

[Report 1957] / Medical Officer of Health, Darlington County Borough.

Contributors

Darlington (England). County Borough Council.

Publication/Creation

1957

Persistent URL

<https://wellcomecollection.org/works/ww34ryuz>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

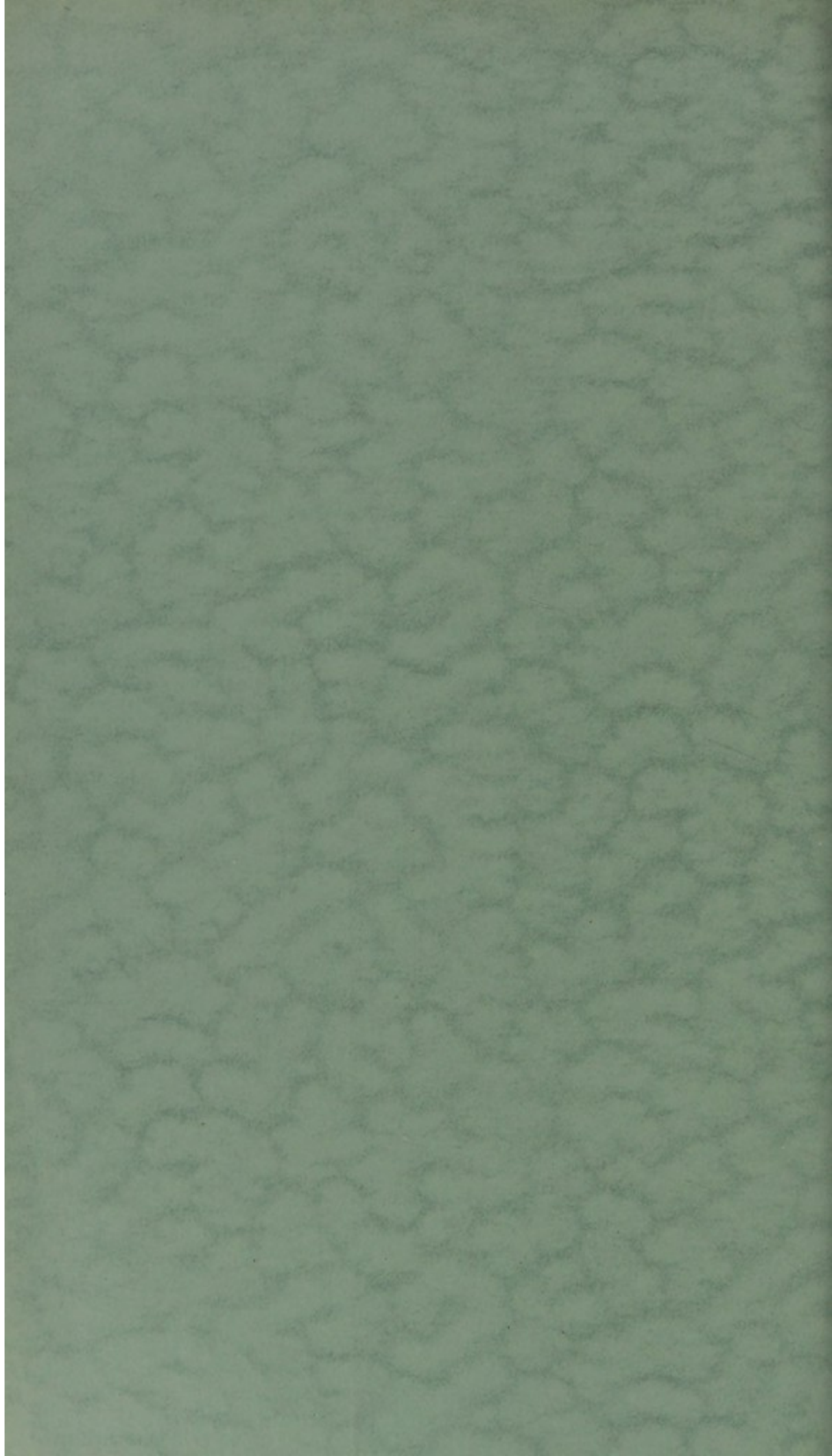
PRINCIPAL SCHOOL MEDICAL OFFICER

1957

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

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER





County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1957

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

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

CONTENTS.

	PAGE
Introductory Letter	4
Health Committee	8
Staff	8
Part I—Vital Statistics	10
Part II—Prevalence and Control over Infectious Diseases—	
§ 1. General	18
§ 2. Tuberculosis and Mass Radiography	22
Part III—National Health Service Act, 1946—	
§ 1. Care of Mothers and Young Children (Section 22)—	
(a) Expectant and Nursing Mothers	30
(b) Child Welfare	30
(c) Care of Premature Infants	31
(d) Supply of Dried Milks, etc.... ..	31
(e) Dental Care	32
(f) Care of Unmarried Mothers and their Children ...	32
§ 2. Domiciliary Midwifery (Section 23)	33
§ 3. Health Visiting (Section 24)... ..	35
§ 4. Home Nursing (Section 25)	36
§ 5. Vaccination and Immunisation (Section 26)	40
§ 6. Ambulance Service (Section 27)	44
§ 7. Prevention of Illness, Care and After-Care (Section 28)...	44
§ 8. Domestic Help (Section 29)	48
§ 9. Mental Health Service (Section 51)	49
Part IV—National Assistance Act, 1948 (Part III)—	54
Part V—Growing Points—	
§ 1. Health Education	55
§ 2. Geriatrics	59
§ 3. Preservation of Family Life	62
§ 4. Accidents in the Home	64

Part VI—Other Services—

PAGE

§ 1. Housing	...	...	...	...	...	...	66
§ 2. Meteorology and Atmospheric Pollution	...	...	...	...	...	...	68
§ 3. Laboratory Service	...	...	...	...	...	...	71
§ 4. Medical Examinations	...	...	...	...	...	...	72
§ 5. Water Supply and Sewage Disposal	...	...	...	...	...	...	72
§ 6. Swimming Baths	...	...	...	...	...	...	74

Part VII—Sanitary Circumstances (Report of Chief Public Health Inspector)—

§ 1. Introductory Letter and Analysis of Inspections	...	...	...	...	...	...	76
§ 2. Living Accommodation	...	...	...	...	...	...	78
§ 3. Food Hygiene	...	...	...	...	...	...	82
§ 4. Production and Distribution of Milk	...	...	...	...	...	...	83
§ 5. Food and Drugs Act, 1938-1950	...	...	...	...	...	...	83
§ 6. Inspection of Meat and Other Foods	...	...	...	...	...	...	85
§ 7. Offensive Trades	...	...	...	...	...	...	87
§ 8. Rodent Control	...	...	...	...	...	...	88
§ 9. Miscellaneous Provisions	...	...	...	...	...	...	89

APPENDIX ON INFLUENZA	...	...	...	...	...	...	91
-----------------------	-----	-----	-----	-----	-----	-----	----

The Annual Report of the Principal School Medical Officer follows page	...	...	95
--	-----	-----	----

ANNUAL REPORT, 1957.

To the Chairman and Members
of the Health Committee.

Mr. Chairman, The Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1957, being my ninth since I became your Medical Officer of Health.

Vital statistics, which show another small decline in population of 100 people, indicate few changes from last year. More children were born, leading to a birth-rate of 15.5 (14.1), but also more people died, so that the death-rate was 12.5 (11.9). A comment in greater detail on vital statistics will be found after the first series of Tables. A contributing factor to the increase in death-rate was the influenza epidemic which broke out in the third quarter of the year and lingered on into December, and indeed subsequently. I have included an Appendix giving some further information about this outbreak, which reached its maximum incidence rather earlier than in the more Southern parts of the country; thus a centrally issued supply of vaccine to immunise key personnel against it arrived after the worst of the epidemic was over. Some of it was used, however, for doctors, nurses and others in close contact with the sick, in case a return or recrudescence of the disease occurred in the New Year. Otherwise, infectious diseases presented no particular problem and in this context I would merely remark that after the relatively bad figures for poliomyelitis in 1956 only one Darlington resident suffered from this malady in 1957. She fell ill in December, thus spoiling a 'nil return' by a few weeks.

