566
Disease of Veins ..	—	—	1	8	10	19	408
Gangrene not due to Diabetes	—	—	—	1	6	7	303
Diseases of the Respiratory system—							
Bronchitis	8	1	10	37	78	134	1526
Pneumonia	2	3	5	23	14	47	504
Pleurisy and Empyema	—	1	4	8	2	15	121
Asthma	—	—	1	4	1	6	146
Diseases of the Central Nervous System	—	—	1	10	1	12	457
Diseases of Locomotor System—							
Arthritis Deformans ...	—	—	—	6	10	16	1349
Diseases of Genito-Urinary system—							
Diseases of the Kidneys	—	1	2	1	—	4	133
Diseases of the Bladder, including Lavage ...	—	—	—	1	6	7	469
Abortion	—	3	9	—	—	12	158
Various Dressings, including Mastitis ...	—	9	12	7	19	47	464
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections ...	4	7	13	22	29	75	1280
Dermatitis and Eczema	—	—	1	2	4	7	244
Surgical Conditions—							
Burns and Scalds ...	1	—	2	2	3	8	191
Fractures and Injuries	1	2	3	1	18	25	343
Post-operative dressings	—	2	9	10	27	48	981
Minor Operations ...	2	1	2	2	2	9	496
Senility	—	—	—	—	71	71	2305
Unclassified	—	—	—	—	1	1	1
Total Cases ...	31	56	130	319	728	1264	—
Total Visits ...	282	522	2592	8295	22279	—	33970

§ 5. VACCINATION AND IMMUNISATION (Section 26).

The same procedure with regard to propaganda in favour of vaccination against smallpox and immunisation against diphtheria continued through 1956 as was described in the Annual Reports for previous years. Use is made of Birthday Cards as reminders to the parents of all children who have not been immunised against diphtheria on attaining the age of one year. The Health Department has, of course, a fairly complete and accurate knowledge both of the children at risk and of the immunisation carried out by the notification of births on the one hand and by the records sent in from general practitioners and from the Corporation baby clinics on the other. There is a still further check through the amount of antigens issued, which are supplied to family doctors and to clinics alike from the Central Office of the Health Department. Health visitors pay further visits to defaulters at a reasonable interval after the receipt of the Birthday Card reminder.

The Ministry of Health, as is now customary, drew attention in the early part of the year to the possibility of an intensive propaganda campaign, including local advertisements in the press and the exhibition of slides at cinemas. Press notices are in fact centrally arranged and local health authorities informed of the proposal, so that they can supply local details, and no such proposal was implemented during the year. Your Medical Officer of Health is of the opinion that very little greater effect would be likely to be achieved by such a campaign than by the methods of contacting at present in operation. Diphtheria is no longer feared by the average family and figures for children immunised are probably better than they would otherwise be because of the combination of pertussis vaccine with the diphtheria antigen. Not as much is promised for immunisation against whooping cough as against diphtheria, but the majority of mothers are anxious to obtain assistance that modifies even if it does not prevent an extremely distressing complaint. Enough should now have been carried out under this head to allow of an assessment of efficacy, but nothing more than general impressions are so far to hand. These have been contradictory, some parents commenting on the apparent complete protection of their immunised children when exposed to whooping cough, or to the mildness of their attack, while others have said that no difference could be observed, or that attacks among their immunised children were severe. It is hoped to reduce these contrary impressions to a statistical basis next year.

Somewhat similar arrangements are in being in respect of vaccination against smallpox. Health Visitors undertake personal propaganda at the clinics and a reminder, " A Message from your Medical Officer of Health," is sent to parents of all children who are not vaccinated at the end of the fifth month. A special clinic for vaccinations is held on Tuesday afternoons and facilities are also available at the baby clinics by arrangement.

Primary Immunisation of Children under 15 years of age.

	Local Authority Clinics	General Practitioners	Total
1949 ...	841	238	1,079
1950 ...	683	197	880
1951 ...	742	251	993
1952 ...	869	209	1,078
1953 ...	827	197	1,024
1954 ...	937	195	1,132
1955 ...	875	159	1,034
1956 ...	775	258	1,033

TABLE XX.

Immunisation Against Diphtheria.

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	607	248	855	406	27	433
5 to 14 years ...	168	10	178	323	64	387
Totals ...	775	258	1,033	729	91	820

TABLE XXI.

Vaccination Against Smallpox.

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated	138	7	8	10	16	179
	Re-vaccinated ...	—	—	1	—	33	34
General Practitioners	Vaccinated	127	4	8	3	28	170
	Re-vaccinated ...	—	1	3	8	64	76
	Totals ...	265	12	20	21	141	459

TABLE XXII.

Immunisation and Vaccination: Comparative Figures.

	1949	1950	1951	1952	1953	1954	1955	1956
Immunisation, Children under 5 years	844	722	860	827	725	875	821	855
Immunisation, Children 5—14 years	235	158	133	251	299	257	213	178
Vaccination, Infants ...	125	207	201	219	304	264	221	297

TABLE XXIII.

Immunisation Against Whooping Cough.

	Age at date of final injection			Total
	Under 1 year.	1—4 years.	5—14 years.	
Health Department	405	132	1	538
General Practitioners	70	37	2	109
TOTAL ...	475	169	3	647

With regard to comparative figures of immunisation and vaccination with previous years, it is important to remember an interruption in the scheme which extended from May to July and coincided with the several out-of-season cases of poliomyelitis present in the town at that time. There appears to be incontrovertible evidence that the local damage, slight as it is, brought about by the immunising injection may convert a sub-clinical to a paralytic attack of poliomyelitis. The rationale of this observation is rather too complicated to describe in a Report such as this, but it may be taken as established, and immunisation was therefore suspended while the virus was widespread in the town. There is here an interesting example of a clash of priorities. The importance of continued and as far as possible universal immunisation against diphtheria and the value of vaccination against smallpox and of protection against whooping cough are not in doubt, but they seem to take second place compared with a more immediate threat of possibly paralytic poliomyelitis.

Vaccination against Poliomyelitis.

An important landmark in 1956 was the inauguration of a scheme of preventive inoculation (vaccination) against poliomyelitis. That such a scheme would sooner or later be initiated was expected for some months before any positive information was to hand, because it was known that protection of this kind was already being given in the United States of America, where an unfortunate accident occasioning some cases of the disease itself among inoculated children had received a good deal of publicity on this side of the Atlantic. This misadventure, though deplorable, was in reality less substantial than appeared from reports and did little if anything to interrupt American plans for widespread immunisation. The Ministry of Health made known the impending availability of a poliomyelitis antigen in January. Children born in the years 1947-1954 were to be eligible, but a written consent from parent or guardian was to be obtained for each individual. It was expected that the vaccine would be available in April, though in more limited

amount than to allow all enrolled children to receive it and its administration was limited to the local health authorities; that is to say, at this stage general practitioners were not included in the scheme. The Ministry furthermore indicated that all inoculations should take place before the end of June, so as to avoid coincidence with the season of maximum prevalence of poliomyelitis, which is usually from July to October. This entailed a good deal of work with regard to publicity and the collection of names of applicants, together with a well thought-out plan for clinical sessions to administer the vaccine itself with the keeping of records, about which last the Ministry was particularly concerned. The parents of pre-school children were approached by letter through the post and of children attending maintained schools through the schools themselves. Out of the letters and consent forms issued, the total number of affirmative replies, and hence of children registered, was 1,846 (961 boys and 885 girls), i.e., approximately 20%. Having regard to the tepid attitude shown in general by the people of Darlington towards all schemes of active immunisation, this was a not wholly unsatisfactory result. Unfortunately, the approach through the schools was not quite as comprehensive as it might have been, but advertisements in the local press had brought the possibility of enrolment to the notice of all parents who failed to receive a personal letter.

The first stage of the scheme went off without difficulty, but only enough vaccine was made available to immunise a relatively small proportion of enrolled candidates. Some of these were left at the closing date of the spring campaign, 30th June, with only one dose given and vaccine was supplied for the completion of the course by the second dose towards the end of the year. Having regard to the stringent conditions laid down by the Ministry of Health, and the short time given to develop the scheme, your Medical Officer of Health is glad to draw your attention to another example of keenness and team spirit shown by all members of your department.

One incidental problem is discussed in the Appendix on Poliomyelitis on page 84.

Inoculations against Tropical Diseases.

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 49 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.)	36
Cholera	12
Tetanus	1

Yellow Fever inoculations are obtained by appointment at the Central Clinical Laboratory, Middlesbrough.

§ 6. AMBULANCE SERVICE (Section 27).

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage

covered during the seven completed calendar years since the Appointed Day are as follows :

	Number of Patients	Mileage
1949	18,239	112,462
1950	20,447	100,502
1951	20,753	114,324
1952	20,564	107,154
1953	23,706	125,265
1954	26,338	121,269
1955	29,278	132,921
1956	28,717	125,495

From this it will be seen that there is a tendency for the use of the service to increase and though public means of transport are recommended where possible, the majority of doctors prefer to issue certificates for their patients to travel by ambulance when it is necessary for them to go to some hospital outside Darlington for special treatment. The question of the possible abuse of the ambulance service remains always under consideration. In the first place this is an amenity for which the local health authority pays, but which is in effect completely controlled by the hospitals and by the general practitioners. In other words, here is an example of he who pays the piper not calling the tune. At various times suggestions have been made that the ambulances should pass to the control of the hospital authorities and logically this would seem a proper step, since they are almost entirely employed in transporting patients to and from hospital and they have nothing to do with preventive medicine and very little with community care and rehabilitation. It might be said in fact that the only service discharged by your ambulances on your own behalf is the conveyance of crippled patients to the handicraft centre, which must obviously take second place where emergencies of acute sickness or accident supervene. Under the efficient management of the Chief Officer of your Fire Brigade, and thanks to his staffing arrangements, your Health Department is entirely relieved of all administrative responsibility for the ambulance service and here is an example of an agency which your Medical Officer of Health has no desire to see determined.

§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28).

Tuberculosis.

By regulations made under the National Health Service Act, 1946, the Minister of Health imposed a mandatory scheme for the community care of tuberculous patients upon all local health authorities. In Darlington this function is partly discharged as a normal Health Department duty, whereby a health visitor, Miss A. Thornton, is allocated primarily to the oversight of tuberculous

patients and close association with the Chest Physicians. Miss Thornton attends the contact clinic held every week by these physicians in Corporation premises, which is to be regarded as an important part of the statutory work carried out by these gentlemen for the local health authority. Miss Thornton has a close knowledge of the social and economic circumstances of all tuberculous patients living in Darlington and constitutes in her person an admirable link between the curative and preventive medical services. In the office Mr. I. Burnley is in charge of notifications and records relating to the tuberculous and he is also Clerk to the Darlington Tuberculosis Care Committee, which unofficially discharges the rest of the obligation laid upon the Council by the aforementioned regulations.

The precise relationship of the Tuberculosis Care and Health Committees has never been defined ; there is for instance no formal agency arrangement whereby the former carries out any statutory functions belonging to the latter. Nevertheless, the object of the Care Committee is to carry out such functions. Originally started as a purely voluntary body to give assistance in kind to the tuberculous at a time when poverty and consequent nutritional inadequacy were much greater problems than they are at present, the Care Committee has to this day retained as one of its major tasks the supplementing of patients' diet and a large proportion of its funds are expended every year in the purchase of milk, which is supplied as recommended by the Chest Physicians and justified by the economic state of the persons concerned. An enquiry into conditions of work and income is always made and close co-operation with the National Assistance Board is maintained, the Area Officer attending the meetings of the Committee. The same scales of income qualifying for relief are accepted by both bodies. The membership of the Care Committee is derived partly from the Council and partly from representatives of other interested groups, and one or more members are allocated to each ward, having the duty of visiting each month tuberculous patients living therein and reporting on their condition at each monthly meeting. Relief is not exclusively limited to milk, though this bulks so largely among its provisions ; other kinds of food are sometimes supplied, together with clothes, bedding and other essential equipment as and when occasion demands, and the Committee, on enquiring into the circumstances, agrees. The largest single contributor to funds is the Council, which in 1956 donated £500. Other sources of income are a Flag Day (a relatively recent innovation), contributions from various societies and the sale of Christmas seals. These are supplied by the National Association for the Prevention of Tuberculosis, with which the Care Committee is affiliated and towards which 5% of the nett proceeds is contributed. Up to the present, the income of the Committee has been adequate to cover all expenses, but the depreciation of the pound sterling has been reflected in experience here since the contribution given by the Corporation has been increased and the Flag Day has tapped an entirely new source. The monthly meetings of the Committee are attended by the Assistant Chest Physician, Dr.

D. P. Degenhardt, with great regularity and also by members of the Health Department staff, Miss Winch, Miss Thornton and Mr. Burnley. The handicraft instructor, Mr. Whalley, also attends as his service is used by a number of patients both at the handicraft centre and in their own homes. Your Medical Officer of Health is Honorary Secretary, and the Chief Welfare Officer, Mr. A. J. Shaw, is Honorary Treasurer. The Chairman of the Health Committee is, of course, also Chairman of the Care Committee.

Illness Generally.

As far as general provision and establishment go, there is nothing to add under this heading to what has been described in earlier reports. Throughout the year, Mr. D. J. Whalley and Mrs. M. Hewson, the latter on a part-time basis, supervised instruction in handicrafts to persons with various disabilities at the centre, North Road, and also provided a domiciliary service in the homes of certain patients, some of whom were bedfast or confined to their house, while some others were also able to attend the centre. As you will remember, Mr. Whalley was appointed as handicraft instructor in 1955 and has carried out his duties since then with unostentatious efficiency. On a number of occasions he has brought to the notice of your Medical Officer of Health the opportunity that exists for a more widespread use of the handicraft service by invalid and crippled people in the town, for, as you will appreciate, once such a service exists, within the limits of accommodation it is possible to cater for many as well as for a few. The matter has been advertised to practitioners in the town, but without noticeable results. The number of patients attending was 78 in 1956 as compared with 75 in 1955, but the increase is hardly significant.

During the year Mrs. Hewson remained on a part-time basis and gave 30 hours of her time weekly. A portion, 10 hours, of this was taken by the Welfare Department for handicraft instruction at their residential homes and it is the opinion of your Medical Officer of Health that Mrs. Hewson might with advantage be employed on a whole-time basis. Both she and Mr. Whalley have used their privately owned motor cars for the benefit of the Corporation, though no travelling expenses or any kind of reimbursement is paid to them in compensation.

The work of the service may be summarised as follows:

Attendance.

Men	43
Women	35
Attending centre only	43
Assisted at home only	27
Both at centre and home	8

Disabilities of Patients.

Suffering from pulmonary tuberculosis	26
Suffering from non-pulmonary tuberculosis ...	2
Diseases of the heart and blood vessels	3
Arthritis deformans	4
Diseases of the central nervous system	9
Amputations, after-effects of operations and injuries	17
Mental defectives (from Occupation Centre) ...	12
General debility and neurosis	5

Handicafts.

Basket work	37
Seagrass stool seating	15
Knitting	14
Woodwork	7
Tapestry and embroidery	7
Lampshade-making	6
Toy-making	5
Rug-making	4
Dress-making	4
Weaving	3

Other handicrafts included boot-repairing, book-binding, glove-making, jewellery, plastic and leather-work, paper flower making and crochet. A number of patients occupied themselves with more than one handicraft and it is pleasant to see that the feeble-minded men from the Occupation Centre next door were able in several instances to pursue more than one activity.

Of all the sections of the National Health Service Act this one, No. 28, seems to show the greatest gap between potential and actual achievement. Schemes for the care and after-care of all kinds of illness are made possible by the terms of the Section and your Medical Officer of Health is very conscious of the extensive field remaining to be covered. At the same time, it is to be remembered that certain commitments under this Section are also dealt with under other Sections of the Act, for instance in respect of mental health. While information brought to hand from the health visitors in respect of geriatrics, and from the home nurses and domestic helps in the course of their duties, throws light on the needs of other categories of handicapped persons, there is no room whatsoever for complacency and your Medical Officer of Health is of the opinion that wants exist, though he may have no evidence of them.