Several administrative questions and problems arose during the year, upon which brief comment may be appropriate in this introductory letter. Elsewhere in the Report I have referred to the difficulties contingent upon the resignation of the Superintendent of the Midwives' Home in the summer, followed closely by the departure of the relief midwife, neither of which appointments were replaced before the end of the year. Actually the situation so developing gave occasion to explore in a practical manner the possibility of combining the office of Superintendent Midwife with that of Superintendent of the home nurses (Darlington Queen's Nurses' Association), a scheme foreshadowed in previous Reports, and a step towards the eventual direct control by the Council of the district nursing service. I should like in this letter to pay tribute to the splendid way in which your four domiciliary midwives rose to the occasion and maintained the service without any kind of prejudice to the women of Darlington. The incident was not,

however, without its casualties and the two pupil midwives who were, so to speak, left "in the air" by the departure of the Superintendent and the later closure of the midwives' home, suffered both in their studies and convenience.

At the very time when the hand of the Corporation was to some extent being forced by the developing situation to consider steps of amalgamation of the domiciliary midwives and nurses, another scheme was put forward through the Secretary of the Hospital Management Committee asking for the co-operation of the Council in a proposed Part II Training School to be established under its auspices, and an opportunity arose here in my opinion for a complete unification at executive level of the hospital and domiciliary aspects of the midwifery service, a consummation to the advantage of the people even if it meant that the hospital authority became the senior partner in administration. Owing to preoccupation with our own scheme, I think that the proposals put forward from the hospital received rather less consideration than was their due, but agreement was reached that facilities should be given to hospital-sponsored pupils with the Corporation midwives on the district.

By the end of 1957 the most vigorous growing point of all local health authority services throughout the country would seem by rights to be that devoted to mental health. This was consequent upon the publication of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, with its proposed radical changes in all aspects of policy and vastly greater responsibilities to be placed upon the local health authorities. Some of the projects foreshadowed in the Report are almost certain to be implemented and will mean additional premises and additional staff with tempting salaries and facilities for transport, etc., for the latter. I was glad that a car allowance was granted in the latter part of the year to the Duly Authorised Officer and his assistant, and hope that when it is reviewed it may be made much more liberal.

The health visitors were by the end of the year up to establishment, a pleasing matter for report though in my opinion the establishment is not large enough having regard to the extended commitments of health visitors, upon which I have included a further note in the appropriate place.

A public health inspector was appointed during the year to replace a vacancy from 1956, leaving one further vacancy in establishment under this heading. Having regard to the difficulties in finding suitable applicants it was hoped that the more senior of the two pupils, if successful in his qualifying examination, might be able to fill it in due course.

In January, 1958, I was instructed to make some enquiries with regard to establishment and personnel of other comparable Health Departments for a report on the matter to the Health Committee, and I obtained some figures relating to 31st December, 1957, from some sixteen County Boroughs with a population ranging from

70,000 to 100,000. These indicated that where office staff was concerned, this department is not badly circumstanced in respect of number, but I am of the opinion that greater opportunity to obtain seniority should be given, with of course appropriate salary inducement, and the office certainly needs another male clerk, whose post it has proved impossible to fill at the remuneration offered. As I have said before and have pleasure in repeating, successful administration hinges upon the efficiency of the clerical personnel. The work they perform may never attract outside attention and tends to be taken for granted by everyone, yet without it nothing can be achieved and chief officials with the mental calibre of Einstein would be completely useless to the Corporation.

The premises in which your department is housed remain as in previous years and I do not think I can add anything to my earlier descriptions of them and of the defects which, in spite of continued mending and patching, remain unremedied. As is a common experience with equipment of all kinds, a point comes when further repair is a waste of money and the only sound economic policy is to scrap the wornout article and buy a new one. This is the point that has been reached by the office accommodation of the Health Department. With regard to ante-natal and baby welfare centres, these continue also to be held in property not originally designed for them and for the most part inconvenient. Their defects are, however, somewhat less obvious than at the Health Department itself.

I should like to include a brief note on a matter which, while it was **sub judice** with the Council, I refrained from mentioning, the relationship of the Health and Welfare Departments. As you know, a few years ago some regard was paid to the possibility of amalgamating the two departments under the administrative control of the Medical Officer of Health, but last year the final decision of keeping them separate was taken and confirmed by the appointment of a new Chief Welfare Officer. From the point of view of interpersonal relations, no possible advantage could have been gained by an amalgamation, as these are already excellent and as medical adviser to the Welfare Department I have all the interest there that I could desire. As a matter of principle, however, I believe that the two departments are naturally one, that their spheres of influence overlap and that their combination under one Committee and one chief official is the correct solution. I repeat that this opinion is without reference to the actual state of affairs.

Lastly I should like to thank all my staff for their loyal and enthusiastic co-operation, proving once again that the element of vocation must enter into all aspects of the practice of medicine, whatever the qualification of its various functionaries.

I also would like to thank the Chairman, Vice-Chairman and Health Committee for their interest in the work of the department and I say this with entire sincerity in spite of the need for improvements indicated above. I am aware that all appreciate the range and quantity of the work done by the Health Department, of which

the following Report gives some account and which is very inadequately reflected by the Agenda of the monthly meeting of the Health Committee. The economic circumstances of the country in general prevent an easy or early solution to a good many of the problems I have outlined, but I am anxious that there should be no excuse for ignorance about their existence.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE.

(at 31st December, 1957).

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

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

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

Co-opted Member: Dr. A. Ingham.

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)	... J. J. Eisenberg, M.B., Ch.B.
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}
Public Health Inspectors	... A. F. Theakston ^{1 2} J. E. Harris ^{1 2} (from 1/4/57). E. B. Miller ^{1 2} P. J. Jemmeson ^{1 2}
Pupil Public Health Inspectors	... R. Kelly. K. Dixon
Housing Inspector	... S. R. Blackburn.
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} Miss F. E. Smith ^{4a 5 6} Mrs. M. Welsh ^{4a 5 6} (till 30/11/57).

Health Visitor/School Nurse	...	Mrs. E. Allan ^{4a 5 6} Miss D. Smith ^{4a 5 6} Mrs. D. Barry ^{4a 5 6} Miss G. Hordon ^{4a 5 6} (from 1/4/57 to 30/9/57).
Tuberculosis Health Visitor	...	Miss A. Thornton ^{4a 5 6}
Superintendent Midwife	...	Miss M. J. Gillespie ^{4a 5 8} (till 31/5/57).
District Midwives	...	Mrs. F. R. Hawley ⁵ Mrs. I. Wilson ⁵ Miss E. Shaw ⁵ Miss H. D. Allick ^{4a 5} (till 31/7/57). Mrs. O. M. Johnston ^{4a 5}
Chief Clerk and Petitioning Officer	...	Hugh R. Kirk.
Clerical Staff	...	I. Burnley (Senior Clerk). 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 A. Lumb. Miss M. Hipkiss. Miss C. Walker. Miss K. Glasper (from 9/9/57).
Mental Welfare Social Workers and Duly Authorised Officers	...	C. W. Price. S. McAulay.
Mental Welfare Social Workers	...	Mrs. J. Paxton. Mrs. M. Kirk (from 7/1/57).
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 Society for Health.
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, 1957)—83,260.

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

Percentage decrease on last census population—1.9%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1958) :—

(a) Dwelling houses	...	...	...	...	...	25,932
(b) Dwelling houses and shops	...	...	...	...	...	587
(c) Licensed premises	...	...	...	...	...	63
Total ...						<u>26,582</u>

Rateable value (at 31st March, 1958)—£1,132,676.

Sum represented by 1d. rate (at 31st March, 1958)—£4,505.

Birth rate per 1,000 population—15.5.