Towards the end of the year, a Darlington branch of the National Association for the Welfare of Spastics was formed under voluntary auspices, its aim being to discover and contact all sufferers from this distressing condition whatever their age, and to consider what, if anything, could be done in each case to improve conditions of life and employment. A similar group for sufferers from the after-effects of poliomyelitis also came into existence, prompted to some extent

by a socio-therapeutic weekly evening at the municipal baths, organised by Miss J. Bamforth, physiotherapist at the Memorial Hospital. Patients, mostly affected during 1956, and their parents, meeting on this occasion form a natural nucleus for a mutual aid and interest society. It is perhaps inevitable that the poliomyelitis group should think of itself as more closely associated with the hospital than with the local health authority, but there is no likelihood of the two branches of the health service falling out of step over this question, since the patients concerned were under the care of your Medical Officer of Health in his capacity as Consultant Physician, another example of the advantages flowing from this most excellent arrangement.

§ 8. DOMESTIC HELP (Section 29).

The domestic help service continues to meet a continuous and fairly constant need in the town. The establishment of domestic helps on 31st December was 7 full-time and 30 part-time personnel and assistance was given to 441 applicants, a figure showing a remarkable comparability of work with previous years. In respect of personnel, to take 1949 for illustration as the first complete year of work under the National Health Service conditions, there were 16 full-time and 26 part-time effective helpers, and a larger nominal roll, who gave service to 496 applicants. There has been in the interim a marked downward trend in the whole-time helpers employed, together with a slight diminution in the number of households assisted, and an increase in part-time helpers. These changes reflect an alteration in the type of service given, whereby helps are employed on the whole for shorter periods on fewer days. Cost may have had something to do with this development, but your Medical Officer of Health believes that an increased efficiency of the service is also a factor. Certain inherent dangers in this connection are always borne in mind, the greatest being that the public should regard Corporation assistance as just another domestic agency. To guard against this your Organiser, Miss A. Lumb, pays visits wherever possible to the homes of new applicants or otherwise obtains reliable reports upon their needs and the vast majority of them all are found to be genuine. A somewhat increased demand has sometimes been observed in the late spring and early summer for purposes of spring-cleaning, and this too is discouraged, not because it is anything other than a good custom, but because it cannot be regarded as a sort of emergency for which the home help service is devised to meet. Here again, as in the district nursing service, the majority of applicants, 79.4%, are chronic sick, aged and infirm persons. One-third of these are brought to the notice of the department by the National Assistance Board, with whom close co-operation is maintained.

No use as far as is known was made during 1956 of the panel of sitters-in, to whose recruitment reference was made in the Annual Report for 1955. This is another example of a notional rather than a real need, at least as far as Darlington is concerned. At the same time, your Medical Officer of Health is extremely anxious to avoid any possible charge of complacency in connection with needs which

may so easily exist, but never come to light, so that he remains very conscious that fresh developments in some directions may urgently be required for all that to date they have not been discovered.

TABLE XXIV.

Type of Case	Number of cases	Number of hours worked
Maternity Cases (including expectant mothers)	32	1,582¼
Tuberculosis	7	1,012½
Chronic Sick (including aged and infirm)	350	44,321¼
Others	52	2,375¾
TOTAL	441	49,291¾

The establishment on 31st December was 7 full-time and 30 part-time Helps, comparing with 16 full-time and 27 part-time Helps on 31st December, 1951, when help was given to 453 cases.

§ 9. MENTAL HEALTH SERVICE (Section 51).

It is pleasant to record that 1956 showed an advance with regard to the mental health service, when Mr. S. McAulay was appointed on 23rd April, 1956, as Mental Welfare Officer to assist and collaborate with Mr. C. W. Price. Mr. McAulay, who was already employed by the Council in another department, had no special experience in mental welfare work, but he showed an immediate capacity for it and by the end of the year was taking his full share of duties. This appointment has relieved the otherwise excessive strain of continuous duty which Mr. Price had borne since the late summer of 1955 and has enabled more time to be given to work in connection with the community care of patients discharged from mental hospitals. This most important side of the work is still, however, very undeveloped but will receive, it is hoped, much more attention in succeeding years.

In the sphere of activities of the Duly Authorised Officers, one adverse development must be recorded ; adverse, that is to say, from the point of view of the local health authority. Because of the lack of beds available under Sections 20 and 21 of the Lunacy Act, 1890, to which patients can be admitted without formal certification for short-time observation, it has been usually necessary to make a firm decision with regard to certifiability or the use of some other procedure such as voluntary admission on the occasion of your officer's first visit in the case. Sometimes the practitioner has signed the certificate under Section 16 and sometimes your Medical Officer of Health or Dr. Bishop have been called for this purpose. Section 20 beds are only available in short supply at West Hartlepool and if subsequent certification is necessary, which has to be carried out by

the officers of this authority, a further elaborate and expensive procedure has to be undertaken. Latterly practitioners have tended to call the consultant psychiatrist for the district from Winterton Hospital to patients whose certifiability may be in doubt, and sometimes this physician has asked for action under Section 20, with its lengthy formalities, even though certification may be found necessary immediately afterwards. Your Medical Officer of Health does not suggest that the consultant psychiatrist is in any way acting incorrectly in this respect, but he would suggest that the additional work involved by this procedure heavily underlines the need for observation beds in or near Darlington.

With regard to services on behalf of the mentally deficient, progress has been achieved at the Occupation Centre towards improving its amenities, partly by your own provision in repainting and decorating, and partly by the zealous action of the Darlington Branch of the National Society for Mentally Handicapped Children. This organisation, which includes most of the parents of the children attending the Occupation Centre and some other interested persons, has shown great enthusiasm in the cause of better amenities and during 1956 has provided a sewing machine, tableware, pelmets and window curtains, all as free gifts without charge to the local health authority. The branch also provides cakes for the Annual Christmas Party and seeks in every way to add to the comfort and happiness of the handicapped children. One feature about the Occupation Centre which leads to recurrent difficulty is its eccentric position geographically, so that a long journey is necessary to reach it from, for instance, the Eastbourne area of the town. The question of providing a bus, as is already available for the Open Air School at Salters Lane, was raised again during the year, but decided in the negative. Free vouchers for bus travel are, of course, available to parents who act as escort, as well as to the children themselves. Mr. D. J. Whalley, your handicraft instructor, continued to take the young men and senior boys of the centre for gardening and other suitable handicrafts. In spite of this relief, heavy strain fell upon your senior welfare worker, Mrs. J. Paxton, when Mrs. F. Pinchen left your service in September. Mrs. J. Hackett was appointed in her place with effect from 29th October, 1956, but in the interval before she began her duties and again when after only a short stay Mrs. Hackett left for private reasons, the whole responsibility for the centre fell upon Mrs. Paxton alone. You will be pleased to know that the vacancy had again been filled by the end of the year, though the lady appointed to it, Mrs. M. Kirk, had not yet begun her duties.

With regard to the Occupation Centre it should perhaps be remarked that the officers of the Board of Control, when from time to time they make a visit of inspection, have invariably in recent years made a verbal adverse report to your Medical Officer of Health. It is agreed that when the written report of the Board is received, the opinions there are expressed less emphatically than by the ladies themselves at the time of their visit. In the days when the Occupation Centre was held at "The Poplars" the surroundings were so unpropitious and so incapable of improvement that no criticism could

be realistic. It was enough that a centre should be in existence at all. At present, however, the amenities are such that the centre should be of quite satisfactory standards and your Medical Officer of Health is of the opinion that the critical attitude of the inspectors is due to a discrepancy in their view between what is done and what could quite reasonably be achieved. Looking at the matter from the interests of the whole Health Department, it would seem unjust to spend more money on the Occupation Centre if this were to be out of proportion to the amount allocated to its other services, but this remark is entirely without prejudice to a more fundamental opinion that the cheapest services are not necessarily the best. The Board of Control inspectors always speak warmly of the Talbot Club, which continued its helpful activities in providing recreation for defective men and boys during the year. Few voluntary organisations helped by the authority can be more deserving than this.

The statistical summary of the work of the year is as follows.

Lunacy and Mental Treatment Acts, 1890-1930.

	1953	1954	1955	1956
Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients) ...	64	50	92	98
Patients dealt with under Section 5, Mental Treatment Act (Temporary Patients) ...	2	3	2	3
Patients dealt with under Section 6, Lunacy Act (Petition)	1	—	—	—
Patients dealt with under Section 11, Lunacy Act (Urgency Order)	—	1	3	2
Patients dealt with under Section 15, Lunacy Act (Certification)	—	—	1	—
Patients dealt with under Section 16, Lunacy Act (Certified Patients)	24	30	34	35
Patients dealt with under Section 20, Lunacy Act	—	—	4	5
Patients dealt with under Section 21, Lunacy Act	1	3	2	1
Patients dealt with under Section 4, Criminal Justice Act	2	1	1	—
Patients dealt with under Section 24, Criminal Justice Act	1	—	—	—
Other Patients (not certified, transferred, etc.) ...	37	35	31	26

Mental Deficiency Acts, 1913-1938.

	1953	1954	1955	1956
Mentally Defective persons ascertained	15	18	15	25
Mentally Defective persons awaiting vacancies in institutions at end of year	17	21	20	14
Mentally Defective persons under guardianship ...	3	2	2	2
Mentally Defective persons under statutory supervision	105	107	98	101
In training :				
At Home	1	—	—	—
At Occupation Centre	35	37	32	39

PART IV.

National Assistance Act, 1948 (Part III)

The association between the Health and Welfare Departments of the Corporation remains close and friendly, your Medical Officer of Health acting as medical adviser to the Welfare Committee and your Assistant Medical Officer of Health, Dr. J. F. Bishop, attending its meetings. One of the important spheres where such co-operation expresses itself in practical action is in respect of a medical opinion concerning new admissions to Part III accommodation. Theoretically, of course, medical considerations are not involved in this matter, except perhaps to exclude from welfare accommodation patients whose needs are severe enough to require hospital treatment. On the other hand, where demand for accommodation is likely to be in excess of its availability, a medical contribution to the total sociological assessment of each case is to be welcomed as an additional insurance that the most needy shall have the highest priority. During the year ending 31st December, 1956, your Assistant Medical Officer of Health made a recommendation in support of 68 admissions while the applicants' own doctors made recommendations in 27 cases.

Another function of the welfare services in which the Health Department retains a special interest is the community care of the blind. The following statistics reflect the situation in 1956.

TABLE XXV.

Age Distribution of Blind Persons in Darlington.

	Under 15	15—34	35—54	55—64	65—74	Over 75	Total
Men	1	3	5	9	12	17	47
Women	1	3	4	13	17	38	76
Total ...	2	6	9	22	29	55	123

Number of blind persons normally resident in Darlington (not of school age) undergoing training away from home ... ... None

Number of blind persons normally resident in Darlington employed away from home ... 2

PART V.

Growing Points

§ 1. HEALTH EDUCATION.

There are no fresh developments to report in respect of health education during 1956. After the somewhat perturbed public feelings over the proposed scheme for fluoridation of water supplies there were perhaps some advantages to be had from a quiet period. The procedure outlined in previous reports was maintained, but only one bulletin was sent round to the various groups with whom the Health Department maintains contact, dealing this time with vaccination against poliomyelitis. Your Medical Officer of Health, together with other members of your staff, held themselves ready to speak to meetings of all kinds as and when they might be invited and from the list of the dates and subjects chosen, printed below, it will be seen that protection against poliomyelitis was a favourite subject for discussion. Certain special considerations arising from the relatively high incidence of poliomyelitis in the town during the year are dealt with elsewhere in an Appendix and it will suffice to say in this context that little, if any, opposition was encountered to the proposed vaccination. Because of an unfortunate accident in the United States of America which had received wide publicity in the press of this country, some degree of " sales resistance " might have been anticipated, but it was in fact of negligible extent.

TALKS AND LECTURES

Date	Association	Subject	Speaker
Jan. 18	Albert Road Parent-Teacher Association	Healthy Teeth	Dr. Walker
Feb. 16	Eastbourne Primary Parent-Teacher Association	Health of the School Child	Dr. Walker
Feb. 28	Nursery School Teachers' Association	Brains Trust	Dr. Walker
Mar. 15	Beaumont Street Parent-Teacher Association	Prevention of Poliomyelitis	Dr. Walker
Mar. 21	Cockerton Co-operative Women's Guild	Prevention of Poliomyelitis	Dr. Walker
Mar. 27	North Road Primary Home and School Council	Prevention of Poliomyelitis	Dr. Walker
Apr. 9	Victoria Road Townwomen's Guild	Prevention of Poliomyelitis	Dr. Walker
Apr. 10	Licensed Victuallers' Association	Food Hygiene Regulations	Mr. Ward
Apr. 13	Market Stallholders	Food Hygiene Regulations	Mr. Ward
Apr. 17	Darlington Grocers' Association ...	Food Hygiene Regulations	Mr. Ward
May 1	Darlington Central Co-operative Women's Guild	Prevention of Poliomyelitis	Dr. Walker
May 1	Royal College of Midwives ...	The Work of the Public Health Inspector ...	Mr. Ward
May 10	Central Townswomen's Guild ...	Prevention of Poliomyelitis	Dr. Walker
May 14	Factory Canteen Workers ...	Food Hygiene in Factory Canteens	Mr. Ward
May 29	Darlington Bakers' Association ...	Food Hygiene	Mr. Ward
June 20	Union of Shop Distributive and Allied Workers	Food Hygiene	Mr. Ward

Date	Association	Subject	Speaker
July 2	Darlington Butchers' Association	Food Hygiene Regulations	Mr. Ward
Oct. 3	St. Teresa's Women's Guild ...	Motherhood	Miss Winch
Oct. 10	Eastbourne Methodist Sisterhood	Safety at Home	Dr. Walker
Nov. 7	Alderman Leach Parent-Teacher Association	Child Health	Miss Winch
Nov. 15	Greenbank Men's Guild	The Work of the Public Health Inspector ...	Mr. Ward
Nov. 19	Reid Street Senior Girls' Parent-Teacher Association ...	Developments in the Care and Welfare of the Modern Child ...	Dr. Walker
Nov. 30	Co-operative Men's Guild ...	The Work of the Public Health Inspector ...	Mr. Ward
Dec. 1	Training College Students ...	Community Care and Training of the Deeply Backward Child ...	Mr. Price
Dec. 3	Apprentice Butchers' Association	Food Hygiene in the Butcher's Shop ...	Mr. Ward
Dec. 27	Bondgate Methodist Men's Fireside	Poliomyelitis	Dr. Walker

BULLETIN

No. 32 ... Jan. 26th ... Vaccination against Poliomyelitis

Health education is not, of course, confined for its channels of influence to contact with particular groups of the kind indicated above, though the more widely the Health Department and its officers are known to such associations of citizens the more effective their influence is likely to be. An important centre for health education should be the Health Department itself and the maternal and child welfare clinics should equally play a vital part. Every health visitor and public health inspector should be a health educator by virtue of their office and most of them are anxious to fulfil this rôle. Unfortunately premises and apparatus are necessary adjuncts to successful group discussions, demonstrations and similar activities, and neither the premises at the Health Department itself or at the majority of welfare clinics lend themselves to this purpose. The Health Department would benefit by possessing a film projector as there are numerous films specifically produced for the purpose of health education to be obtained on loan at the present time at a small cost. The possession of a projector, however, without a suitable hall in which to use it would constitute no great advantage.

A new departure in public health was suggested by a member of the Health Committee from a report on a successful undertaking by another authority. This was to introduce health talks and discussions to employees at factories and large office establishments, addressing the operatives either in the canteen or elsewhere during working time with the consent of the management. A pilot enquiry was made of certain firms in Darlington known to be interested in all matters concerning health, but no decision was reached to take practical steps because on the one hand the managements were unwilling (understandably enough) to sacrifice time to the project and it was regarded as doubtful whether sufficient of the workers would give up their own time to take part in the scheme as to justify it. The matter was left ready to take up again should an indication be given from any source that development along these lines would be welcome.