Death rate per 1,000 population—12.5.

Natural increase—243.

Infant mortality rate per 1,000 live births—32.6.

Neo-natal mortality rate per 1,000 live births—21.7.

Stillbirth rate per 1,000 births—30.1.

Deaths from notifiable infectious diseases (other than tuberculosis)—1.

Deaths from diarrhoea (under 2 years)—2.

Deaths from respiratory tuberculosis—12.

do. do. non-respiratory tuberculosis—2.

do. do. cancer—169.

do. do. circulatory diseases—474.

do. do. pneumonia and bronchitis—83.

do. do. violent causes—35.

Deaths under four weeks—27.

Maternal deaths—0.

Deaths of persons 65 years and over—64.5% of all deaths.

Deaths of persons 75 years and over—37.3% of all deaths.

Births and Deaths, 1957 :—

Live births—

Legitimate ... 1,235 (males—651 ; females—584).

Illegitimate ... 53 (males— 28 ; females— 25).

Stillbirths—40

Deaths—1,043 (Males—526 ; females—517).

Death Rate of Infants under One Year.

All infants per 1,000 live births ... 32.6

Legitimate infants per 1,000 legitimate live births ... 31.6

Illegitimate infants per 1,000 illegitimate live births ... 56.6

Neo-natal death-rate per 1,000 live births ... 21.7

Stillbirth rate per 1,000 births ... 30.1

Inquests held—38.

Uncertified deaths—43.

Deaths in institutions—359 (including 57 in institutions outside the Borough. This is equivalent to 34.4% of all deaths compared with 37.6% in 1956).

TABLE I.

Comparable Table of Vital Statistics, 1938—1957.

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
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
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.0

* 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	...	...	3	1	3	1	...	...	3	...	...	1	12	...	12
2 Tuberculosis, Other	...	...	...	...	...	...	1	...	...	...	...	...	1	1	2
3 Syphilitic disease	...	...	...	1	...	...	...	...	2	...	...	...	3	...	3
4 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
7 Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases	...	...	...	...	...	...	1	...	...	...	2	...	3	...	3
10 Malignant neoplasm, stomach	...	...	2	3	1	1	1	1	1	...	1	6	17	2	19
11 „ „lung, bronchus	3	3	4	6	...	3	1	4	1	6	4	35	4	39	39
12 „ „breast	2	...	1	1	...	1	1	...	3	...	5	14	...	14	14
13 „ „uterus	...	...	2	...	...	...	1	1	1	1	1	7	...	7	7
14 Other malignant and lymphatic neoplasms	8	4	3	8	14	5	3	7	5	10	11	78	12	90	90
15 Leukaemia, aleukaemia	...	...	...	...	...	...	...	...	1	...	...	1	...	1	1
16 Diabetes	3	1	1	...	1	...	...	2	1	...	...	9	1	10	10
17 Vascular lesions of nervous system	7	6	6	10	11	7	2	15	10	14	15	103	9	112	112
18 Coronary disease, angina	3	11	6	7	21	10	7	10	6	14	8	103	6	109	109
19 Hypertension with heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Other heart disease	7	3	9	2	14	14	7	7	9	16	16	104	6	110	110
21 Other circulatory disease	9	13	8	18	17	8	5	8	15	16	17	134	9	143	143
22 Influenza	...	3	...	4	...	1	1	3	1	1	3	17	...	17	17
23 Pneumonia	...	7	1	2	4	5	2	6	1	3	1	32	...	32	32
24 Bronchitis	2	4	1	7	6	5	3	11	2	2	6	49	2	51	51
25 Other diseases of respiratory system	...	...	1	...	...	...	1	3	...	2	...	7	...	7	7
26 Ulceration of the stomach or duodenum	1	...	1	2	...	1	...	...	1	...	...	6	2	8	8
27 Gastritis, enteritis, and diarrhoea	...	...	...	...	...	...	...	2	...	1	1	4	...	4	4
28 Nephritis and nephrosis	...	...	1	2	2	...	...	...	...	...	...	5	1	6	6
29 Hyperplasia of prostate	...	...	1	...	2	...	1	...	...	...	1	5	...	5	5
30 Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital malformations	1	...	1	...	1	1	2	1	...	...	1	8	1	9	9
32 Other defined and ill-defined diseases	22	21	19	25	14	15	9	11	14	11	25	186	8	194	194
33 Motor vehicle accidents	1	...	...	...	...	...	1	1	...	...	1	4	4	8	8
34 All other accidents	1	1	...	...	...	4	1	...	...	...	1	8	4	12	12
35 Suicide	...	1	2	3	...	1	...	1	...	3	2	13	2	15	15
36 Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	70	83	73	101	109	84	49	100	71	104	125	969	74	1043

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 ...	...	...	...	...	...	1	3	6	2
2 Tuberculosis, Other ...	...	...	...	...	...	1	1	...	...
3 Syphilitic disease ...	...	...	...	...	...	1	2	...	...
4 Diphtheria ...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections...	1	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases...	...	...	...	...	1	...	2	...	...
10 Malignant neoplasm, stomach...	...	...	...	...	...	1	7	8	3
11 „ „ lung, bronchus ...	...	...	...	...	...	2	15	17	5
12 „ „ breast ...	...	...	...	...	...	...	6	7	1
13 „ „ uterus ...	...	...	...	...	...	...	1	5	1
14 Other malignant and lymphatic neoplasms...	...	...	...	...	...	5	36	19	30
15 Leukaemia, aleukaemia ...	...	...	...	...	1	...	...	...	...
16 Diabetes ...	...	...	...	...	...	...	1	4	5
17 Vascular lesions of nervous system...	...	...	...	...	...	3	17	34	58
18 Coronary disease, angina ...	...	...	...	...	...	6	45	35	23
19 Hypertension with heart disease...	...	...	...	...	...	...	...	...	...
20 Other heart disease ...	...	...	...	1	3	3	24	27	52
21 Other circulatory disease...	...	...	...	...	...	...	39	46	58
22 Influenza ...	...	...	1	...	1	2	5	4	4
23 Pneumonia ...	8	1	1	...	...	...	7	6	9
24 Bronchitis ...	...	...	...	...	...	2	24	18	7
25 Other diseases of respiratory system...	...	...	...	...	...	1	1	3	2
26 Ulceration of the stomach or duodenum...	...	...	...	...	...	...	2	4	2
27 Gastritis, enteritis and diarrhoea...	2	...	...	...	...	...	...	1	1
28 Nephritis and nephrosis ...	...	...	...	...	...	...	3	2	1
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	2	3
30 Pregnancy, childbirth, abortion...	...	...	...	...	...	...	...	...	...
31 Congenital malformations	7	2	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases...	22	...	2	1	1	4	15	33	116
33 Motor vehicle accidents ...	...	...	...	1	...	4	1	1	1
34 All other accidents ...	1	...	...	1	1	3	1	...	5
35 Suicide ...	...	...	...	...	...	5	8	2	...
36 Homicide and operations of war...	...	...	...	...	...	...	...	...	...
TOTALS ...	41	3	4	4	8	44	266	284	389

TABLE IV.

1957 Cancer Deaths—Parts of Body Affected.

Parts Affected	under35		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	...	2	...	1.2
Gastro Intestinal	...	1	3	...	6	3	7	8	13	10	8	19	37	41	46.1
Genito Urinary	...	...	...	...	1	3	1	6	3	5	1	2	6	16	13.0
Breast	...	...	...	...	...	1	...	5	...	7	...	1	...	14	8.3
Bones	...	...	...	...	...	1	1	...	...	...	...	...	1	1	1.2
Glands	...	...	...	...	...	2	...	...	...	1	...	1	...	4	2.4
Thorax	...	...	2	...	7	1	6	1	13	4	5	...	33	6	23.1
Skin, etc.	...	...	...	1	...	...	...	1	...	...	...	1	...	3	1.8
Brain	...	...	1	...	...	...	3	...	...	...	1	...	5	...	2.9
TOTAL	...	1	6	1	14	11	19	21	29	27	16	24	84	85	100.0

TABLE V.