That personnel are sometimes willing to give up their own time to the interests of health was illustrated within the department by a course of four talks given by your Medical Officer of Health to Home Helps. These were held in the waiting hall of the school clinic on Monday evenings at 7-30 p.m. and the attendance, having regard to bad weather on two occasions, was not unsatisfactory. This is not perhaps a strictly analogous case since the Home Helps are inevitably concerned in the course of their duties with problems of illness and the care of invalids. On the other hand, it could be contended that having been occupied with such matters during their working day, they had no wish to spend their leisure in the further consideration of them.

§ 2. HOUSING PROBLEMS.

The number of applicants for special consideration on grounds of illness, or circumstances specially adverse to health, was less in 1956 than in any previous year since 1949. This may be taken as an encouraging feature, since it would appear to be generally known in the town that the Health Department gives what assistance it can to genuine cases. As, however, has been pointed out in previous Reports, and to the Housing Committee, many more families apply for help on medical grounds than are recommended for special consideration, since in some cases the adverse conditions are adequately covered by the points scheme. It is always important to remember that any award of special priority greatly benefits the recipients but prejudices to some extent all the other applicants on the waiting list. The following Table shows in the same form as in previous years an analysis of the households investigated. The total number of 27 is too small for significant deductions to be made from the breakdown into the headings given. It will be noted that for purposes of comparison I have compared the figures for 1956 with those of the three years 1953 to 1955 inclusive and also with the total investigated since 1st January, 1949.

TABLE XXVI.

Housing Analysis.

	1956		Investigated 1953-1955		Total investigated since 1-1-49	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Ungraded and O marks...	—	—	15	7	72	11
1 mark	6	22	42	19	142	21
2 marks	6	22	63	29	191	29
3 marks	10	37	78	36	184	28
4 and 5 marks ...	5	19	20	9	68	10
High medical priority...	9	33	43	20	98	15
Lower medical priority...	11	41	80	37	261	39
Overcrowded ...	8	29	99	45	330	50
House defective ...	14	52	99	45	251	37
Environment defective...	7	4	18	8	41	6
Psychological factor...	5	19	57	26	166	25
Unsatisfactory family...	—	—	7	3	19	3
Recommended for priority...	10	37	68	31	194	29
Total Households investigated...	27	100	218	100	663	100

Families investigated in 1956 and rehoused same year ... 4
" " " 1955 " " in 1956 ... 15
" " " 1954 " " " " ... 4
" " " 1953 " " " " ... 1
" " " 1952 " " " " ... 1

Of the families both investigated and rehoused in 1956, 3 have been recommended on grounds of priority and the fourth benefited by the normal operation of the points scheme. The medical factor in each case was complicated by an adverse housing situation, unsuitably large in one instance for a patient with a chronic nervous disorder, dangerous in another for a blind man and damp and

generally defective for the third, where the family was prone to bronchial catarrh. Among others rehoused in 1956 were families with medical priorities assessed in previous years such as tuberculosis, psychosis, heart disease, asthma and bronchitis, all of them complicated to a greater or less extent by other factors. Another family not included in the above was rehoused from a Corporation flat because of an incipient breakdown of marriage due to neurosis on the wife's part by an illusion of lack of privacy. This, of course, was brought about by the lack of insulation between the two floors and was an extreme example of a complaint frequently encountered elsewhere.

Among recommendations made in 1956, several of which had been accepted by the Committee though the families were not rehoused by the end of the year, were priorities due to pulmonary tuberculosis (3), psychosomatic illness (2), arthritis deformans (1), epilepsy in a top flat (1) and heart disease (1).

Rehousing.

No special visits were paid to rehoused families this year. In Reports for the last several years a note on such investigations has been included and your Medical Officer of Health believes that valuable insights into the health of the people in the new housing areas and into the benefits deriving from rehousing can be obtained from such visits. In 1956, however, time was not available to carry out this work.

Slum Clearance.

The programme of intended slum clearance in Darlington was decided in 1954 for a five-year period. A total of 728 houses was provisionally determined, but not until this year had it been possible to present clearance areas. This was partly due to shortage of staff, since the housing inspector, Mr. S. R. Blackbourn, who was specially appointed to the staff of the department in June, 1955, required preliminary instruction as to what was needed for the purpose in hand and then had to make his preliminary investigations. It has now, however, become possible to proceed with a continuous presentation of clearance areas and it is hoped that by August, 1959, when the five-year period elapses, all the houses originally proposed will have been dealt with. In 1956, 113 of these properties were represented to the Committee in five clearance areas. These were at Howard Street (14 houses), Garden Row and Whessoe Road (21 houses), I'Anson Street, North frontage (22 houses), John Street between the Skerne Bridge and High Northgate (20 houses), Cleveland Street and Edward Street (30 houses) and some other properties. You will probably agree that these represent some of the most unsatisfactory property in the town, though it is worthy of comment that none of it is really old, dating back no further than the sixties and seventies of the last century. The relatively short usefulness which these houses have experienced shows the importance of good building materials and craftsmanship in the first instance and the

need for careful maintenance and repair. It has to be observed that a good deal of more recent property is likely to be in no better case when it is as old as that of these clearance areas. None of these areas had by 31st December been confirmed by the Ministry of Health, but as far as local objections are concerned it is not anticipated that much difficulty will arise. It is always to be remembered, however, that from every clearance area displaced tenants must be rehoused and this puts a further strain upon the house-building programme. If it be agreed that every family should inhabit a home of their own, then a very important obligation rests upon your officers never to represent to you any house that is or can reasonably be made fit for human occupation. That housing has a bearing on health is universally admitted, but investigators have often found it difficult to define exactly what are the adverse influences of defective home conditions. One circumstance, however, is without doubt inimical to health, both physical and mental, and that is overcrowding. If slum clearance were to mean an increase in the number of families forced to share the same accommodation, then its net effect would be contrary to the best interests of health. Among the 728 houses earmarked for clearance, it is unlikely that many will be found to be too good for inclusion in a clearance area, but your Medical Officer of Health would like to make clear to you that he is very conscious of the outstanding need for houses, especially for young married couples at the beginning of their life as an independent family unit, and will certainly on that account spare the unfit house rather than include doubtful property for the sake of administrative neatness.

§ 3. GERIATRICS.

The work carried out by your Superintendent Health Visitor in connection with the assessment of priority for admission to East Haven Hospital continued in 1956 in the same manner as has been described for previous years. The work she did appears to have been generally appreciated, by the patients, by their own practitioners and by the hospital authority. Thus it may be reasonably claimed that a useful field of co-operation between all the sections of the National Health Service has here not only been achieved but is now well established.

Total cases investigated	111
Diagnoses for investigation :	
Senility	28
Diseases of blood vessels (including cerebral vascular accidents) ...	37
Myocardial degeneration	10
Chronic diseases of lungs	8
Arthritis deformans and 'rheumatic' conditions	3
Cancer, all sites	11
Chronic nervous disorders	6
Other conditions, including acute illnesses	8

The following Table shows the age and sex distribution of 105 of these patients. In 6 cases the information was inadequate to extract details.

TABLE XXVII.

Age and Sex Distribution.

	Under 60		60–70		70–80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (49 patients) ...	4	8.0	10	20.0	22	45.0	13	27.0
Women (56 patients)	1	1.8	6	10.7	27	48.2	22	39.3
Total persons (105 patients) ...	5	4.8	16	15.2	49	46.7	35	33.3

Another analysis of some interest was made in respect of the social background of patients as indicated by their place of residence. This showed as follows :

Living in very superior circumstances ...	4
Living in superior circumstances	24
Living in average housing conditions ...	60
Living in below average housing conditions ...	23

The following figures show details in respect of the occasion for admission to hospital and what services from the local health authority were already in attendance.

Care adequate but cannot be continued ...	50 ...	45%
Care adequate except for nursing ability	13 ...	12%
Care generally inadequate	30 ...	27%
District nurse in attendance	32 ...	29%
Home Help in attendance	9 ...	8%
Urgent need for hospital admission ...	12 ...	10%
High priority recommended	62 ...	56%

(The penultimate figure is, of course, included in the one following).

It will be observed that more women are assisted under this scheme than men, though the discrepancy is not as considerable in 1956 as it was in the previous year. This is to some extent an expected finding, since a larger proportion of the female population survives into the later years than of the male, though many investigators are agreed that the average health of elderly women is inferior to that of men of similar age. The pressure of hospital beds at East Haven appears always to be greater where women patients are concerned ; at least there is more difficulty in obtaining an urgent admission to a female bed than to a male.

During the year the welfare authority opened another residential home at "Hollyhurst," Woodland Road. In connection with admissions to "Hollyhurst," Haughton Hall and the residential accommo-

dation at East Haven, the co-operation of the two departments has been established in that a medical opinion as to the suitability of such admission is obtained in many cases. Sometimes the applicant's own practitioner makes the recommendation and on other occasions Dr. J. F. Bishop sees the candidate with Mr. R. Dunkley, the Welfare Officer. Private enterprise has also provided amenities for old people in the form of two rest homes ("Rosebank," Abbey Road, and "Earlsdon," Coniscliffe Road). When preliminary enquiries were made at the former, the availability of State Registered Nurses appeared to be so good that your Medical Officer of Health advised that registration should be applied for as a nursing home and this was duly granted, so that its supervision is a direct responsibility of the Health Department. "Earlsdon" makes no claim to be more than a rest home and is thus the responsibility of the Welfare Commitee for licensing purposes, but owing to the close co-operation between the two departments your Medical Officer of Health and Superintendent Health Visitor carry out the necessary inspections. In point of fact, "Rosebank" does not carry more services than a rest home can provide, but the higher status for which it was recommended illustrates a most important point in the planning of a comprehensive geriatric service. All that the local authority is entitled to provide under its welfare responsibilities is residential accommodation for old people who, though unable to maintain themselves any longer in independent homes, are theoretically in good health, or, if less than well, do not require trained nursing assistance. Geriatric hospitals, on the other hand, tend more and more to aim at a swift turnover of beds and clearance of patient. There is, therefore, a wide borderline inhabited by persons who are too ill for welfare homes when their terms of reference are strictly interpreted, but are unwelcome as hospital patients because they are not likely to recover from defects sufficiently severe to cripple but not to kill them. This problem is not more acute in Darlington than elsewhere, but a number of patients who, strictly speaking, should not be there, are looked after in the welfare portion of East Haven and it would seem as though the need to provide for chronic sick is popularly regarded as much as a local authority as a hospital duty. Were the local authority to meet it, fully trained nurses, S.R.N. or Assistant, would have to be employed and an arrangement made with a medical officer for guaranteed, if only part-time, availability.

In last year's Report a note was made on a possible development of the scheme outlined above, whereby a place, so to speak, was kept warm in the home of an elderly patient while he was admitted to hospital, so that when hospital treatment was ended he should not necessarily be transferred to Part III accommodation, or even to find a place in the home of a relative for a patient living alone who would certainly be unable to continue to do so when discharged. Some of the consultant colleagues of your Medical Officer of Health raised this question with him quite sponstaneously and it was decided that if the circumstances of such patients were brought to the notice of the Health Department, action along these lines would be attempted. It is clearly impossible to plan ahead in a service of this kind and

the best means of developing it is to learn by experience. To the end of the year, however, no such cases were brought to notice.

It is unfortunate that nothing further is yet to hand in respect of the observations being made by health visitors on the actual conditions of elderly persons in certain "pilot" districts of the town. Partly this is due to changes of staff, but also to the need to observe over a substantial period of time before firm conclusions can be offered. This is potentially one of the most important bases of research at present being attempted in your department and the fact that there are no findings to publish does not mean that it has been lost sight of or lapsed.

§ 4. PRESERVATION OF FAMILY LIFE.

The Ministry of Health has asked that a note should be included in the Annual Report for this year upon their circular 27/54 of 30th November, 1954, which was devoted to the health of children with special reference to the prevention of break-up of families. Your Medical Officer of Health has been uncertain how best to deal with work covered by this circular, the intention of which was to urge local health authorities to take whatever steps might seem appropriate to safeguard the integrity of families threatened with break-up from whatever source it might arise. Certain aspects of this subject have received attention on page 33 under the heading of "Unsatisfactory Families" and the section on home helps, with the reference there contained to sitters-in, provides a comment on another matter referred to on page 36. When the general intention of the circular was discussed by your Medical Officer of Health with your Superintendent Health Visitor, Miss Winch pointed out an obvious difficulty, that the families likely to dissolve were by no means all, or even mostly, discoverable by the officers of the local health authority. In the particular case described on page 36 an ostensibly satisfactory household was thrown into disorganisation by a love affair of the wife's and this common occasion for shipwreck is unlikely to be advertised beforehand. Equally, financial difficulties may be unknown to any outside the family circle until the consequences of default and debt materialise. As the familiar friends of as many families as possible, social workers such as health visitors, mental welfare officers, public health inspectors, etc., may be consulted about difficulties at home and so be able to give their advice towards the preservation of family unity, but the problems in question do not lend themselves to gratuitous advice and unless an approach is made in the first instance to your officers, there is very little they can do either by counsel or by practical aid.

An important though at present extremely small-scale development on the lines of the general intention of the circular is presented by the Darlington Marriage Guidance Council, whose largest source of assured income to date is your annual subscription of £5. This derisory figure should not, however, prejudice the potential and indeed the actual usefulness of the organisation, which is a voluntary

body existing partly to advise young people contemplating marriage about the responsibilities and obligations of that state, and partly to give an opportunity to married persons in difficulties to discuss their problem and if possible to solve it. The Darlington branch is affiliated with the National Marriage Guidance Council and the marriage counsellors appointed are trained according to the syllabus laid down for general use. A number of other persons who are experts in their own branch are prepared to give their services as consultants to persons referred to them by the counsellors, Dr. G. M. Gibb for instance acting in this capacity as psychiatrist. The Council itself consists of representatives of various public and philanthropic groups, religious and secular, your Medical Officer of Health among them. The beginnings of the enterprise are too small for any very definite verdict to be given respecting its success to date, but the theoretical value of the work it aims at achieving can hardly be exaggerated. All are agreed, by practical experience as well as by theory, that a stable and enduring marriage is the prerequisite of successful family life and it is equally clear that in our own times when there is no universally accepted traditional framework of social and ethical behaviour, many people enter the marriage state with little sense of what is involved and are unprepared to face with resolution and perseverance the inevitable vicissitudes they encounter. Your Medical Officer of Health has even wondered whether marriage guidance ought not to become one of the formal health educational functions of the local health authority under the general heading of " Maternal and Child Welfare," and you might care to foresee a development whereby the local Marriage Guidance Council fulfilled such a function as your agent, with many more elected representatives among its members than at present.

PART VI.

Miscellaneous

§ 1. METEOROLOGY AND ATMOSPHERIC POLLUTION.

During the year, observations continued to be taken and the following report summarises them ; it was submitted by the Chief Public Health Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXVIII.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1956.

Taken Daily at the South Park.

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January...	30.40	28.45	53	20	3.10	.51	14	18
February	30.55	29.50	55	14	2.81	.38	19	24
March ...	30.35	29.15	67	23	.62	.23	20	13
April ...	30.25	29.55	64	26	.87	.33	10	15
May ...	30.35	29.55	77	33	.40	.17	28	6
June ...	30.45	29.07	79	42	2.88	.70	7	19
July ...	30.25	28.90	78	44	4.38	1.00	13	14
August ...	30 15	27.90	73	41	7.30	1.30	1	23
September	30.30	29.00	78	33	2.69	.84	5	12
October...	30.55	29.40	67	30	1.34	.48	19	12
November	30.57	29.10	58	22	.62	.17	13	14
December	30.30	28.85	57	26	2.81	.55	23	24
Totals ...	—	—	—	—	29.82	—	—	194
Averages	—	—	—	—	2.48	—	—	16

Atmospheric Pollution.

Regular meetings of the Tees-side Smoke Abatement Committee of Local Authorities have taken place at different venues within the area, and it is felt that much practical benefit has been derived from the discussions on numerous problems associated with air pollution, and subsequent resolutions.