Seasonal Incidence of Deaths Under 1 Year, 1957.

				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	...	...	...	11	9	8	13	41
Measles	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	1	1	2	4	8
Meningitis (not T.B.)	...	...	...	3	...	...	...	3
Gastro-Enteritis	...	...	...	1	...	1	...	2
Injury at Birth	...	...	...	2	2	...	1	5
Atelectasis	...	...	...	...	...	1	1	2
{ Congenital Malformations	...	...	...	2	2	1	2	7
{ Premature Births	...	...	...	1	4	2	3	10
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	1	...	1	2	4

TABLE VI.

Infant Mortality, 1957.

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	...	...	24	1	...	1	26	3	4	5	1	39
	Uncertified	...	...	1	...	...	...	1	...	1	...	...	2
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	2	...	...	...	2	1	4	1	...	8
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...	2	1	3
Gastro-Enteritis	...	...	...	...	...	...	...	...	1	...	1	...	2
Injury at Birth	...	...	...	5	...	...	...	5	...	...	...	...	5
Atelectasis	...	...	...	2	...	...	...	2	...	...	...	...	2
{ Congenital Malformations	...	...	...	4	1	...	1	6	1	...	...	...	7
	Premature Birth	...	...	10	...	...	...	10	...	...	...	...	10
{ Atrophy, Debility and Marasmus				...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia...	...	...	...	2	...	...	...	2	...	1	1	...	4
TOTAL				25	1	...	1	27	3	5	5	1	41

TABLE VII.

Further Details of Infant Deaths, 1957.

CAUSE OF DEATH	PLACE OF DEATH				TOTAL
	Greenbank Hospital	Memorial Hospital	Home	Other Places	
Prematurity ...	8	—	2	—	10
Congenital Malformations ...	4	1	1	—	6
Atelectasis & Asphyxia ...	3	—	3	—	6
Cerebral Haemorrhage ...	3	—	—	—	3
Pneumonia ...	—	4	4	—	8
Meningitis ...	—	2	1	—	3
Gastro-Enteritis ...	—	—	1	1	2
Complicated & Difficult Labour	2	—	—	—	2
Total ...	20	7	12	1	40

N.B.—One death of a Darlington infant in a hospital outside the County Borough is 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
Electric Shock ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Pneumonia ...	...	1	...	1	2	...	...	...	...	...	...	...	...	...	...	2
Influenza ...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Influenzal Meningitis ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Encephalitis ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Otitis Media ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Congenital heart defect ...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	2
Rheumatic Heart ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Total	...	3	1	2	1	7	1	...	...	...	1	2	...	...	...	10 11

Commentary.

Though the number of deaths under one year of age was 41 in 1957, as compared with 40 in the previous year, owing to the larger number of births the infant mortality rate has shown a slight decline between the two years, to 32.6 from 34.0. I do not think that I can add to my remarks last year in respect of this adverse phenomenon, which having regard to all the circumstances of the town appears relatively inexplicable. It is to be remembered, of course, in this context that the infant mortality figure for the country at large was 23. The majority of such deaths occur in hospital and within the first four weeks of life. Where they occur at home, or where there seems any likelihood that home circumstances may have contributed an important factor to the total situation, the Superintendent Health Visitor investigates the situation and makes a report to your Medical Officer of Health. Occasionally a death at home correlates with poor housekeeping and parentcraft, but this is by no means an invariable finding. This comment is not, of course, to be understood as implying that an infant is more likely to die in hospital than at home, but to emphasise the difficulty of reducing the figure through improved home care. The high proportion of deaths in hospital also excludes the need for any special branch of the home nursing service to concentrate upon the nursing of children, a service that has been established in some other comparable authorities with very great success.

The Table showing mortality among children 1 to 5 years of age and children of school age repays study as indicating a small but deplorable wastage of life in its most promising phase. Two deaths as a result of accident serve to underline this too great source of mortality and morbidity, especially at the extremes of life.

The influenza epidemic in the latter part of the year took its toll among children, as also among the population at large, as shown in Table III. A glance at this Table also reveals, as in other recent

years, some significant facts. Thirty-nine persons (33 men and 6 women) died of cancer of the respiratory system, to be compared with a total mortality of 12 persons from respiratory tuberculosis. The number of persons who died from coronary thrombosis (to speak scientifically, ischaemic disease of the heart) was 109, nearly three times more than from cancer of the bronchus and lung. This cause of death also shows epidemic phenomena, having become much more prominent within the last ten to twenty years. The threat of it, however, seems to carry a much less potent psychological charge of fear and apprehension than all varieties of cancer. Adverting again to this last disease, though cancer of the respiratory system accounted for 23.1% of the 169 deaths classifiable under this heading, 46.1%, or nearly half, were accounted for by cancer of the gastro-intestinal system. The significant feature here, however, is that while the latter source of mortality and morbidity has remained fairly constant during recent decades, cancer of the respiratory system has increased in incidence and is still increasing.

Table II, which shows the distribution of deaths in Darlington according to Wards, is perhaps less significant in these days than when the socio-economic differences between various parts of the town were reflected in the mortality from infectious diseases. All infectious diseases combined together and including tuberculosis today account for a small proportion of total mortality, but in 1957 this proportion was somewhat larger than in other recent years because of the influenza epidemic, which accounted for 17 deaths and no doubt contributed to the 32 deaths from pneumonia.

PART II.

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following table shows the incidence of infectious diseases and also their disposal to 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 1957 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	29	...	...	...	2	...	...	...	1	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	7	...	1	...	7	...	...	...	5	2	1	...
Erysipelas	6	...	...	...	2	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	1	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	11	...	...	...	...	...	...	...	...	...	...	...
Babies with Mothers ...	31	...	32	...	8	...	3	...	1	...	...	...
Pneumonia	891	...	...	...	12	...	1	...	7	5	...	...
Measles	64	...	12	...	48	...	1	...	20	3	...	...
Respiratory Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis T.B.	...	...	2	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	64	...	...	...	3	...	...	...	2	2	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...
Para-typhoid	1	...	...	...	1	...	...	...	2	...	...	...
Poliomyelitis	9	...	...	...	2	...	...	...	1	1	...	...
Dysentery	5	...	...	...	...	...	...	...	1	...	...	...
Food Poisoning	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis	92	...	...	...	84	...	5	...	40	10	1	1
Other Conditions	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	1211	...	47	...	169	...	10	...	80	23	2	1

Commentary.

It will be observed that the largest incidence of notifiable infectious disease was in respect of measles, where the figure of

891 cases was much in excess of that of 141 for the previous year, but below the 1,400 for 1955. That the outbreak was relatively mild is shown by the fact that only 12 patients were admitted from the County Borough to hospital, though unfortunately one of these died. From the outside districts also 12 patients were admitted, one of them, a little girl, showing an unusual complication. The acute phase of the illness was followed by encephalitis and this by a spastic paralysis of the lower limbs. At the end of the year she had returned to the military hospital at Catterick and was progressing well under orthopaedic treatment. It is pleasant to note that only one case of poliomyelitis was diagnosed in the County Borough during the year and the disease appeared to be equally sparse in the surrounding area. Such a situation cannot, of course, be attributed as yet to vaccination or to any other preventive measure and is exactly what would have been expected after the relatively high incidence in 1956.

The largest number of seriously ill patients admitted to Hundens Hospital in 1957 were suffering from influenza and its complications, and an Appendix (page 91) is included with this report to give fuller details of this short but sharp epidemic. Twenty-seven patients in this category were treated in hospital.

Among "Other Conditions" unspecified in Table IX were gastro-enteritis (24 patients), rubella (10), tonsillitis (8), mumps (4), glandular fever (3), and chicken pox (3). These figures include County Borough and County District patients together. Among other diseases, single cases were treated of benign chorio-lymphocytic meningitis, infective polyneuritis, transverse myelitis, herpes zoster and acute liver atrophy following infective hepatitis.