The Technical Sub-Committee furnished a report showing that 52 Deposit Gauges and 11 Lead Peroxide Instruments are in use in the area.

The Clean Air Act, 1956, was published, sections of which are adoptive, namely those dealing with prior approval for new furnaces, the submission to the Ministry of orders declaring Smoke Control Areas, the alteration of building byelaws in connection with approved appliances, and the control of heights of chimneys in industrial undertakings. Other very important sections of the Act deal with smoke from industry and will come into force on the appointed day.

The routine work of the Health Department in connection with smoke abatement during the year was somewhat curtailed by staff shortage, and observations and advisory visits to industrial premises were necessarily reduced to a minimum. The following improvements to industrial plant have been effected during the year :—

Hospital. An oil-fired plant installed in lieu of the coal and coke burner.

Gas Works. The platform and precincts of the chimney stack cleaned and catch pits emptied. The valve at the base of the super heater stack repaired.

Fat Refiners. Replacement of all old plant with modern machinery appears to have minimised the emission of offensive odours which have been for many years a source of complaint.

Dairy. Two vertical Cochran boilers have been installed with automatic worm feed, and forced draught.

Assurance of the early provision of new boiler plant has been given by the management of certain other undertakings. In connection with the emission of smoke and fumes from some classes of heavy industry, it is well to bear in mind that the real difficulty is not a question of lack of co-operation, but of finding a satisfactory solution to the problem.

The deposit gauges give an overall picture of the deposit in the Borough.

The average in Tees-side area.

Industrial—54.59 tons per square mile per month.

Semi-Industrial—30.30 tons per square mile per month.

Residential—15.72 tons per square mile per month.

The average in Darlington—11.90 tons per square mile per month.

TABLE XXIX.

Results of total deposit from gauges in tons per square mile.

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January	23.70	10.84	17.00	14.04	16.39
February ...	21.22	9.78	14.18	25.34	17.63
March	8.39	10.87	16.53	12.85	12.16
April	9.50	8.60	14.85	14.25	11.80
May	7.10	8.90	10.85	15.20	10.51
June	8.00	14.74	19.30	17.87	14.98
July	11.88	8.30	15.15	14.00	12.33
August	8.66	9.14	15.27	16.51	12.39
September ...	3.04	9.27	14.88	9.08	9.07
October	4.18	10.00	5.33	12.07	7.89
November ...	3.61	7.20	15.81	9.73	9.09
December ...	4.96	9.20	6.40	15.10	8.91
Monthly Average	9.52	9.73	14.48	13.99	11.93

Wind Records for the Year (Tees-side Area).

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	9.75	11.83	4.2	5.47	25.2	22.5	11.5	7.2	1.9	.8

§ 2. LABORATORY SERVICE.

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department and Drs. D. J. H. Payne and P. N. Coleman always took the greatest personal interest in the problems confronting the Health Department wherein their assistance was requested. Dr. Payne has always expressed a desire to be kept in the picture wherever social and clinical circumstances make the investigation more than of routine interest and his willingness with helpful suggestions has been greatly appreciated. Occasional specimens have been submitted to the laboratory at the Darlington Memorial Hospital, under Dr. J. Tregillus, where also the utmost co-operation has been given.

Mr. C. J. H. Stock continued to act as Public Analyst and to carry out chemical examinations. With his laboratory the closest harmony and co-operation also existed.

§ 3. MEDICAL EXAMINATIONS.

The following Table shows the work carried out under this heading. It is to be remarked that this work, which makes no contribution towards the general health of the community and is carried out simply to oblige another Department of the Corporation, occupies a good deal of the time of the Assistant Medical Officers.

TABLE XXX.

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	...	...	...	...	1	...	1	...	1
Civil Defence...	...	...	...	...	...	...	...	...	...
Education	1	1	...	30	50	126	51	157	208
Fire	...	...	...	...	6	...	6	...	6
Health	2	5	...	6	...	...	2	11	13
Library and Museum ...	...	...	...	1	1	2	1	3	4
Markets	...	...	4	...	...	...	4	...	4
Parks, Cemeteries and Baths	8	...	10	1	...	...	18	1	19
Queen's Nurses	...	1	...	...	...	...	...	1	1
Surveyor's (incl. Water) ...	19	2	60	3	32	4	111	9	120
Town Clerk's	1	...	...	...	2	1	3	1	4
Treasurer's	...	1	...	...	7	3	7	4	11
Transport	13	13	5	...	9	5	27	18	45
Weights & Measures ...	1	...	...	...	1	...	2	...	2
Welfare (incl. British Restaurant and Municipal Hos.)	...	3	3	20	...	4	3	27	30
Others...	...	...	...	...	...	...	...	...	...
Totals ...	45	26	82	61	109	145	236	232	468

§ 4. WATER SUPPLY AND SEWAGE DISPOSAL.

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.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 51 occasions and on tap water from different areas of the town on 60 occasions.

Details of the total water consumption per year since 1948 are given below. The water consumption decreased during the year by 31,767,000 gallons and this was due to a decrease in consumption by industrial users offset to some extent by an increase in consumption by domestic and small industrial users. The Tees Valley Water Board stopped taking water on 19th May, 1955.

Year ending 31st March	Gallons pumped
1948	1,950,890,000
1949	1,886,860,000
1950	1,846,280,000
1951	1,907,480,000
1st April, 1951, to 31st December, 1951	1,604,640,000
Year ending 31st December :	
1952	2,212,990,000
1953	2,136,960,000
1954	2,276,690,000
1955	2,098,370,000
1956	1,883,040,000

With regard to the quantity of water available in the River Tees to meet the Corporation's unlimited powers of abstraction, there is an ample supply but recent temporary statutory powers taken by the Tees Valley Water Board will reduce the dry weather flow downstream of the two waterworks to a quantity as low as 5 million gallons per day. The Tees Valley Water Board powers will be subject to review early in 1957.

The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is seven 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 26,479. The whole of these are supplied by water mains direct into the houses except 38 which are served by stand pipes, i.e., out of a total population of 83,560, 130 are served by stand pipes.

Rivers and Streams—Work by the Wear and Tees River Board on the first stage of an improvement scheme on the River Skerne, namely from its junction with the River Tees to the Parkside Bridge is now completed. Work on stages 2 and 3 from Parkside Bridge to Great Burdon Bridge including also the diversion of the Cockerbeck into the Baydale Beck in the vicinity of Mowden Bridge is now in progress.

Sewerage and Sewage Disposal — Work on the contract for Section 2 of the Geneva Road Relief Sewer comprising a tunnel under the London to Newcastle Railway Main Line and the adjoining marshalling yards is now completed. Sections 1 and 3 comprising the remainder of the Relief Sewer from the junction of Geneva Road and Harris Street to the Main Outfall Sewer, are now in progress.

The whole of the sewage is treated at the Stressholme Sewage Works where one-third of the flow is treated by broad irrigation on the Stressholme Farm. The remaining two-thirds of the total flow is dealt with by the main Sewage Purification Works completed in 1942, which consists of detritus and sedimentation tanks, percolating filters,

humus and storm water tanks. The sludge from the processes is dealt with on sludge drying beds during the summer and by distribution on adjacent farmlands during the winter.

The effluent produced at the Sewage Works is not so good as it was in quality owing to the increased quantity of sewage now being treated and to the increase in strength of the sewage resulting from the admission of various trade effluents into the sewers.

A draft scheme for extending the existing Sewage Disposal Works at an estimated cost of £240,000 has been approved in principle by the Ministry of Housing and Local Government. Work was completed in July, 1955, on the alterations to two of the existing filters for preliminary experimental purposes, and data is being obtained from this plant. A scheme has now been submitted to the Ministry of Housing and Local Government for authority to construct a preliminary portion of Stage 1 of the Extensions comprising reconstruction of the Sedimentation Tank Channels and Filter Distributors at a cost of £6,500. The construction of this work will facilitate hydraulic computations for the main extensions and will improve the present performance of the filters until such time as the main extensions are carried out.

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."

§ 5. SWIMMING BATHS.

The Darlington Public Baths Department, Gladstone Street, comprises two swimming pools :—

The Gladstone Pool — 100 ft. x 40 ft. (3½ ft. to 7½ ft. depth), capacity 140,000 galls. Cubicles and clothes lockers provide accommodation for 250 persons each session. Pool fittings include graduated 3 metre diving stage, spring board and water chute. This pool opens for bathing between April and September each year and, during the 1956 summer, a total of 89,696 persons attended.

The Kendrew Pool — 100 ft. x 48 ft. (2½ ft. to 5¾ ft. depth), capacity 100,000 galls. fitted with 78 dressing cubicles. The overall shallowness of this pool provides ideal conditions for swimming teaching, and is largely used by the Education Committee for organised school classes who attend throughout the year. Total admissions for 1956/57 were 170,162.

There are also Ladies' and Gents' Hot Bath Suites, 14 baths in all, and 14,693 persons used these in 1956/57 thus, in the past year, a total of 274,551 persons enjoyed one or the other of the department's bathing facilities.

Activities carried on throughout the year in the pools include the teaching of swimming and life saving by the Police, the Army and Air Forces, and the Darlington Amateur Swimming Club. Free swimming tuition organised by the Baths Department for children between the ages of 6 and 11 years, is most successful, and over 6,000 lessons were given in the year with 347 Corporation Certificates awarded to children swimming unaided the width of the Kendrew Pool, 48 ft.

A new venture during the year was the organisation in November, 1956, of a weekly class for the rehabilitation of ex-poliomyelitis patients. Commencing with 18 patients, the class now registers a total of 35 from all parts of the district, including Ferryhill, Bishop Auckland and Barnard Castle. During the 9 months' operation a total of 728 attendances have been made under the supervision of a qualified physiotherapist.

Pool Water Filtration.

To attain Ministry of Health standards of safety, the water of both pools is continuously circulated through a battery of pressure sand filters, treated with the "Breakpoint" technique of water sterilisation, thus providing at all times a sterile water comparable to drinking water, and of a crystal clear blue colour. The water is heated to a minimum of 76 degrees F. before returning to the pools. In maintaining the safe and comfortable conditions demanded, over 12,000 tests were taken of the waters during the year for temperature, alkalinity and pH values, and for free available chlorine residuals. In addition, a total of 76 samples of pools water were submitted to the Borough Analyst for bacteriological examination, all of which were deemed satisfactory.

Baths Hall.

For the winter period, October to March inclusive, the Gladstone Bath closes its bathing activities and an oak dance floor is laid converting the bath into a hall for general social activities. These include dancing, meetings, concerts, bazaars, exhibitions and sports displays such as boxing, wrestling. Municipal dancing in the winter, and a catering section throughout the year, are successful ventures which contribute to an appreciable reduction of the Department's rate call.

PART VII.

Sanitary Circumstances

(REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR).

§ 1. INTRODUCTORY LETTER AND ANALYSIS OF INSPECTIONS.

Mr. Chairman, Ladies and Gentlemen,

During the year the inspectorial staff was further depleted by the resignation of an experienced Inspector in Mr. F. Gardner and by the prolonged illness of my deputy, Mr. J. R. White. It was therefore impossible for me to take any annual leave.

A record number of animals were slaughtered at the Abattoir during the year, and although it necessitated many hours of overtime, I am pleased to report that thorough post mortem examination was performed on 100% of the animals.

The clearance area programme is gaining momentum, and it is pleasing to report progress in this sphere and also in the field of Food Hygiene, particularly with regard to the improved stalls in the Covered Market and the Fish Market.

At present I take a more optimistic view of the future with regard to staffing problems, and providing we lose none of our existing staff nor are given additional responsibility, every effort will be made to maintain a high standard of environmental hygiene which every progressive authority expects.

In conclusion I must pay tribute to the Chairman and Members of the Health Committee and to the Medical Officer of Health for their cordial support and tolerance during a very difficult year, and to my skeleton staff for their enthusiastic although somewhat frustrated efforts in an attempt to cope with such a wide range of responsibilities.

I have the honour to be,

Your obedient servant,

F. WARD,

Chief Public Health Inspector and
Inspector of Meat and Other Foods.

ANALYSIS OF INSPECTIONS.

Housing Conditions.

Housing Inspections	481
Slum Clearance	102
Re-inspections	2,629
Dirty and Verminous Premises	65
Overcrowding and re-housing investigations	63
Living Vans	263
Common Lodging Houses	4
Inspections re nuisances (other than dwellings)	360
Interviews with owners, builders, etc.	1,133
Total	5,100

Food Inspections.

Abattoir	482
Private Slaughterhouses	1,015
Markets	175
Registered Food Premises	185
Food Shops (General Dealers) etc.	241
Unsound Food	163
Restaurant Kitchens	18
Canteens	22
Snack Bars	8
Bakehouses	46
Fish Friers	12
Ice Cream Manufacturers	16
Ice Cream Vendors	122
Dairies and Milk Shops	133
Licensed Premises	14
Samplings	172
Total	2,824

Sundry Inspections.

Rat Infestation	1,192
Infectious Diseases and Contacts	26
Factories, Out-Workers and Workshops	127
Pharmacy and Poisons Act	66
Stables and Piggeries	4
Offensive Trades	50
Smoke Abatement	156
Places of Entertainment	3
Disinfections and Disinfestations	343
Pet Animals	15
Miscellaneous Inspections	42
Ineffective Visits	602
Total	2,626

Total Inspections.

Housing Conditions	5,100
Food	2,824
Sundry	2,626
Total ...	10,550

Nuisances.

During the year 641 complaints were received and investigated by the Public Health Inspectors. In the majority of cases, the complaints referred to housing conditions and disrepair of property.

§ 2. LIVING ACCOMMODATION.

Repairs.

	Number of Houses
Informal Action.	
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	233
(2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied	104
Action under Statutory Powers.	
(a) Proceedings under Section 9, Housing Act, 1936 :	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	58
(2) Number of dwelling houses rendered fit after service of formal notices.	
(a) By owners	41
(b) By Local Authority in default of owners	2
(b) Proceedings under the Public Health Acts :	
(1) Number of dwelling houses in which defects were remedied after service of formal notices.	
(a) By owners	74
(b) By Local Authority in default of owners	—
(2) Number of premises in which insanitary conditions not strictly of a structural character were remedied after service of formal notices	20
(3) Total number of defects remedied as a result of informal and formal action	2,362

Demolition and Closing Orders.

	Houses	Persons displaced
(1) Housing Act, 1936		
Houses closed in pursuance of an undertaking given by the owners under Section 11, and still in force	—	—
(2) Local Government (Miscellaneous Provisions) Act, 1953.		
Closing Orders made under Section 10(1)	1	3

HOUSING REPAIRS AND RENTS ACT, 1954.

Applications made under the Act during the year were as follows :

(a)	For Certificates of Disrepair	7
(b)	Certificates granted	4
(c)	Certificates refused or withdrawn	3
(d)	Certificates revoked	3

Clearance Areas.

All the families remaining in the Neasham Road Clearance Area were re-housed during the year, and most of the houses were demolished.

Official representations were made in respect of three further areas, and the Council approved resolutions declaring them to be Clearance Areas. These areas comprised property in Howard Street, Whessoe Road, Garden Row and I'anson Street, involving a total of 57 dwellings.

The Council decided to proceed by way of Clearance Orders in respect of Howard Street, Whessoe Road and Garden Row, and Compulsory Purchase Order in respect of I'anson Street, and accordingly orders were submitted for confirmation by the Minister of Housing and Local Government.

Living Vans.

There are at the present time 4 living van sites owned by the Council and managed by your Chief Public Health Inspector.

These sites are situated as follows :—

McMullen Road	20 vans.
Firth Moor	16 vans.
Layfields Yard	4 vans.
Dingles Yard	4 vans.

The annual gross income for these sites is approximately £900.

Van dwellers of the hawker class are accommodated in Layfields Yard and Dingles Yard.

There are also 4 sites privately owned, and situated as follows :—

Archer Street	4 vans.
Yard at rear 83 Brunswick Street ...	1 van.
Jesmond/Whinfield Road	4 vans.
Longfield Farm	1 van.