In considering these figures, it is important to bear in mind that the majority of cases of gastro-enteritis, in this example 23 out of 24, were non-specific in the sense that no causative organism was isolated to account for the disease and evidence of infection was otherwise lacking. Errors in feeding, with in some cases faulty home conditions, were the cause of the symptoms. In saying this however, there is no suggestion that they were improperly admitted to hospital. The amount of water in a baby's body is small and relatively slight vomiting and diarrhoea can, if persistent, lead to serious dehydration, which, at a certain critical point, becomes irreversible and ends fatally. In babies, in fact, the water loss is the most serious feature of the disease, whether a microbial cause is discovered or not. It is remarkable how quickly all the patients responded under hospital treatment. Dextrose saline was given by mouth as a routine, followed by Lacidac Half Cream at an appropriate interval, going on to Lacidac Full Cream, National Dried Milk Half Cream, then National Dried Full Cream, according to age. In no single case was parental fluid required.

The 10 rubella patients compared interestingly with the 24 measles cases admitted to hospital, but it must be remembered that the former were for the most part military patients and there are no facilities for the nursing of infectious patients among female personnel and military families at Catterick.

The total number of patients admitted to Hundens Hospital was 272 as compared with 224 in 1956 and this again emphasises the heavy use to which the 18 beds in the cubicle block may from time to time be put. Weeks may sometimes elapse while several beds are empty and then almost overnight one may wonder where the next patient will be accommodated. In these circumstances it is sometimes necessary to ask for help from West Lane Hospital, Middlesbrough, but it is satisfactory to record that this expedient is seldom employed.

The firms who in previous years have kept the Health Department informed week by week of incidence of sickness continued to co-operate during 1957 and the value of the information they disclosed was shown at the end of August and during September, when their returns faithfully reflected the rise of the influenza epidemic. A certain rise in sickness incidence can be noted before the presence of an epidemic is definable and may be a danger signal that an untoward event is on the way. The efficiency of this scheme depends, of course, upon prompt reporting and also an even more important matter, that the figures when received should be scrutinised and not entered up on a record or graph as a matter of form.

The Control of Infection Committee at the Darlington Memorial Hospital met on two occasions during the year and continued to fulfil a useful role. The problem here is somewhat different from the detection of transmissible infectious diseases, being concerned mainly with cross-infection in hospital wards. This is a problem whereby a surgical wound, or a newly born baby's skin, or nursing mother's breast may become inflamed as a result of infection conveyed from some other source, either another patient or member of hospital staff. At one time this was a very serious problem in hospitals and made them a great source of iatrogenic disease. With the coming of antiseptic and aseptic techniques the threat declined and it might have been thought that the antibiotics (penicillin and other similar drugs) would put "finished" to that particular problem. Unfortunately circumstances have not fulfilled this expectation and certain organisms, particularly staphylococcus, are becoming resistant to the common antibiotics and sometimes to all of them. This means that a very careful review must be maintained of ward and operating theatre techniques, and the Control of Infection Committee exists to keep such matters under constant review. In some areas the Medical Officer of Health has not been admitted to the Committee nor has it even been convened at all, but in Darlington there has been no difficulty on this score, your Medical Officer of Health taking his place there by right as a Consultant Physician as well as in his public health capacity. This again is another advantage of combining the post of Medical Officer of Health with Consultant Physician for Infectious Diseases. Incidentally the problem of cross-infection does not present in the Darlington hospitals in at all a threatening form, but only by constant vigilance can it be kept at bay.

TABLE X.
1957—Infectious Diseases in Wards.

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Houghton	TOTAL
Scarlet Fever	...	1	2	2	1	1	4	4	6	4	4	29
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	3	7	9	9	2	6	6	7	6	2	7	64
Measles	72	88	102	81	47	55	36	52	123	109	125	891
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	1	1
Paratyphoid Fever	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	1	...	...	...	1	1	1	...	3	...	...	7
Pneumonia	1	4	3	5	4	3	1	3	2	1	4	31
T.B. Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	1	...	...	1	1	...	...	1	...	1	1	6
Puerperal Pyrexia	...	...	1	10	...	...	...	...	...	...	...	11
Ophthalmia Neonatorum	...	...	...	...	...	...	...	1	...	...	...	1
Dysentery	...	4	...	...	...	...	...	1	1	3	...	9
Food Poisoning	...	...	4	...	...	...	...	...	1	...	...	5
Others	7	12	7	12	6	13	1	6	16	8	4	92
Respiratory Tuberculosis	5	9	3	5	5	5	2	4	12	7	7	64
Non-Respiratory Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	90	125	131	125	67	84	51	79	170	135	154	1211

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 1957 as follows :

First Quarter	1
Second Quarter	3
Third Quarter	Nil
Fourth Quarter	1
Outbreaks due to identified agents	Nil
Outbreaks due to undiscovered cause	1
(2 or more patients)	
Number of patients	3
Single cases—Agents identified	Nil
Unknown causes	2

As in previous years, your Medical Officer of Health cannot claim to be wholly satisfied with the above return. On the one hand there is no confirmatory evidence that any of the patients were in fact suffering from food poisoning, though the symptoms described seem suggestive of it, while on the other there were probably many cases at least equally suggestive that were not notified to the Health Department. A good deal depends upon the views of the practitioner in attendance. A few, and one particularly, are inclined to regard every case of diarrhoea and vomiting to which they are called as presumptive food poisoning. Others do not share so exacting a standard and only consider food poisoning when the severity of the

symptoms or the number of persons simultaneously affected brings the probability forcibly to their mind.

This note is intended to underline the very grave doubt I entertain of the usefulness of the above information for statistical purposes.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY.

Your Medical Officer of Health is again indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Dr. Walker writes as follows:—

“ During 1957, there were no major changes in the administrative and clinical arrangements for dealing with tuberculosis.

Notifications of new cases of respiratory tuberculosis in 1957 and the preceding four years, were as follows:—

1953 :	86
1954 :	90
1955 :	63
1956 :	93
1957 :	64

The 1956 figure is noticeably out of line with those of the preceding and succeeding years and I mentioned in my report to your Medical Officer of Health last year that we should not yet regard the tuberculosis problem as solved. The reduction in notifications by one third in the year under review gives reason for satisfaction but not complacency and it is noteworthy that in the younger age groups—up to 45 years—the drop in notifications was 24 compared with 5 in the age groups above 45. There is little doubt that the main reservoir of infection in the community is the elderly male with an undiagnosed chronic cough. Ascertainment and treatment of all such cases would make the greatest possible contribution to the eradication of tuberculosis.

Of the 59 new cases of respiratory tuberculosis seen at the Clinic, 23 were found to be sputum positive and therefore in need of immediate isolation and treatment. In the ascertainment of new cases we have continued to receive the greatest co-operation from the general practitioners in referring patients to the Clinic or the Mass Radiography Unit, when available, in order to have an investigation and diagnosis when respiratory symptoms persist or do not completely clear up in a reasonable time.

It is obviously important to follow up a diagnosis of tuberculosis by an offer of immediate treatment and in 1957 the position in this respect was satisfactory. Waiting lists have disappeared and a patient requiring hospital treatment can be given an immediate vacancy in the wards served by the chest physicians or in the sanatorium and thoracic surgery unit at Poole, near Middlesbrough.

We are convinced that in the majority of cases it is better to give treatment in hospital, particularly during the first few months, rather than rely upon domiciliary treatment from the beginning. The

patients admitted to hospital very soon obtain a true perspective in relation to their illness. They also learn how best to regulate their lives during treatment and after recovery. It should also be mentioned that stricter control over the administration of powerful drugs is easier to maintain when patients are in hospital.

During 1957, beds were available for Darlington patients in the chest wards at Hundens Hospital (male and female), in the Friarage Hospital, Northallerton (male) and a ward was opened at the Hospital of St. John of God, Scorton (male) to replace the beds previously made available by the Order of St. John of God at St. Cuthbert's Hospital at Croft. As mentioned in last year's report, the hospital at Croft was closed to chest cases at the end of 1956.