Unfenced land in Longfield Road, East Street and Park Street is frequently resorted to by all types of van dwellers, and this causes considerable embarrassment to this department. This type of van dweller, generally of the hawker type, often cause serious nuisance by depositing foul matter on the surrounding land, and also by the dismantling of cars, buses, etc.

It is inevitable that this unsatisfactory state of affairs will continue until these sites are *enclosed or properly developed.*

Disinfestation.

All school canteens are sprayed as a preventive against fly infestation. In premises other than those controlled by the Council where infestations have been found, the occupiers have invariably been extremely willing to avail themselves of the service provided by this department. Fewer complaints have been received in connection with fly infestation. Infestations dealt with included cockroaches, steam beetles, bugs, fleas, flies, moths, ants and mosquitoes.

In all 278 premises have been sprayed with insecticides, on the whole producing satisfactory results. Cockroaches and steam flies are difficult to eradicate completely without prolonged treatment, and re-visits are made to certain premises as and when necessary to deal with re-infestation by these insects.

§ 3. FOOD HYGIENE.

The Food Hygiene Regulations, 1955, came into operation on the 1st January, 1956, although certain provisions, dealing mainly with fittings and structural conditions, were deferred in operation until the 1st July.

The scope of the Regulations is much wider than the legislation which they replace, in that a number of new provisions are added in respect of the hygienic handling of food and the construction and maintenance of food premises, stalls and vehicles. Some of the regulations are complicated and controversial, but are obviously intended to permit discretion and common sense to be exercised according to the type and size of business.

With other commitments and shortage of Inspectors, it was realised that it would not be possible during the year to inspect all food premises in the County Borough, and it was decided to bring to the notice of all food traders the purport of the Regulations, and seek their co-operation in putting them into effect. Accordingly, a letter was sent to every food trader in the town asking for such co-operation, and with the letter was enclosed a "Guide to the Food Regulations" and a poster "Requirements Relating to Persons Engaged in the Handling of Food." 911 such letters and enclosures were despatched.

The response was most gratifying, and numerous requests for advice and further information were received. Such routine visits as it was possible to make during the year revealed that the traders in general had accepted the spirit of the Regulations, and were giving the co-operation which is so essential.

Lectures or talks, some with film displays, have been given during the evenings by your Chief Inspector to various men's and women's guilds, and have included the following business organisations and groups :—

Licensed Victuallers, Grocers and Allied Traders, Market Stallholders, Master Bakers, Butchers, Butchers' Apprentices, Factory Canteen Workers.

The lectures were well attended, and resulted in many requests for advice and information at various food premises.

Outstanding improvements have been made during the year to food stalls in the covered and open markets. Perhaps the most noticeable improvement is in the fish market, where the number of stalls has been reduced, and the stall-holders have gone to considerable expense in providing tubular steel stalls with glass-fronted laminated plastic display boards, and canvas sheeting over the top, back and sides.

The following table sets out the different types of food premises in the Borough :

Types of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.)	549	211
Markets	2	145
Catering establishments	67	33
Works Canteens	29	12
Bakehouses	71	36
Fish Friers	58	11
Licensed Victuallers	66	14
Registered Food Premises (For the manufacture of potted, pressed, pickled or preserved food)	71	155
Ice Cream Manufacturers	10	15
Vendors of pre-packed ice cream	272	112
Vendors of unwrapped ice cream	46	
Dairies other than dairy farms	4	118
Milk distribution premises (ready bottled milk)	135	

§ 4. PRODUCTION AND DISTRIBUTION OF MILK.

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

Dairies	Other than Dairy Farms	4
Distributors	(a) Bottled milk only (as received)	134
	(b) Producer/retailer (inside Borough)	1
	(c) Residing outside, but retailing inside the Borough	6

Milk (Special Designations) (Raw Milk) Regulations, 1949 to 1954.
Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953.

In pursuance of the above Regulations, licences have been issued authorising the use of Special Designations, as follows :

	Grade of Milk.		
	Pasteurised	T.T.	Sterilised
Pasteuriser/Bottler/Retailer	2	2	—
Bottler/Retailer	—	2	—
Dealer	30	21	108
Supplementary/Retailer	1	1	—

§ 5. FOOD AND DRUGS ACT, 1938-1955.

61 samples of various foods and drugs were taken and submitted to the Public Analyst for analysis. All the samples were reported to be genuine with the exception of 2 Informal samples of milk which were slightly deficient in fat. Investigations were made at the farm and further samples taken were reported to be genuine.

Bacteriological Examination of Milk.

The following table describes the various tests to which samples of milk were subjected.

Designation.	Appropriate Tests.	Number Examined.	Number Unsatisfactory.
Pasteurised	Methylene Blue Phosphatase	30 30	0 1
T. T. Pasteurised	Methylene Blue Phosphatase	22 22	0 1
Tuberculin Tested	Methylene Blue	31	9
Sterilised	Turbidity	6	0
TOTAL		141	11

Of the 9 unsatisfactory samples of T.T. milk, 6 were taken from one dairy, all being from the same producer. Five of these were taken in the course of two days from different churns, and revealed that the fault was of the producer, and not of the local dairy man. The County Milk Production Officer and an officer of the Milk Marketing Board were notified, and their combined action evidently had the desired effect as revealed by subsequent satisfactory samples.

Biological Examination of Milk.

A periodical check of milk supplies, and particularly those which are not subjected to heat treatment, is made to ascertain their freedom from tubercle bacilli and brucella abortus. During the year the following samples were submitted to the Public Health Laboratory.

Designation	Appropriate Test	Number Examined	Number Unsatisfactory
Tuberculin Tested	Tubercle Bacilli	15	0
Tuberculin Tested	Brucella Abortus	15	2

In connection with the 2 unsatisfactory samples one supply was diverted to a pasteurising establishment and in the remaining case the supply to the dairy concerned was discontinued.

§ 6. INSPECTION OF MEAT AND OTHER FOODS.

The following table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals, and ante-mortem examination whenever practicable.

Slaughtering Totals 1956.

	Cattle.	Calves.	Sheep.	Pigs.	Total.
Abattoir	7,462	878	19,970	12,908	41,218
Private Slaughterhouses ...	2,381	355	5,881	4,185	12,802
Total ...	9,843	1,233	25,851	17,093	54,020

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Killed	7,413	2430	1,233	25,851	17,093
Inspected	7,413	2430	1,233	25,851	17,093
All Diseases except Tuberculosis. Whole carcases condemned ...	21	43	35	96	74
Carcases of which some part or organ was condemned	1,177	997	24	441	1,374
Percentage of the number inspected affected with diseases other than tuberculosis	16.16	42.8	4.78	2.08	8.47
Tuberculosis only. Whole carcases condemned ...	12	48	5	—	7
Carcases of which some part or organ was condemned	296	345	2	—	139
Percentage of the number inspected affected with tuberculosis... ...	4.15	16.17	0.57	—	0.85

The total animals, 54,020, inspected in 1956 is a record one, being 11% above the total for 1955 and more than double the number for 1946.

The major part of this increase was in animals slaughtered at the Abattoir. This is accounted for, in the main, by the operations of a Meat Wholesaler who contracts for Meat Manufacturers in the North West of England. The greater part of these animals come from Ayrshire and Dumfriesshire where autumnal " culling " of the huge herds places many of the older cows on the market. The record figure of 1,014 cattle slaughtered at the Abattoir in one month (November) included approximately 400 of these.

The location of Darlington within a large agricultural area and the operations of three wholesalers at the Abattoir, means that a large number of "casualty" animals are sent there for slaughter. The high figure for condemned meat is mainly a result of this, for the greater proportion are ailing animals, with only a small proportion suffering from injury.

During this peak period of killing, it was only possible to have one meat inspector on duty at the Abattoir, and I wish to record my appreciation of the services of Mr. Theakston who worked unassisted and many hours overtime during a very difficult period.

Tuberculosis (Slaughter of Reactors) Order, 1950 (Article 3).

Arrangements are made by the Divisional Officers of the Ministry of Agriculture, Fisheries and Food for the slaughter and sale by the Fatstock Marketing Corporation of animals reacting to the Tuberculin Test for Attested Herds.

During 1956, 72 such animals were dealt with, and at the request of the Ministry Veterinary Officers, a full investigation of the carcases was carried out to (a) judge their fitness for human consumption and (b) assist in determining the possible source of infection.

In one instance, it was suspected that human infection was being transmitted to the herd by an employee. Infected glands of the animal were removed and sent to the laboratory for typing, and the Medical Officer of Health for the district was notified.

In view of the imminent attestation of a further part of the North Riding of Yorkshire, it is forecast that the number of reactors reaching the Abattoir will be greatly increased in 1957.

The Divisional Veterinary Officers are notified also of any calves purchased in Auction Marts, which have been found on slaughter to be suffering from Congenital Tuberculosis. The sale is investigated and the farmer identified, and the herd's location is sent to the Divisional Veterinary Officer who carries out the Tuberculin Test on the dam and other contacts. Animals thus found to be infected are also slaughtered under this Order.

There is full co-operation between the Veterinary Officer and the Meat Inspectors in the efforts to stamp out this disease among dairy herds.

Summary of Condemned Food.

Carcases and portions thereof, and organs having a total weight of 61 tons, 7 cwts., 1 stone, 9 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 4 tons, 14 cwts. were found to be unfit for human consumption.

Disposal of Condemned Food.

Condemned meat and offal from the Abattoir is disposed of to two local contractors, specialising in the manufacture of technical oils, fats, fertilizers and feeding stuffs. The usual arrangement is

for one of these firms having premises just outside the Borough to collect carcases and portions of beef, and the other firm to collect other meat and offal.

All meat is slashed and stained green before removal, and collections are made as frequently as required.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the Abattoir for disposal as above.

All other condemned food is surrendered at the Health Department where any food suitable for animal feeding is sorted out for use at the Corporation pig farm. The remainder is crushed by rollers, if the quantity justifies crushing, and disposed of by controlled tipping.

§ 7. OFFENSIVE TRADES.

The number of offensive trades on the Register is as follows :—

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

1 Fat Refinery and Tripe Boiler was discontinued during the year.

In previous successive reports, I have made reference to the efforts made by the management of a fat refinery to overcome nuisance and offensive odours arising from the processing of raw materials.

After much experimental work, and extensive modification of the new plant, the earlier difficulties appear to have been overcome, and I am pleased to report that no complaints in respect of this factory have been received since the plant was put into full production.

The other trades have been carried on in a satisfactory manner, and no serious nuisance has been caused.

Fried Fish Shops.

There are 58 Fish Friers on the Register and 11 visits have been made to these premises by the District Public Health Inspectors.

§ 8. RODENT CONTROL.

Organisation.

Recommended and approved by the Ministry of Agriculture and Fisheries.

One full-time Rodent Operative.

An additional four men are supplied by the Borough Surveyor for 4 to 6 weeks every six months for treatment of sewers. These men work under the direction and control of the Rodent Operative.

Methods.

Recommended and approved by the Ministry.

Bait bases — Sausage rusk, bread and flour.

Poisons—Zinc phosphide, antu, arsenious oxide, red squill and sorexa (warfarin).

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

Sewers Maintenance Treatment.

Two Sewer Maintenance Treatments have been carried out, the first during the period 9th April, 1956, to the 28th April, 1956, and the second from the 1st October, 1956, to the 20th October, 1956, details of which are set out below.

	1st	2nd
Total number of manholes in foul and connected systems	1535	1535
Manholes baited	105	101
,, showing pre-bait take	75	58
„ showing complete pre-bait take (one or both days)	38	20
Schemes of baiting used	1st, 3rd, 5th and consecutive days.	
Manholes test-baited	165	153

Surface Infestations.

Corporation Properties.

Hundens Tip.
Haughton Tip.
Salvage Depot.
Yarm Road Tip.

Treated as required.

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

Business Premises.

Charge—3/11 per hour plus cost of materials, plus 20% of total cost.

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.

Private Dwellings.

No charge is made for the disinfestation of private dwellings.

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.

Premises dealt with	409
Visits made	1167
Bodies seen—rats	1347
„ „ —mice	337
Estimated number of rats killed (assessed Ministry of Food formula)	3300
Estimated number of mice killed (assessed 1/5th oz. per mouse)	705

§ 9. MISCELLANEOUS PROVISIONS.

Slaughter of Animals Act. 1933.

45 Licences were issued to slaughtermen employed at the abattoir and private slaughterhouses.

Pharmacy and Poisons Act, 1933.

There are 70 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

The majority of these traders limit their sales of poisons to disinfectants and ammonia.

66 visits were made and advice given relative to storage, labelling and sale of the various poisons.

Fertilizer and Feeding Stuffs Act, 1921.

No samples have been taken, nor inspections made in connection with this Act.

Outworkers.

4 Lists containing the names of 2 outworkers were received, and inspection of the premises of such outworkers were made.

Common Lodging House.

There is one Common Lodging House on the register with accommodation for 101 lodgers.

This lodging house has been well-maintained throughout the year.

Factories Acts, 1937 and 1948.

There are 384 factories on the register, of which 338 have mechanical power and 46 without power. In addition 21 sites of building or engineering construction were entered in the register.

137 inspections were made, and 57 defects were remedied. 19 notices of defects were received from H.M. Inspector of Factories, all of which were remedied by informal action.

APPENDIX ON POLIOMYELITIS.

The year 1956 showed the worst incidence of poliomyelitis so far recorded for Darlington. At least 28 patients were known to me to be suffering from the disease within the County Borough, 23 of whom were notified. In one of these cases the diagnosis was subsequently disputed, but having regard to all the circumstances I am still inclined to include her. The worst previous year was 1947, when 8 cases were notified in Darlington, and next after that 1952, when 7 notifications were received. Of the Darlington patients, 13 were admitted to Hundens Unit. A further 24 patients suffering from poliomyelitis were admitted there from outside the County Borough. They came from a wide area of County Durham and the North Riding, ranging from Hawes and Scorton to Ferryhill and Bishop Auckland. This incidence shows that the virus was widespread in this part of the country during the year.

Some unusual features are to be noted with regard to this outbreak which followed two quiet years, 1954 and 1955, in each of which only one case was notified in the Borough and 6 and 3 patients respectively admitted to Hundens Unit from outside areas. The first patient was seen in January, a boy of 10 suffering from palatal paralysis from which he made an uncomplicated recovery. The cerebro-spinal fluid gave findings compatible with the diagnosis of poliomyelitis. During the next month 2 service personnel were admitted from Catterick, each with paralytic disease of the left lower limb. Three patients followed in March, 2 of them quite severe and 1 rather atypical in the clinical course, 7 cases were diagnosed in April, including 1 death from rapidly developing respiratory paralysis, and these were followed by 9 more in May. The normal yearly incidence of the disease shows March and April to be the nadir, hence so many cases arising in these months was a bad augury for the later summer and autumn, when the normal curve of incidence is at its zenith. It will be recalled that April and May were fine sunny months, but were followed by a cold, sunless and wet summer. What effect climatic conditions have upon the virulence and spread of the virus or upon the susceptibility of the population is undetermined, but however that may be only 1 patient developed the disease in June, 2 in July, 4 in August, 1 in September and none subsequently. The same pattern was discernible among patients admitted to Hundens from outside, of whom more than half (14) were in the first six months of the year. The majority of the 28 Darlington patients were seen personally by myself, in consultation at home, when they were not admitted to hospital. Many of the former were mild and were left at home when, had they resided in country districts, they might otherwise have been admitted, because hospital amenities were ready to hand and admission could have been quickly arranged had deterioration occurred. In several of these home cases poliomyelitis was not suspected until weakness of a limb or muscle group developed after a febrile illness. Of patients admitted during the febrile stage of the disease, 7 showed

meningeal irritation, but not to a degree or of a kind suggestive of meningitis, and the clinical appearance is strikingly different between poliomyelitis and bacterial meningitis, whatever its cause. In all patients rigidity of the back was an outstanding physical sign, in mild cases showing as an inability to kiss the bent knee, and where more severe by the so-called tripod position whereby the patient supports his back with the two upper limbs held extended behind him. Specimens of blood and faeces were sent to the Poliomyelitis Research Laboratory at Sheffield, in accordance with a directive received from the Ministry of Health, for a cross-check in connection with the anti-poliomyelitis vaccination scheme. Not enough specimens were submitted to produce statistically significant results, though it was diagnostically gratifying to find how frequently the virus was isolated from specimens submitted from patients with mild but characteristic symptoms whose disease cleared up without residual disability. When clinical findings strongly suggested the diagnosis of poliomyelitis and excluded that of meningitis, no lumbar puncture was made and hence laboratory findings from cerebro-spinal fluid are few in this series. Though from an academic point of view this is a pity, from the more important angle of treatment I believe that every disturbance of, or interference with, the patient that is not absolutely essential should be avoided. Among other clinical features, a few patients showed enlarged cervical lymphatic glands during the febrile stage of their illness and several complained of pain in paralysed muscles, often severe enough to prevent sleep. This seemed to be a good prognostic omen, as painful muscles tended to recover their use.