The treatment of pulmonary tuberculosis by chemotherapy continued to rely principally on streptomycin, P.A.S. and isoniazid, and in general it can be said that longer courses of treatment are employed today in the hope and expectation of preventing relapse. Corticosteroids have been used as adjuvants to chemotherapy in selected cases but it is too soon to say exactly how useful they are. More striking results have been obtained with them in non-tuberculous chest conditions than in pulmonary tuberculosis. Viomycin and isoniazid analogues have been employed in a limited way when the more usual chemotherapy has proved unsuitable.

Major surgery has been available at Poole Hospital, near Middlesbrough, for those patients who require it but experience has shown that by using adequate courses of drugs it is possible to limit the number of patients who require an operation to complete their treatment. We have continued to enjoy close co-operation with our surgical and medical colleagues at Poole in the diagnosis and treatment of patients and there has been no undue delay in securing the admission of patients recommended to them.

The scheme for prophylactic vaccination with B.C.G. continued to operate as in previous years. The chest physicians dealt with hospital staff and contacts of tuberculous persons and the staff of the health department carried out the vaccination of school children.

I should like to express my thanks to the staff of the health department and in particular the Medical Officer of Health for unfailing interest and help in dealing with the welfare of tuberculous patients.

The following paragraphs give some details of the chest service for Darlington in 1957.

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	14	11
Friarage Hospital	10	—
Poole Hospital	As required.	
Hospital of St. John of God, Scorton	12	—

Notifications—The following Table shows the age and sex distribution of patients notified in 1957.

TABLE XI.

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Respiratory	M.	1	2	5	3	9	5	12	7	44
	F.	2	—	5	3	3	3	1	3	20
Non-Respiratory ...	M.	—	—	—	1	—	—	1	—	2
	F.	—	—	—	—	—	—	—	1	1

Deaths — There were 12 deaths from respiratory tuberculosis, compared with 13 in 1956, 10 in 1955, 16 in 1954 and 10 in 1953. There were 2 deaths from non-respiratory tuberculosis, 2 in 1956, 1 in 1955, none in 1954 and 1 in 1953. In addition, 3 tuberculous persons (2 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 1956.

TABLE XII.

	15-25	—45	—65	65+	Total
Male	5 (13)	9 (10)	17 (22)	5 (5)	36 (50)
Female	6 (8)	5 (16)	4 (3)	3 (—)	18 (27)
Children	—	—	—	—	5 (9)
Total	11 (21)	14 (26)	21 (25)	8 (5)	59 (86)

Of the 59 new cases, 23 were found to have T.B. in the sputum.

The patients were drawn from a wide range of occupations ; 9 were housewives, 12 in engineering, and 7 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 practitioners, factories, senior schools and other interested parties, and to organise publicity and the system of appointments. The venue continued to be the School Clinic. (See Tables : pages 27, 28, 29).

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, 85 new contacts were tuberculin tested and 108 children were vaccinated with B.C.G., including 29 babies who were vaccinated without the preliminary skin test. 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, 1957, there were 529 Darlington patients on the chest clinic register compared with 527 in 1956, 484 in 1955, 501 in 1954 and 481 in 1953. Of these, 524 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 195⁷₆ 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	3	1	—	—	1	—	—	—	—	—	—	6	4
„ 15 ...	19	9	—	2	—	3	—	—	—	—	—	—	19	14
„ 45 ...	61	50	22	26	3	3	17	16	39	38	11	23	153	156
„ 65 ...	18	5	30	8	—	1	8	1	44	14	14	2	114	31
Over 65 ...	7	1	7	3	—	1	—	—	5	—	3	—	22	5
Totals ...	110	68	60	39	3	9	25	17	88	52	28	25	314	210

B.C.G. Vaccination for School Children.—The scheme described in previous years was continued in 1957, 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.

TABLE XVI.

School		No. Skin Tested	Positive Reactors			Negative Reactors		
			No.	%	X-rayed	No.	%	Vaccinated
St. Augustine's	Girls	28	11	39	10	17	61	17
St. Augustine's	Boys	44	14	32	12	30	68	27
Eastbourne	Girls	83	38	46	23	45	54	44
Eastbourne	Boys	106	52	49	48	54	51	53
North Road	Girls	65	18	28	18	47	72	47
Albert Road	Boys	63	21	33	17	42	67	42
St. Mary's Grammar	Boys	16	9	56	6	7	44	6
Polam Hall	Girls	33	16	49	—	17	51	15
Technical	Mixed	55	20	36	18	35	64	35
Grammar	Boys	110	43	39	40	67	61	67
High	Girls	84	23	27	22	61	73	61
Gladstone Street	Boys	82	27	33	27	55	67	55
Reid Street	Girls	74	21	28	19	53	72	52
Barnard Special	Mixed	10	4	40	—	6	60	5
Open Air	Mixed	8	2	25	—	6	75	5
Immac. Conception	Girls	21	10	48	10	11	52	11
Totals		882	329	37.3	270	553	62.7	542

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				
			Im-mediate treat-ment	Close super-vision	Ocas-ional super-vision	Healed no further action	Pleural abnor-malities	Bronch-iectasis	Cardiac abnor-malities	Thoracic Neo-plasm	Misc.
Doctors' Patients '...	305	45	1	—	1	6	5	1	3	4	15
T.B. Contacts	100	1	—	—	—	—	—	—	—	—	—
Schoolchildren	720	17	—	—	—	1	—	1	—	—	—
Adults working with children	31	1	1	—	—	—	—	—	—	—	—
General Public	3,637	80	7	—	3	19	6	1	3	3	25
Children under 5 years of age	2	1	—	—	—	—	—	—	—	—	—
National Service Recruits	—	—	—	—	—	—	—	—	—	—	—
TOTAL ...	4,795	145	9	—	4	26	11	3	6	7	49

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.
Doctors' Patients '...	325	22	—	—	1	3	2	—	3	—	5
Ante-Natal Patients	53	2	1	—	—	—	—	—	—	—	—
T.B. Contacts	159	1	—	—	—	—	—	—	—	—	—
Schoolchildren	607	4	—	—	2	2	—	—	—	—	—
Adults working with children	66	1	—	—	—	1	—	—	—	—	2
General Public	3435	63	6	—	1	14	1	3	5	1	15
Children under 5 years of age	3	—	—	—	—	—	—	—	—	—	—
TOTAL	4,648	93	7	—	4	20	3	3	8	1	22

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 ... 9443
 Referred to Chest Clinic ... 238 = 2.52% of total X-rayed

Abnormalities found—Male and Female.

Pulmonary Tuberculosis.

Immediate treatment needed	16 = 0.17%	} of total X-rayed
Close supervision needed ...	0	
Occasional supervision needed	8 = 0.08%	
Healed—no further action ...	46 = 0.05%	
	70 = 0.75%	

Non-Tuberculous Diseases.

Pleural abnormalities	14 = 0.15%	} of total X-rayed
Bronchiectasis ...	6 = 0.07%	
Cardiac Abnormalities	14 = 0.15%	
Thoracic Neoplasm ...	8 = 0.08%	
Miscellaneous ...	62 = 6.6%	

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 ...	630	1	—	1	0.16%
Contacts ...	259	—	—	—	—
Adults working with children ...	97	1	—	1	1.03%
School children ...	1,327	—	—	—	—
Ante-Natal Patients ...	53	—	1	1	1.9%
General Public ...	7,072	7	6	13	0.2%
Children under 5 years of age ...	5	—	—	—	—
National Service Recruits ...	—	—	—	—	—
TOTAL ...	9,443	9	7	16	0.17%

PART III.

National Health Service Act, 1946**§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).**

The description in previous Annual Reports of the amenities provided by the local health authority under Section 22 of the National Health Service Act would remain true for 1957. No significant changes were brought about during the year. The improvised clinics for maternal and child welfare purposes remain a source of regret, but without prejudice to the value of the work carried out there. The situation would, moreover, be quite desperate if it were not possible to make use of such premises, by arrangement with the owners.