At the end of the year as many of the 28 patients as possible were contacted. In all, 24 were seen and of these it was found that 3 remained severely affected, so that their life at school and subsequently was likely to need special adjustment to meet their disability. These in all probability will remain disabled persons indefinitely though fortunately none are as severely crippled as some sufferers in previous years. Five were moderately affected, likely always to require some adjustment of normal routines. Six were left with slight handicaps which may disappear with time and not likely to impede a normal life, and of 10 it could be said that no definable disability remained, though it was remarked about some of them that they tended to tire easily.

All patients with disabilities, whether slight or severe, were seen by Mr. E. P. Waters, F.R.C.S., Orthopaedic Surgeon, while at Hundens Unit, were ordered splints where necessary and began physiotherapy. Sometimes they were transferred to the Memorial Hospital when the period of infectiousness, arbitrarily fixed at six weeks from the beginning of illness, was over, but more often they continued as out-patients. A weekly session has been secured at the Corporation Swimming Baths and at the end of the year the physiotherapist, Miss J. Bamforth, conducted a class there with beneficial results. The value of water in supporting partially paralysed limbs is unrivalled and some who were hitherto unable to swim have learned to do so.

The home location of all patients was plotted on a map, but showed no particular significance except that 9 of them lay in the area South of Yarm Road and East of a line projected South from Bright Street. There seemed, however, to be no connection apart from relatively close space of residence between this group of Eastbourne and Firth Moor patients. On the other hand, a link existed between 7 patients, either directly or through brothers and sisters, with a particular school and were there some means of detecting the poliomyelitis virus as easy and straightforward as for the organism causing diphtheria some findings of possible epidemiological interest might have been discovered from further enquiry in this direction. The question of submitting specimens of blood and faeces from anyone other than an actual patient was not considered as the virus research laboratories were heavily loaded with work sponsored by the Ministry of Health, and in any case took too long to make their returns, to promote any useful measure of control. The patients were divided between 6 adults, 17 school children and 5 pre-school children, there were 13 males and 15 females, and these figures are all too small to draw any conclusions about relative severity and other age or sex-linked features.

With regard to measures of control, exclusion of patients from school for six weeks and of contacts for three weeks was maintained in all cases. Parents were urged to avoid all contacts with other children outside the family, and social engagements of all kinds for themselves as well as for their children. The point of family isolation was explained to them, but in 1956 no wage-earner was asked temporarily to discontinue employment. When, as seemed quickly obvious, the virus was widespread in the town, such measures seemed unnecessary and would also have proved highly unpopular since ordinary sickness benefit was all that could have been obtained for maintenance during enforced absence from work. While rigid isolation may be beneficial when the virus first appears in an isolated country district, I doubt if it serves very much purpose in an urban centre like Darlington. It is at least possible that the virus of poliomyelitis became extremely widespread throughout the County Borough during the year and the epidemiological problem is not so much to learn how particular patients acquired the virus as why, among so many others who hardly showed any evidence of disease at all, they should have developed a malady that is often paralytic and sometimes fatal. This is, of course, speculation, but it may be a useful line of thought.

The above history serves to emphasise the importance of immunisation against poliomyelitis and, as noted in another part of this Annual Report, a beginning was made in 1956, though on a smaller scale than was desired. The vaccination programme coincided with the first incidence of the disease and a difficult problem was presented as to whether to call off the project lest it were discredited by the occurrence of cases of the disease among children already immunised. This is not the paradox it sounds because the process of immunity takes some little time to build up after inoculation and a patient already incubating the virus might develop an

unmodified attack without any actual prejudice to the efficacy of his vaccination, but with bad results for public relations. It seemed, however, extremely illogical to discontinue a programme of protection against a particular illness because that illness was at the time rampant and it was decided to proceed, fortunately without any detriment. At the same time, immunisation against diphtheria and whooping cough was suspended, but the Ministry of Health agreed to the bolder line over anti-poliomyelitis vaccination.

In this connection I should like to pay a warm tribute to the local press, with whom relations are for the most part excellent in spite of occasional differences of opinion, as over fluoridation. The press was kept informed of the position in respect of poliomyelitis and injudicious handling of the material to hand could easily have led to public alarm and despondency. The editorial policy to prefer common sense to sensationalism insured, however, that the news was not exaggerated, nor presented in a biassed manner.

I did not think that the situation justified the closing of any places of assembly and entertainment, such as the Children's Cinema on Saturday mornings. When people asked my opinion about visiting the swimming baths, I replied that whereas bathing in ponds and rivers was to be discouraged, no danger was to be anticipated from our own Corporation Baths since the water was chlorinated sufficiently to destroy the virus, an organism always sensitive to oxidising agents. One precautionary measure I always advised, however, was that on no account should anyone suffering from an indisposition, however slight, especially if feverish, seek to " work it out of his system " by some strenuous game or activity. Such a course could easily convert a sub-clinical attack of poliomyelitis into paralytic disease and it is much better to disappoint one's friends for one summer evening than to be crippled for life.

County Borough of Darlington

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

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

for the

Year Ending 31st December, 1956.

Wm. Dresser & Sons, Ltd., Crown Street, Darlington.

ANNUAL REPORT, 1956.

School Clinic,
Feethams,
Darlington.

To the Chairman and Members
of the Education Committee.

Ladies and Gentlemen,

I have the honour to present the School Health Report for the year 1956.

As remarked in last year's report, the Ministry of Education has now discontinued the classification of children according to their estimated nutritional state and all are placed at Medical Inspection into the category of 'Satisfactory' or 'Unsatisfactory,' meaning that the general impression of the child is that he enjoys or fails to enjoy an adequate standard of general health.

I am glad to be able to say that the number graded as 'Unsatisfactory' among 3,356 Routine Medical Inspections was very small, namely 2%. Among these moreover there were some temporarily unsatisfactory because of recent illness so that there is no reason to regard this figure as representing a group of children continuously sub-standard for a lengthy period.

At the same time, it would be improper to encourage a facile sense of optimism. Medical Inspection as ordinarily carried out investigates little more than the obvious and the superficial. For any one child it takes only a few minutes to complete and its usefulness depends upon the capacity of the Medical Officer to appreciate the physical health and mental adjustment of the youngster in front of him, supplemented and modified by the impression made by the mother if she is present.

Experience brings to a School Medical Officer a high degree of skill in this kind of work but now that the field of preventive medicine is extending away from the for the most part solved problems of the past, mainly those of infection, infestation and gross orthopædic and dental defect, to more subtle but equally relevant questions of mental health and predisposition to degenerative illnesses, rather different techniques may be required for school health purposes. As a matter of fact the problem of a substitute for Routine Medical Inspection has been exercising the minds of thoughtful School Medical Officers for a long time and very likely some quite simple solution is facing us all the while, only no one has seen it. The Ministry of Education is certainly open to any suggestions, along these lines and would, I believe, be quite willing to countenance reasonable experiment in Darlington, provided, of course, that they were informed of it beforehand. Neither I nor my colleagues have as yet, however, anything to propose.

These remarks do not mean to imply that the field is completely won where the older problems are concerned.

I am not altogether happy about the chronic core of children infested with nits in the hair. Live vermin are rarely detected when staff visit schools but they must clearly have existed on the scalp of every child with nits, otherwise these eggs would not have been laid. In various bad instances quite a lot of time has been taken by School Nurses in cleansing dirty heads and then unfortunately at a subsequent visit the condition is found to have relapsed. Other members of the family, often somewhat older sisters and sometimes aged persons, have been guilty of spreading the infestation and these people are quite outside the means of control available either by the Education or Health Departments.

Turning now to illness among children, I am grateful to the Secretary of the Darlington and District Hospital Management Committee for continuing to supply me with a list of all children admitted to hospital. It will be observed that admissions for removal of tonsils and adenoids is the largest single item and during the year there has been some controversy in the medical press about the indications for operation. This, I may say, is a habitual subject for argument among Doctors. In Darlington, there is nothing automatic about the process. Children are rarely referred for operation when first found with tonsillar enlargement or nasal obstruction. It is recognised that the hypertrophy of the lymphatic tissue of the pharynx is a reaction to an already existing morbid process, such as chronic infection of the nose or dental caries. Sometimes such enlargement seems an almost normal phase in juvenile development. Moreover the Ear, Nose and Throat Consultant Surgeon, Mr. J. S. C. Monro, sees every case himself and makes his own final decision.

Acute Appendicitis and injuries both contribute largely to the total of patients. The former is a disease recognisedly common in young people, the cause of which remains uncertain. Injuries following accidents of all kinds are in theory preventable and an attempt is being made in the Health Department to follow up accidents in the home and to observe the presence of preventable factors in each case. There is probably an irreducible minimum of such incidents among active and lively children and the elimination of risk altogether would seem no more desirable than possible.

Where Infectious Diseases are concerned, some discrepancy may be noted between the figures given under the heading ' Children Admitted to Hospital ' on page (10) and those listed under ' Infectious Diseases ' on page (7). Not all the notified cases are necessarily of course admitted to hospital (the tendency at present is to treat as much Infectious Disease as possible at home) and also the diagnosis given at hospital tends to be that under which the patient is admitted and it may be changed as a result of fuller investigation. The diagnosis in the other context by the Health Department represents the final opinion of the Consultant Physician.

It is tragic to record five deaths among children of school age. Two of these were from extremely rare conditions, Metachromatic Leuco-encephalopathy and Endocardial Fibro-elastosis, both of them obscure disorders of congenital origin which may well not be encountered again among Darlington children for a century or more. Another two were due to Cerebral Tumour, one of them certainly of a malignant variety. These may therefore be regarded as cancer deaths and it is important to remember that this malady, though much commoner in the later years of life, takes a not inconsiderable toll from among young people. The greater prominence of such catastrophies is less due to

their being more common than to the virtual disappearance of the once numerous other causes of death among children. There were for instance no deaths from Infectious Disease in the school age group in 1956.

Certain changes are to be observed among the staff. Dr. W. Hinds, Psychiatrist to the Child Guidance Clinic, resigned on obtaining another post in Devonshire and was replaced with effect from 1st October by Dr. L. W. Robinson. The recurrent difficulty of obtaining a Psychiatric Social Worker was solved, let us hope for a lengthy period, by the appointment of Mrs. C. M. Ruddock with effect from 1st May. Mrs. Ruddock is in fact classified as a Social Worker without the qualifying adjective of Psychiatric as she has not taken the full course for this qualification, but her value to the department is not less on this account.

I regret to have to remind you of the tragic death of Dr. E. R. Dingle, Part-time Anaesthetist for dental services, which resulted from an accident on a summer evening. Dr. A. P. Wright was appointed to take his place on the same terms and conditions, also from 1st October.

Steady progress is being made to complete the amalgamation of the School Nursing and Health Visiting Services. Miss M. Wilkinson, appointed in the joint capacity with effect from 1st August, found the walking involved too much for her health and resigned on the 31st December. Two appointments, however, were made, Miss D. Smith with effect from 1st September, and Mrs. D. Barry from 12th November. Among the ladies who are School Nurses only, Mrs. L. Wade resigned with effect from 30th April and Mrs. J. M. Hopps, who was appointed as a locum on 9th January, left your service on the 31st March.

We were sorry to receive, to become effective on 31st December, the resignation of Mrs. M. Shepherd, Teacher for Children with Defective Hearing. Mrs. Shepherd's work carried out with undiminished zeal during the year has received full and favourable notice in previous reports and difficulty will be encountered in filling her place. Mrs. Shepherd has not been officially concerned with the correction of speech difficulties though this work has come her way to some extent as an inevitable part of the teaching of deafened patients. The post of Speech Therapist is maintained on the establishment and sufficient funds to pay her salary are included every year in the estimates, but efforts to date have been quite unsuccessful in obtaining a suitable applicant.

In conclusion, I should like to repeat the thanks I have expressed in previous years to the staff, medical, dental, nursing and clerical, for their undiminished zeal and efficiency. Like every other successful health service, your department works smoothly and unobtrusively fulfilling its routine duties and also the numerous additional calls made upon it day by day. It is regrettably true that out of sight and hearing often means out of mind and I would emphasise that the considerable volume of work which this report describes has depended for its efficient execution upon your clerks, every bit as much as upon the Principal School Medical Officer, who has the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER,

MEMBERS OF THE EDUCATION COMMITTEE

Ald. H. P. Bell, M.B.E., J.P. (Chairman).
Coun. G. E. Wilson (Vice-Chairman) (till May, 1956).
Ald. N. R. Barker (Vice-Chairman) (from June, 1956).

Ald. A. J. Best, J.P.
Ald. W. Heslop, J.P. (resigned October, 1956).
Ald. H. Sansom (deceased July, 1956).
Ald. H. Buckborough.
Coun. R. H. Loraine, J.P.
Coun. Mrs. M. Lyonette, J.P.
Coun. J. L. Shaw.
Coun. F. B. Taylor (till May, 1956).
Coun. J. W. Stokoe.
Coun. The Rev. M. A. Beaton.
Coun. A. Brown.
Coun. H. Hannah.
Coun. F. Thompson.
Coun. J. W. Skinner.
Coun. O. O'Brien (from September, 1956).
Coun. J. E. Angus, J.P. (from June, 1956).
Coun. W. N. Smithson (from June, 1956).
Miss O. M. Stanton.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer
Joseph V. Walker, M.D., M.R.C.P., D.P.H.

School Medical Officers
Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
J. F. Bishop, M.B., Ch.B., C.P.H.

Principal School Dental Officer
J. L. Liddell, L.D.S.

School Dental Officer
J. McAra, L.D.S., R.C.S.

Anaesthetist
E. R. Dingle, M.B., B.S. (part-time) (deceased 2.7.56).
A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time) (from 1.10.56).

Educational Psychologist
L. F. Mills, B.Sc., B.Ed., Ph.D.

Psychiatrist
W. Hinds, M.B., B.S., D.P.M., F.R.S.M. (part-time) (Resigned 30.6.56).
L. W. Robinson, M.B., Ch.B., D.P.M. (part-time) (from 1.10.56).

Social Worker
Mrs. C. M. Ruddock (from 1.5.56).

Teacher of Classes for Children who Experience Hearing Difficulties
Mrs. Muriel Shepherd (Resigned 31.12.56)

Superintendent Health Visitor/School Nurse
Miss E. Winch, 1a, 2, 3, 4.

Health Visitors/School Nurses

Mrs. E. Allan, 1a, 2, 3.
Miss M. Wilkinson, 1a, 2, 3 (from 1.8.56—31.12.56).
Miss D. Smith, 1a, 2, 3 (from 1.9.56).
Mrs. D. Barry, 1a, 1c, 2, 3, (from 12.11.56).

School Nurses

Miss D. M. Goodinson, 1a, 2.
Mrs. L. Wade, 1a, 1b (Resigned 30.4.56).
Mrs. D. Young, 1a, 1c.
Mrs. J. M. Hopps, 1a, 2 (from 9.1.56—31.3.56).

Clerks

Miss A. C. Smith (Senior Clerk).
Miss P. Harris.
Miss M. Langhorne.
Miss M. Stobart.
Miss M. Allen.

1. State Registered Nurse :—(a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Society for the Promotion of Health.
4. Nursing Administration Certificate of the Royal College of Nursing.

School Population

2 - 5 years	465
5 years and over	12,935
Total ...	13,400

School Meals and Milk

1,046,789 meals were distributed to school children, of these 62,623 were provided free. The average number of meals distributed per day was 5,287.

2,163,441 bottles of milk were supplied.

Immunisation Against Diphtheria

231 children completed a full course of immunisation and 427 were given re-inforcing injections.

Work of School Nurses

The Nurses paid 484 surprise visits to the schools where they discovered 730 cases where nits were present in the hair. Live vermin were found on 17 occasions. At the end of the year 313 children remained with nits and though several had shown improvement, there remains a hard core where reinfestation from other members of the family outside the range of the School Health Service continuously occurs and the tendency to relapse remains very great. Any child infested with pediculosis and needing urgent treatment would be dealt with at the School Clinic but no cases of body vermin were reported.

1,065 home visits were paid in respect of follow-up from medical inspection, cleanliness and infectious diseases. Co-operation between nurses and parents is well maintained.

184 children who had been in contact with infectious diseases were seen in school.

8,490 examinations were carried out in Nursery Schools and Classes. Treatments were done when necessary and heights and weights of children regularly taken.

Infectious Diseases and Deaths amongst School Children

	Cases	Deaths
Whooping Cough	71	—
Scarlet Fever	30	—
Measles	14	—
Sonnei Dysentery	1	—
Paralytic Poliomyelitis	5	—
Non-Paralytic Poliomyelitis ...	2	—
Erysipelas	1	—
Food Poisoning	1	—

The following Deaths amongst School Children were from Causes other than Infectious Diseases.

Metachromatic Leuco-encephalopathy ...	1
Endocardial Fibro-elastosis	1
Extra dural Haemorrhage due to head injury	1
Cerebral Tumour	2

SCHOOL MEALS SERVICE—Specimen Menus

Monday
Cornish Pasty, Gravy, Mashed Potatoes, Cabbage. Sago Pudding and Jam.

Tuesday
Meat and Vegetable Casserole, Cabbage, Potatoes. Steamed Eve's Pudding and White Sauce.

Wednesday
Roast Beef, Onion Pudding, Gravy, Potatoes, Peas and Turnip. Swiss Currant Tart and Custard.

Thursday
Minced Meat and Bacon Pasty, Braised Carrots, Potatoes, Gravy. Stewed Prunes and Semolina.

Friday
R.C's.—Soup, Bread, Cheese and Onion Pasty, Potatoes, Salad and Salad Dressing. Sweet Biscuit.

Remainder
Soup, Bread, Boiled Bacon, Potatoes, Salad—Beetroot, Cabbage, Carrot, Turnip, Salad Dressing. Sweet Biscuit.

Monday
Baked Mince and Dumplings, Potatoes, Braised Carrots. Milk Pudding and Jam.

Tuesday
Corned Beef, Salad—Cabbage, Beetroot, Carrot and Cheese, Salad Dressing. Baked Sponge—Jam and Coconut Custard.

Wednesday
Steak and Kidney Pie, Cabbage, Potatoes, Gravy. Stewed Apple and Custard.

Thursday
Roast Beef, Yorkshire Pudding, Potatoes, Mashed Turnip, Gravy. Iced Mincemeat Tart (open) and Custard.

Friday
R.C's.—Fried or Baked Fish, Parsley Sauce, Peas, Creamed Potatoes.

Remainder
Baked Sausage, Peas, Creamed Potatoes, Gravy. Steamed Sultana Sponge and Custard.

MINOR AILMENTS CLINIC

The Minor Ailments Clinic is held on Monday, Wednesday and Friday afternoons at 3.30 p.m., at the School Health Department, Feethams.

The number of attendances for treatment and advice during the year was 4,157.

The terms of reference of this Clinic are rather wider than minor ailments alone, which represent a wide range of relatively trivial disorders, such as skin infections, foreign bodies and the effects of slight injuries which can often be dealt with by the Nurse in attendance without reference to the Medical Officer. Dr. McGarrity is, however, at the Clinic on Wednesday and Friday afternoons, when she is available to see such cases as may be referred by the Nurse and also to give more detailed examination and advice to children referred to her from the schools or observed by her at medical inspections, who for one reason or another may need longer investigation than is possible on such occasions. Examination for the completion of Ministry of Education Forms 4HP are for instance carried out at such sessions along with much else. Examinations for Form 2HP are undertaken by special appointment on Tuesday afternoons.

Incidence of Ringworm

In 1956 there were 6 cases of ringworm (body) treated as compared with 10 cases in 1955.

SPECIAL SCHOOLS

Open Air School Nurse's Report

There were 91 children in attendance at the Open Air School at the end of December, 1956. The types of cases are very much the same as in the previous year, there being 22 physically handicapped, 1 epileptic and 68 delicate. They are enumerated as follows :—

Convalescence following Pulmonary Tuberculosis and Dactylitis	1
Convalescence following Pulmonary Tuberculosis	2
Convalescence following Pneumonia	1
Convalescence following Tuberculous Meningitis	3
Healed Right Perthes Disease	1
Healed Tuberculous Hip	2
Healed Tuberculous Spine	1
Still's Disease	1
Healed Osteitis Left Knee	1
Bronchiectasis	4
Bronchitis	3
Asthma	10
Observation Chest	3
Observation Primary T.B. Infection of Lung	1
T.B. Contacts	2
Observation Chest and Kidneys	1
Epilepsy	1
Infantile Eczema and Debility	2
Chorea	1
General Debility	23
Heart Diseases	5
Rheumatism	2
Cervical Adenitis	1
Nervous Debility	5
Congenital Paralysis Right Foot	1
Muscular Dystrophy	1
Spina Bifida	2

Spastic Paralysis	4
Old Poliomyelitis	2
Scoliosis	2
Observation Tuberculous Abdominal Glands	1
Anæmia	1

The standard of cleanliness and clothing is good with the exception of three children. Considerable improvement is effected in these cases with the help of showers.

Ultra Violet Light. This treatment has continued for both Open Air and other children, 478 treatments being given in the course of the year. Special attention has been given to children with asthma who appear to have derived a considerable amount of benefit.

Vitamins and Other Treatment. On arrival at school, the children are given a warm drink of cocoa in the winter, this being substituted for milk in the summer. During the first six months of the year cod liver oil was given ; this was then changed to a daily dose of minadex for all children. Those in need of extra vitamins or iron, were also given fersolate and/or adexocal.

Shower Baths. These are given daily after outdoor games and physical education. As usual in some cases, fortunately in the minority, they have to take the place of the daily bath.

Minor Ailments. The Minor Ailments Clinic is held every morning, an average of 150 cases being dealt with per month.

Types of ailments dealt with are :—multiple abrasions, septic conditions, sprains, sores, boils, cellulitis of hand, infantile eczema, otorrhoea, impetigo, eye complaints and minor burns. Two of the children have chest exercises twice a day, followed by postural drainage.

We have procured fourteen pillows and these are given to the children who have difficulty in breathing when resting after lunch.

The Mass Miniature Radiography Unit has played its part as in previous years, each child being X-Rayed yearly. We had three children re-called in 1956, the outcome in each case proving satisfactory.

The children are weighed once a fortnight, so ensuring a close watch on their physical progress.

Barnard School for Educationally Sub-Normal Pupils

At the end of the year, 55 children were in attendance. During the year 14 were newly admitted and 17 left. Of those leaving, 5 left on attaining 16 years of age, 5 were allowed to leave at 15 years to take up employment, 1 removed to another authority, 1 was allowed to return to an ordinary school, 1 was transferred to a residential school and 4 were withdrawn and notified to the Local Authority as ineducable.

59 routine, 27 special and 3 re-inspections were carried out.

Nursery Schools and Classes

256 routine inspections were carried out in the above schools. 95.7% were classified as Nutrition 'S' (Satisfactory) and 4.3% as 'U' (Unsatisfactory).

65 special and 18 re-inspections were also seen.

Miscellaneous Examinations

208 teachers, clerks and others were examined and certified fit to commence duty, to enter training college, or to return to duty after prolonged illness.

281 children were examined and certified fit to take up part-time employment or to take part in entertainment.

CHILDREN ADMITTED TO HOSPITAL

Diseases of the Ear, Nose and Throat	
Removal of Tonsils and Adenoids	136
Otitis Media and mastoid infections	11
Treatment of sinusitis	26
Treatment of other conditions	12
Diseases of the Eye	
Operative correction of squint	5
Other conditions, including injuries	5
Acute Surgery	
Acute appendicitis	59
Osteomyelitis and osteo-chondritis	5
Other acute conditions, including suppuration	9
Injuries	
Burns and scalds	4
Fractures	20
Other injuries	57
" Cold " Surgical Conditions	
Various orthopædic procedures	13
Repair of hernia	6
Circumcision	6
Suspected tuberculous spine	2
Excision of tuberculous glands	1
Other surgical investigations and treatment	11
Dental operations	2
Surgical conditions of skin	4
Specific Infectious Diseases	
Scarlet fever and streptococcal tonsillitis	7
Rubella	2
Pertussis	2
Poliomyelitis	7
Non-tuberculous meningitis	3
Others, including pneumonia	7
Various Medical Conditions	
Diabetes mellitus	3
Gastro-intestinal disorders	6
Rheumatism, including chorea	3
Investigation and observation	12
Accidental poisoning	3
Other conditions	15

HANDICAPPED CHILDREN

Blind and Partially Sighted. 2 are in Residential Special Schools and 1 is awaiting admission.

Deaf, Partially Deaf and Defective Hearing. 4 are in Residential Special Schools, 3 travel daily to Middlesbrough School for the Deaf, 1 is in attendance at an ordinary school with a hearing aid and 65 attended special classes for lip reading.

Delicate. 65 are in attendance at the Open Air School, 4 are in Sanatoria, 3 are excluded from school attendance, 1 is in hospital and 29 are in attendance at ordinary schools.

Physically Handicapped. 5 are in Residential Special Schools, 4 are in Orthopædic Hospitals, 19 are in attendance at the Open Air School, 6 are excluded from school attendance, of whom 1 is receiving home tuition, and 35 are educated in ordinary schools.

Educationally Subnormal. 8 are in Residential Special Schools and 1 is awaiting admission, 50 are in attendance at the Barnard School and 4 are awaiting admission, and 1 is at home receiving home tuition.

Epilepsy. 1 is at the Open Air School and 6 are in ordinary schools.

Maladjusted. 4 are in Residential Special Schools and 1 is awaiting admission.

Multiple Defects. 5 are in the Barnard School, 6 at the Open Air School and 1 is awaiting admission to a Residential Special School.

OPHTHALMIC CLINIC

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

This Clinic was conducted on similar lines to previous years. During the year 475 children were refracted, 388 of these requiring spectacles : 39 had squints of which 5 had treatment with occlusion of the better eye : 5 cases were referred to the Ophthalmic Surgeon at the Memorial Hospital, operation being required in two of them.

The children with defective vision at eight years, found by routine test, were again among those seen.

Cases of conjunctivitis, blepharitis, styes and other external eye conditions were also treated.

The Ophthalmic Clinic is held weekly on Thursday morning and afternoon.

DENTAL REPORT

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

This year it has been found possible to begin orthodontic work. Mr. McAra has had a great deal of experience of this in private practice and has undertaken the work in the Dental Clinic, with very satisfactory results.

Some of these cases can be treated by dissecting out a persistent fraenum, or by judicious extractions, when the irregularity will right itself. Other cases have to be treated with appliances. These require a great deal of time and patience on the part of the dentist and absolute co-operation on the part of the parent and child. 24 pupils were fitted with appliances. Three were completed during the year, two were discontinued owing to pupils failing to attend. The remainder, which showed marked improvement, were carried forward to next year.

The making of these appliances has been contracted out to Mr. Eastwood, who has shown a high standard of skill in doing this work.

The routine work has been carried out in the usual manner, schools being visited in rotation for inspections. It is gratifying to note that 95% of pupils for whom treatment has been recommended have attended for that treatment.

My thanks are again due to Mr. McAra, Miss Langhorne and Miss Allen for their whole-hearted co-operation.

CHILD GUIDANCE

The Educational Psychologist, Dr. L. F. Mills, reports as follows :—

1. Establishment and Present staff

Consultant Psychiatrist, Dr. L. W. Robinson, M.B., Ch.B., D.P.M.
Educational Psychologist, Dr. L. F. Mills, B.Sc., B.Ed., Ph.D.
Psychiatric Social Worker, Mrs. C. M. Ruddock, A.M.I.A.
Secretary, Miss M. M. Frost.

At the end of June, Dr. W. Hinds, our consultant psychiatrist since 1948, who had some months earlier announced his appointment to a new post in Devon, completed his last session in the Clinic. His work in child guidance earned him many friends in Darlington and he went to his new work in the South-West with our sincere good wishes for continued happiness and success.

We welcomed Dr. L. W. Robinson as our new consultant psychiatrist on 1st October.

We commenced this year without the services of a social worker, as mentioned in last year's report and it was not until 1st May, 1956, that we obtained the services of Mrs. C. M. Ruddock.
Dr. L. F. Mills continued as educational psychologist and Miss M. M. Frost, as secretary.

2. Case Work

TABLE I

Year Ending	No. of Cases opened			No. of interviews with Children	No. of interviews with Parents
	Boys	Girls	Total		
31-12-56 ...	86	58	144	1131	876
31-12-55 ...	76	52	128	1294	929

TABLE II

Waiting List Position

Year Ending	Awaiting Initial Investigation	Initial Investigation Completed but Awaiting Treatment
31-12-56	6	4
31-12-55	4	4

During the year it can be said that the Clinic case team, comprising psychiatrist, psychologist and psychiatric social worker, was at full strength for only 5 of the 12 months. From January to April, we were without a P.S.W. and from July to September, without a psychiatrist. These staff deficiencies, particularly that of the psychiatrist, account for the drop in interviews with children during the year. It must be pointed out, however, that the numbers of interviews with either children or parents cannot be taken as a measure of the therapeutic effectiveness of the Clinic.

We are pleased once again to have to report that there was virtually no waiting list at the end of the year.

3. Sources of Referrals during 1956 compared with 1955

TABLE III

	1955	1956
Schools	42	44
School Medical Service	34	39
Parents	19	20
Family Doctors	7	12
Education Authority	19	24
Probation Officers	1	—
Youth Employment Officer	2	1
Residential Children's Homes	1	1
Hearing Clinic	3	—
Consultant Physician	—	1
Juvenile Bench	—	2
Totals ...	128	144

The number of referrals from all sources in Darlington show a significant increase during the year (12%). This is not to be taken necessarily as indicating an increase in child problems generally, but rather perhaps that

more persons during the period were prepared to seek our aid. The greater numbers are, therefore, pleasing as they suggest an increasing confidence in the Clinic. It has always been our policy to publicise tactfully the work of the Child Guidance Clinic and this was done during 1956 as in previous years whenever possible, and especially at talks given to parent-teacher associations of the various schools and to other bodies interested in or dealing with social service. It is likely, therefore, that the increase in the number of referrals by family doctors, which was particularly gratifying, was not unconnected with the fact that a talk on the work of the Clinic was given to our local medical men.

4. Causes of Referral

The six headings under which the referrals in 1956 are grouped are those suggested in the " Report of the Committee on Maladjusted Children " (S.O. 1955). A few words are given below in brief explanation of each of the headings but further information and perusal of the report itself is strongly recommended.

(i) Nervous Disorders

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders falls into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness and who dread going to school.

(ii) Habit Disorders

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

(iii) Behaviour Disorders

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour, romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

(iv) Organic Disorders

Whereas the disorders described above are in general physical expressions or symptoms of nervous tension, in this category the symptons are produced either by some physical defect or by physical changes, usually in the brain or spinal chord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are almost always under medical surveillance.