(a) Expectant and Nursing Mothers.

The excellent example of co-operation whereby the Registrar or at need House Officer from Greenbank Maternity Hospital attends as medical advisor to the Corporation ante-natal clinics has continued. During the greater part of the year he was Dr. Eisenberg and like his predecessors he has shown a co-operative attitude. There is, of course, a benefit to the hospital service as well as to the local health authority by this arrangement, since mothers booked for confinement at Greenbank Hospital can attend in some cases a clinic near their home and meet the obstetrician who will deliver them later on. In every case the immense advantage of having available a doctor who is constantly employed in normal and abnormal obstetric practice cannot be over-emphasised.

The times of the clinics were 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 1957 was 693 and the total attendances made were 3,160, figures closely comparable with those of the previous year.

(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.
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. 2 p.m.	Cockerton Methodist School Room. Haughton Church School Room.

In 1957 attendances for the first time of children under one year of age were 841, which was 65% of the notified births during the same period. Total attendances of children under one year of age were 14,313 and of children one to five years of age, 5,572. 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; 8 sessions in all per week among all officers. For a long time your Medical Officer of Health has wondered whether the allocation of a medical officer to a whole session of a notional two hours' duration is either economic or in strict correspondence with the facts. Some clinics, for instance that held on Thursday afternoon in the Coniscliffe Road Methodist School Room, place a heavy demand upon the medical officer, who is thoroughly engaged during the whole of her time in what is an exacting service. At other sessions a good deal less is required. Although the health visitor is the most essential contributor to the success of a clinic, when no doctor is available popularity soon wanes. Mothers like to feel that they can take their child for a medical opinion even though months may elapse before they have occasion to do so. The inspection at first visit and subsequently at first, second, third and fourth birthdays, an ideal at which an attempt is made in every case, can only be carried out by a medical practitioner, as also immunisation, for all that the operation involved is neither more difficult nor dangerous than many undertaken as a routine by trained nurses in hospital.

(c) Care of Premature Infants.

The following figures show the number of premature infants born at home during 1957 and also that nearly all of them were cared for at home. Since the premature baby requires pre-eminently warmth and security, removal to hospital is not indicated except for some very grave and urgent reason, and although it is apparent that 6 of the infants so cared for failed to survive at the end of one month prematurity in any case is a frequent cause of neo-natal mortality and the aim of preventive medicine should be to ensure that all conceptions were carried to term.

Total premature births	...	...	...	...	25
Nursed exclusively at home	...	...	...	...	24
Surviving at end of month	...	...	...	...	19

(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. O. Bertram 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 29,545 tins of dried milk, 63,248 bottles of orange juice, 8,767 bottles of cod liver oil and 4,316 packets of vitamin tablets have been distributed.

(e) **Dental Care.**

The amount of work provided under this heading remained small, not because of the unavailability of facilities to deal with it, but simply because no demand appeared to exist. The Principal School Dental Officer, Mr. J. L. Liddell, and School Dental Officer, Mr. J. McAra, are available on Saturday mornings and attend immediately to all cases referred to them. An increase in the work carried out could easily be achieved by a routine reference of every expectant mother examined at an ante-natal clinic for a dental overhaul, with appropriate treatment where necessary. When referred for dental aid, however, the vast majority of mothers seem to prefer the more regular provision of the National Health Service Act.

The work during the year was as follows :—

Expectant and Nursing Mothers	...	...	...	6
Children under 5	...	...	...	58

(f) **Care of Unmarried Mothers and their Children.**

The arrangements described in previous years relating to the support given to St. Agnes' Home, 45 Duke Street, continued during 1957 and assistance was given in 101 cases. In 46 of these the patient was admitted to the Home, 42 being unmarried mothers, one a widow and 3 married women with illegitimate conceptions. Arrangements were made for their confinement at Greenbank Hospital, Northallerton Maternity Hospital and, for one patient, at Hardwick Hall.

The remaining 55 patients were outdoor cases and of these 31 have been recommended for the prospective adoption of the child, 8 have been Darlington girls who wished to have their babies out of the town, arrangements for which were duly made, 3 have been girls needing help to find employment, 4 were seeking help and advice, 7 have been referred for investigation for other moral welfare workers and 2 have been putative fathers to be interviewed.

As will be appreciated, the patients accommodated at St. Agnes' Home were for the most part normally resident outside the area, but a corresponding arrangement exists in respect of other moral welfare authorities, who in turn offer accommodation and help to illegitimately expectant mothers living in Darlington. Thus, no charge is made to other authorities on behalf of residents

accommodated at St. Agnes' Home and no claims are accepted from other authorities in respect of services rendered. While St. Agnes' Home is perfectly willing to give help and accommodation to all who apply for aid, a certain proportion of illegitimately expectant mothers prefer for reasons other than of residence to go elsewhere and application for a small annual subscription was made by the Hexham and Newcastle Diocesan Rescue Society. Your Medical Officer of Health is of the opinion that such a subscription would be justified without prejudice to general policy, but you have not so far agreed with this point of view.

§ 2. DOMICILIARY MIDWIFERY (Section 23).

During the year the domiciliary midwifery service passed through a somewhat difficult period, howbeit successfully. Your Superintendent of the Midwives' Home, Miss M. J. Gillespie, obtained another post and left your employment on 31st May, and Miss H. D. Allick, relief midwife, also obtained another post and left your service on 31st July. For the last five months of the year, therefore, the four district midwives had to relieve each other on their off-duty and holiday periods and the issue was complicated by the resignations occurring during the holiday season. Miss Gillespie's departure also meant that there was no administrative officer to arrange their work, which part of it fell mainly on a member of your office staff, Mrs. E. Ward, who carried it out with great success and efficiency. For the time being, Midwife Mrs. O. M. Johnston was made liaison officer with the central office and a certain amount of organisation was carried out by her with *de facto* seniority. In spite of these difficulties no relapse in the efficiency of the service occurred, although the month of September was rather exceptionally heavy for domiciliary work.

Nothing in the foregoing paragraph is to be interpreted as implying that the domiciliary midwifery staff could be reduced to four persons and function satisfactorily with that number. Crises of the kind described can be overcome by a healthy organisation just as illness can be overcome by a healthy body, but it is a completely false assumption that adjustments made to meet occasional strain can be maintained indefinitely. Fortunately there was a dearth of pupil midwives at this time, so that arrangements for their instruction presented a less urgent problem than if the establishment of four pupils had been maintained. The two pupils who were in fact in residence when Miss Gillespie and Miss Allick left were adversely affected by the situation in which, through no fault of their own, they were involved. In the first place it was necessary to close the midwives' home and to find other accommodation for them. Through the kind co-operation of the Secretary of the Darlington and District Hospital Management Committee, they were accommodated at the nurses' home attached to East Haven Hospital in Eastbourne Road. You will be pleased to know that they spoke very warmly of the comfort and convenience of the home provided by you at 72 Woodland Road as compared with their later quarters. Both of them failed their examination, which is an index of the disturbance to which

they were inadvertently submitted. There was, however, a brighter side to the contretemps.

For some time past a project has been in mind to bring the midwifery and domiciliary nursing service closer together by the appointment of a common Superintendent. So long as both senior posts were held, this scheme was necessarily in abeyance, but the vacancy created by Miss Gillespie's resignation offered opportunity for the plan to be implemented, and negotiations were forthwith begun with the Queen's Nurses' Association with a view to the appointment of their Superintendent, Miss C. Beckett, to the combined post. These reached a satisfactory conclusion, subject to a suitable adjustment in the salary and the appointment of a Deputy to Miss Beckett and at the end of the year it seemed probable that the aim in view would be achieved in the early part of the new year. Even so, however, the establishment of domiciliary midwives still remained one short and no applications had been received by 31st December.