(v) **Psychotic Behaviour**

This might be simply and comprehensively described as conduct which is so profoundly disturbed that disruption of the normal patterns of development takes place at all levels, intellectual, social and emotional. Such children are often described as living in a world of their own. They fail to achieve normal relationships with other people or things and are thus often remote, solitary, incontinent, sleepless, unoccupied and ineducable. Fortunately few children fall into this category and over the last few years only one child seen at Darlington could be said to show some of the symptoms described above.

(vi) **Educational and Vocational Difficulties**

This category concerns mainly the cases referred for lack of educational progress where the cause appeared to be low intelligence and where the educational retardation was sufficient to warrant a decision being made with regard to special education. Also placed in this category were the cases referred for general educational and vocational advice.

Causes of Referral in 1956—TABLE IV

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational Vocational (vi)	Totals
Boys ...	8	10	28	—	—	36	82
Girls ...	9	7	19	—	—	27	62
Totals	17	17	47	—	—	63	144

In the " Educational and Vocational " category, 30 of the children were referred on Form 3 H.P. as cases of severe educational retardation. Of these children 12 were recommended for special school education, 5 were found to be ineducable and 1 (also ineducable) was recommended for institutional care.

The " Educational and Vocational " referrals increased as compared with 1955, and in the other categories, " Behaviour " remained the same, while " Habit " and " Nervous " were somewhat reduced. The 17 " Habit " referrals were all cases of enuresis.

5. Action Taken on 1956 Referrals

The action taken is quite simply categorised under two headings as follows :

(i) **Advice**

This is generally a report of assessment to the C.E.O., the head teacher, parent or other person seeking information, together with a recommendation as to a course of action considered desirable. The recommendation may for instance be concerned with the type of schooling or even the type of employment considered most appropriate.

(ii) **Treatment**

This category refers mainly to psychiatric treatment though a few children who attend regularly for remedial coaching in reading by the psychologist are included under this heading. Psychiatric treatment is entirely the province of the psychiatrist who interviews at regular intervals all children requiring such treatment. As maladjustment in its various forms almost always concerns the child/parent relationship, the success of the treatment very often depends on having the co-operation and understanding of the parent and while the child is with the psychiatrist the social worker, under the psychiatrist's direction, is at work with the parent. The social worker's interviews with parents are normally carried out in the Clinic but where difficulties are encountered, home visits are also carried out.

TABLE V

	Closed in 1956	Carried forward into 1957	Totals
Advice	63	13	76
Treatment ...	14	54	68
Totals ...	77	67	144

The important figures in the above table are those relating to treatment which normally means regular attendance at the Clinic over a period rarely less than 12 months. It is to be expected, therefore, that most of the 1956 referrals requiring treatment should continue into 1957. Cases requiring advice need only 2 or 3 visits to the Clinic and the fact that 13 such cases were carried over into 1957, means only that they were referred just before the end of 1956.

The treatment figures are little different from those shown in last year's table but the referrals requiring advice increased by nearly one third.

6. Treatment Situation in 1956

The successful outcome of any case dealt with by the Clinic depends on an attitude of mutual co-operation between Clinic Staff on the one hand and child and parents on the other. This is particularly true when treatment over a protracted period is considered necessary, and although it is the Clinic policy to persevere with a treatment case until a satisfactory resolution of the problem is achieved, it is not always possible to do so. Factors beyond Clinic control intervene and cases have reluctantly to be closed. In 1956 the proportion of treatment cases which had to be closed before being brought to a successful outcome rose to 11% (7% in 1955). This increase is due to the fact that Dr. Hinds just prior to his departure closed a number of cases which had really been unprofitable from the treatment point of view for a long time, but which he had been reluctant to close previously.

TABLE VI

	Cases Closed		Continuing to 1957	Totals
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Opened in 1956 ...	9	5	54	68
Brought forward from previous years	60	14	30	104
Totals ...	69	19*	84	172

* 1 left district ; 18 non-co-operation parents.

7. Work Done in Schools

This section of the work of the Clinic devolves entirely upon the Educational Psychologist and consists of visits to check on the progress and behaviour at school of numerous children attending for treatment at the Clinic, the assessment of intellectual and educational levels at the request of Head Teachers, talks to parent-teacher associations and visits to various educational and social functions connected with individual schools.
During the year the services of the educational psychologist were much in demand, and full mental and educational testing was carried out on school premises and detailed reports provided for the guidance of head and class teachers in the case of 161 children (84 in 1955).

8. Research

During the year what is thought to be an improved selection method for the 11+ grading examination was developed. The new method will be put into operation in the examination to be held in 1957.

Some work has also been done with the Moray House Space Test which for some years has been used in the battery of tests given to the children at the 13+ level. It was designed in the belief that it would aid in the selection of those best fitted for a technical education, but whether it actually does so is a matter for speculation. A definite recommendation about the future use of the test will be given shortly.

9. N.A.M.H. Conference

The conference in 1956 was held on the 12th and 13th April, at Harrogate, and Dr. Mills attended as the representative from Darlington. The papers given by a number of eminent persons covered the general topic of " Mental Health and Personal Responsibility," and in general attendance at the conference was a stimulating and invigorating experience. In 1957 the conference will be held in London and the topic will be, " Maladjustment in Children."

10. Conclusion

In conclusion it only remains to thank the Chief Education Officer and his staff, the School Medical Officer, Head Teachers, and the various school services caring for children in Darlington, for their continued support and co-operation which has contributed much to the completion of another successful year's work.

PARTIALLY DEAF CHILDREN

Mrs. Muriel Shepherd, Teacher of the Partially Deaf, reports as follows :—

Table to show types of cases dealt with

Total Number tested	Severely deaf	Hearing Defect requiring Speech and L.R.	Hearing Defect requiring L.R. only	Speech Defect requiring training	No training required
201	2	38	25	74	62

It may be noted that the total number of children tested this year is less than that of previous years. There are two reasons for this, first there has not been any Gramophone Audiometric Testing for some time now and in consequence some children may have escaped referral in this way, and secondly a little more time was given to actual teaching in an effort to reduce the numbers on the waiting list. The result is that now there is no waiting list but an urgent need for a new Audiometric Testing to take place.

Severely Deaf Children

Both the children mentioned show exceptional promise in speech development and it is therefore hoped that places will be found for them in Schools for the Deaf, so that there shall be no break in their training.

Deaf and Partially Deaf Pre-School Children

Whilst it has always been the practice of this department to discover deaf and partially deaf children at as early an age as possible, there have been many instances when such children have not been referred here until they were five years of age. This age is considered much too late to begin successful training of speech on a severely deafened child. After discussion with the Medical Officer of Health, it was suggested and agreed that he notify the General Practitioners of the district that facilities for testing young children were available, and that all Health Visitors be asked to submit the names of deafened parents with young children.

After-School Care

The Darlington Lip-Readers' Club and the Adult Lip-Reading Classes continue to absorb many of the children when they leave school, and both have shown very satisfactory results during the past year.

REPORT ON PHYSICAL EDUCATION, 1956

Primary Schools

New methods of teaching physical education have now been adopted by most schools and experimental teaching has been undertaken by teachers who attended a short course in Beaumont Street School in April and May. Several of these teachers gave demonstration lessons with their own classes at the end of the summer term, which were well attended by the staffs of other schools.

Additional agility apparatus has been supplied to many Primary Schools, mostly in units which are fully interchangeable with existing pieces to provide assemblies of different heights and varying difficulty.

Secondary Schools

Gymnastics in the Secondary Schools is at present of a more formal nature as dictated by the traditional type of equipment in the gymnasia. An attempt has been made in the Girls' Schools to follow through the primary school experimental method with the first year entrants. Two films were shown in November in Gladstone Street School, illustrating work in a new Girls' Secondary Modern School and in a Woman's Training College. These films aroused considerable interest and have given additional incentives to the experimental work in progress.

Special Schools

At Salters Lane Open Air School the new climbing apparatus has been supplemented and continues to be a source of great satisfaction to the children, whilst at Barnard School the provision of blue cotton blouses and neat short skirts, has encouraged the older girls to take a more active part in lessons. Additional high apparatus has catered for older boys.

Boys and Girls at Barnard School have made up a small class at the Swimming Baths throughout the summer and all have made good progress.

School Swimming

Figures available for the last complete swimming year, show that 70,033 attendances were made by Darlington school children during school hours, an increase of 5,591 over the preceding year. This increase is partly due to the entry of two further Primary Schools into the Scheme, but mainly due to the arrival of the " bulge " in the first year of the Secondary Modern Schools.

Swimming throughout the year is theoretically a compulsory subject for all medically fit pupils in the four boys' Secondary Modern Schools and the Technical School, although in practice there is a slight falling off in numbers during the winter months. In the Girls' Schools, attendance figures are high in the Summer when the Subject is organised as a class activity, but attendance drops to less than half the Summer level in Winter, and is occasionally discontinued altogether in February.

A steady rise in Secondary School attendance figures is to be expected for the next four or five years, and is likely to present some difficulties in time tabling at the Baths. At present it is possible for every boy and girl from the age of 12 to attend organised swimming instruction during school hours at some time of the year.

The Examinations of the Royal Life Saving Society continue to provide a worth while incentive to older pupils and awards for the year are as follows :—

19 Intermediate Certificates.
24 Bronze Crosses.
8 Bars to Bronze Cross.
56 Bronze Medals.
15 Bars to Bronze Medal.
1 Scholar-Instructor's Certificate.

Athletics

Interest in school athletics continues to grow as facilities improve. Two further sandpits were provided for jumping events and many schools introduced hurdling and throwing events into their coaching schemes.

Training runs in the winter in preparation for inter-school cross-country events have been a regular part of the boys' programmes.

All Sports Meetings suffered in the poor Summer of 1956, and their programmes were carried through in appalling weather. The Secondary Inter-Schools Meeting finished in a thunderstorm, the Inter Youth Club Meeting at Feethams Cricket Ground, suffered a steady drizzle throughout and the Primary Inter Schools Sports were postponed altogether, but had fine conditions eventually.

It is open to question whether the big formal athletic occasions are truly suitable for school children who rarely do themselves justice in the excitement of public competition. When, in addition, postponement or cancellation would involve the organisers in financial loss, events are too often carried out on slippery surfaces and resulting times and distances fall below expectations. There is a good deal to be said for a return to an informal and friendly kind of competition in both games and athletics.

APPENDIX TABLES

TABLE I. Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

A. PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected :—

Entrants	1,116
10—11 years	1,079
Leavers	964
Total ...	3,159
Additional Periodic Inspections	197
Grand Total ...	**3,356**

B. OTHER INSPECTIONS

Special Inspections	1,226
Re-Inspections	170
Total ...	1,396

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table III. (3)	Total individual pupils. (4)
Entrants	2	90	91
10—11 years	71	83	150
Leavers	67	33	95
Total	140	206	336
Additional Periodic Inspections...	24	118	122
Grand Total	164	324	458

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	Satisfactory No. (3)	Satisfactory % of Col. 2 (4)	Unsatisfactory No. (5)	Unsatisfactory % of Col. 2 (6)
Entrants	1,116	1,090	97.7	26	2.3
10—11 years	1,079	1,072	99.4	7	0.6
Leavers	964	959	99.5	5	0.5
Additional Periodic Inspections ...	197	167	84.8	30	15.2
Total ...	3,356	3,288	98.	68	2.0

TABLE II. Infestation with Vermin

(i)	Examinations in the schools by the school nurses or other authorised persons	30,322
(ii)	Individual pupils found to be infested ...	730
(iii)	Individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv)	Individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE III. Return of Defects found by Medical Inspection

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections: Entrants Requiring treatment (3)	Periodic Inspections: Entrants Requiring observat'n (4)	Periodic Inspections: Leavers Requiring treatment (5)	Periodic Inspections: Leavers Requiring observat'n (6)	Total (including all other age groups inspected) Requiring treatment (7)	Total (including all other age groups inspected) Requiring observat'n (8)
4	Skin ...	6	3	2	—	20	5
5	Eyes—						
	a. Vision ...	2	1	67	2	164	7
	b. Squint ...	20	5	2	—	27	7
	c. Other ...	4	1	2	—	20	1
6	Ears—						
	a. Hearing	1	4	—	3	3	18
	b. Otitis Media	2	1	1	—	4	1
	c. Other ...	1	1	2	—	7	4
7	Nose and Throat ...	24	50	3	—	40	84
8	Speech ...	1	15	—	—	7	20
9	Lymphatic Glands ...	1	8	—	—	4	13
10	Heart ...	8	2	5	5	29	10
11	Lungs ...	7	10	—	1	43	20
12	Developmental						
	a. Hernia ...	3	3	—	—	3	4
	b. Other ...	—	—	—	—	—	1
13	Orthopædic						
	a. Posture	—	5	—	—	—	6
	b. Feet ...	1	11	—	1	1	33
	c. Other ...	6	8	5	1	39	15
14	Nervous System						
	a. Epilepsy	2	—	—	—	3	—
	b. Other ...	—	1	—	—	6	2
15	Pyschological						
	a. Development ...	—	—	6	—	59	3
	b. Stability	3	18	—	—	8	24
16	Abdomen ...	—	1	—	—	3	1
17	Other ...	3	6	7	—	45	7

TABLE IIIB. Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	16	5
5	Eyes a. Vision	21	2
	b. Squint	17	3
	c. Other	13	3
6	Ears a. Hearing ...	6	1
	b. Otitis Media	4	—
	c. Other ...	27	—
7	Nose and Throat ...	27	45
8	Speech	12	22
9	Lymphatic Glands ...	1	1
10	Heart	29	14
11	Lungs	31	17
12	Developmental		
	a. Hernia ...	—	—
	b. Other ...	3	7
13	Orthopædic		
	a. Posture ...	—	1
	b. Feet ...	5	38
	c. Other ...	24	14
14	Nervous System		
	a. Epilepsy ...	2	3
	b. Other ...	3	2
15	Psychological		
	a. Development	45	10
	b. Stability ...	28	37
16	Abdomen	5	—
17	Other	138	28

TABLE IV. Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

GROUP 1. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	39	5
Errors of refraction (including squint) ...	475	—
Total ...	514	5
Number of pupils for whom spectacles were prescribed	388	—

GROUP 2. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated.	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	11
(b) for adenoids and chronic tonsillitis ...	—	136
(c) for other nose and throat conditions ...	—	52
Received other forms of treatment	55	
Total ...	55	199
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	2	1
(b) in previous years	2	2

GROUP 3. Orthopædic and Postural Defects.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	—	42

GROUP 4. Diseases of the Skin (excluding uncleanliness for which see Table 11).

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	6
Scabies	1
Impetigo	18
Other skin diseases	29
Total ...	54

GROUP 5. Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	277

GROUP 6. Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	10

GROUP 7. Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	620
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination ...	416
(d) Other than (a), (b) and (c) above (specify)	—
Total ...	1,036

TABLE V. Dental Inspection and Treatment Carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers :—		
	(a) Periodic		2,956
	(b) Specials		606
		Total (1) ...	3,562
(2)	Number found to require treatment		1,889
(3)	Number offered treatment		1,889
(4)	Number actually treated		1,801
(5)	Number of attendances made by pupils for treatment, including those recorded at heading II (h)		3,545
(6)	Half days devoted to :		
	Periodic (School) Inspection		29
	Treatment		570
		Total (6) ...	599
(7)	Fillings :—Permanent Teeth		1,849
	Temporary Teeth		—
		Total (7) ...	1,849

(8)	Number of teeth filled :—Permanent Teeth ...		1,849
	Temporary Teeth ...		—
	Total (8) ...		1,849
(9)	Extractions :—Permanent Teeth		747
	Temporary Teeth		1,679
	Total (9) ...		2,426
(10)	Administration of general anæsthetics for extraction		964
(11)	Orthodontics :—		
	(a) Cases commenced during the year		45
	(b) Cases carried forward from previous year...		—
	(c) Cases completed during the year		24
	(d) Cases discontinued during the year		2
	(e) Pupils treated with appliances		24
	(f) Removal appliances fitted		27
	(g) Fixed appliances fitted		—
	(h) Total attendances		308
(12)	Number of pupils supplied with artificial dentures		—
(13)	Other operations :—Permanent Teeth		505
	Temporary Teeth		—
	Total (13) ...		505