The proposal that the post of Superintendent should be combined meant that pupils in future would live at 68/70 Woodland Road, the headquarters of the Queen's Nurses' Association. Since 1st September, 72 Woodland Road, upon the purchase, furnishing and adaptation of which the Council had spent at your recommendation a good deal of money, was lying unoccupied, with the inevitable deterioration of its contents that such a circumstance entails. It is to be hoped that you will give early and urgent consideration to the future use of this property, which is much too good an asset to be left unused.

During the year the total number of domiciliary confinements was 338. There were no maternal deaths, nor any incidence of morbidity to which attention needs to be drawn, and the work carried out is summarised as follows:—

	1954	1955	1956	1957
Gas and Air Analgesia :				
Number of patients using it ...	241	225	214	190
Percentage of total domiciliary confinements ...	68	64	66	56
Pethidine :				
Number of patients using it ...	193	135	108	94
Percentage of total domiciliary confinements ...	54	38	33	28
Total domiciliary confinements	355	350	324	338

	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
1957	...	298	...	40

§ 3. HEALTH VISITING (Section 24).

Your Medical Officer of Health is extremely glad to be able to report that at the end of 1957 your establishment of health visitors was up to strength. As remarked in the introductory letter, this does not mean that the permitted establishment is necessarily adequate for the many duties health visitors are called upon to perform and it is quite impossible, having regard to the existing commitments to extend the scope of work to include, for instance, an increased concern with geriatrics without neglecting some other essential branch. Some have argued that health visitors should relinquish to some extent their present interest in families with young children, concentrating their attention only upon those which are known to be sub-standard. It is, however, obvious that unless the health visitor is able to make an appreciation of each individual family in her district she cannot know which are unsatisfactory, and as is becoming ever more widely realised, problem situations at home are not confined to those of malnutrition and uncleanness. This will be apparent when the bearing of family welfare on mental health is remembered and quite gross examples of physical neglect of children still come to light even in extremely well-organised local health authorities. Concern with young children also provides quite notably effective means to cultivate that friendship with the family at large which is essential to health visitors if they are to become, as envisaged under the National Health Service Act, the advisers on health generally to all members. Thus, if additional commitments are to be undertaken, more personnel must be obtained to discharge them. There is, of course, a great dearth of health visitors at the present time, due mainly to a sheer lack of human persons, thanks to the low birth rate of the 'twenties' and 'thirties.' This authority is indeed fortunate in being for the moment up to strength in this respect even to the extent of the meagre establishment permitted.

The Superintendent Health Visitor, Miss E. Winch, has written as follows :

"The amalgamation of staff is progressing favourably and we now have five health visitors who are also school nurses.

"An additional advantage to those mentioned in last year's Report is the fact that knowing the family background is a great help when discussing difficult children with the school teachers and the health visitor has a knowledge of the problems which surround the children in pre-school days.

"While not classified as mental welfare workers, I feel that the health visitor pays a valuable contribution to this work during her normal visiting.

"Some of the staff have been in Darlington for a number of years and know the problem families very thoroughly, and they are able to help the newer members by discussing the histories of these families and their relationship with other families in the town.

However, I feel that it is a great disadvantage not having all the staff in one office, or even in one building, as up-to-date information and discussion which may be helpful in these cases cannot take place so freely.

"There is a great need for accommodation for elderly frail people who, while not ill enough to need hospital accommodation, which is difficult to obtain, are not able to manage in the local authority homes as they are administered and staffed at present.

"I have nothing spectacular to report ; no new premises ; no new fields in public health have been explored ; but looking back I feel that the staff have done a year's good work."

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 17,992 which was the total number of visits in 1956 :—

TABLE XVII.
Work of Health Visitors.

	Total Visits
Expectant mothers	460
Infants under 1 year	4,387
Children 1 to 2 years	2,756
Children 2 to 5 years	8,232
Miscellaneous Visits	1,255
Tuberculous Patients	1,242
	18,332

§ 4. HOME NURSING (Section 25).

The same arrangements as in previous years, whereby the Darlington Queen's Nurses' Association acted as the agent for the local health authority in respect of services under Section 25 of the National Health Service Act, continued during 1957. During the latter part of the year the Council decided to implement the recommendation made by your Medical Officer of Health on several previous occasions with regard to determining this agency arrangement and assuming direct responsibility for the domiciliary nursing service. This change would mean little beyond a nominal alteration, since the local health authority already reimburses the Association completely for all the expenses incurred, all records relating to patients are entirely open to the perusal of your Medical Officer of Health and from them he extracts most valuable information as summarised in the accompanying Table XIX, while the Superintendent, Miss C. Beckett, could not co-operate more fully with the Health Department if she were a direct employee of the authority. The complete financial responsibility of the authority has indeed been the main reason for the proposal to make by right what already exists in fact, but there is not the least implied criticism of the Queen's Nurses' Association in the revised scheme, since it has

always discharged its functions to the complete satisfaction of all concerned and the Corporation will indeed inherit the same kind of legacy of goodwill as it acquired when direct responsibility was assumed for the home help service.

Another factor influencing this decision is the development in the midwifery service described in detail in § 2, page 33, which followed the resignation of Miss M. J. Gillespie and the opportunity occasioned thereby to combine the post of Superintendent of the domiciliary midwifery and nursing services in one person. Miss Beckett, who had already acted in this capacity for a short period in 1953, seemed the ideal person for such a post and although, in fact, certain complications were encountered with regard to her recognition by the Central Midwives' Board and the Ministry of Health, at the end of the year arrangements were well developed towards the completion of the project. Modern fashion among nurses leads them to prefer to live outside the institution where they work and for a number of years the number of district nurses to reside at their home at 68/70 Woodland Road has steadily declined. There is thus ample accommodation for the pupil midwives at this address and by the end of the year it was agreed that such pupils should be accommodated there. At that date, however, there were no pupils to accommodate.

The Minister of Health is anxious to hear in the Annual Reports of Medical Officers of Health for 1957 what steps have been taken by the district nursing service to relieve pressure on hospital beds. It is difficult to give any clear answer to this question where Darlington is concerned. A perusal of Table XIX shows that the largest users of home nursing services were patients suffering from long-term and chronic conditions, who were not likely to remain indefinitely in hospital in any case. A fifth, for instance, of all visits was taken up by attendance on diabetics and no less than 132 visits were on average paid to each of the 50 cases of this condition on Miss Beckett's books. Other relatively heavy users, though much less than diabetics, were patients attended for the general disabilities of senility, average 35 visits per patient, sufferers from after-effects of apoplexy, average 27 visits, cancer patients, average 25 visits, and those with disorders of the heart, average 24 visits per patient. The overall average number of visits per patient was 26. Compared with these, surgical conditions of all kinds (and these might in theory constitute a group where relief for hospital services was possible) were relatively much less represented both in respect of patients and visits, though among them fractures and injuries required an average of only 19 visits and burns and scalds only 16. In this last category there were 7 patients in all, which throws an interesting side-light on accidents of this nature. The more seriously injured patient is likely to be in hospital for a long time and the figure 7 clearly does not tell the whole story. It represents a small fraction of the total, 1,296 cases, but is still 7 too many, as presumably the factors concerned were all preventable.

Table XVIII compares work in 1957 with two earlier years, 1949 when the services were first taken over and 1954 chosen as five years

later. Compared with this second year there is a small decline in the work carried out, but no comment is offered upon its significance. There are still no arrangements for night nursing visits, though personnel are available by rota for attendance on patients during the later evening, e.g., to administer sedatives. Probably if a night nursing service were supplied a need for it would be found, but neither from the practitioners nor from any other source has your Medical Officer of Health heard of any demand for it. The matter is kept in mind as a possible future development. Equally there does not seem to be any occasion for a special nursing service for children, and patients under 5 years of age again represent a small group in the total, which, as in previous years, is largely inflated by persons of 65 years of age and over.

Returning again to diabetics, the numerous visits to each patient were on account of insulin injections. The parenteral administration of drugs does undoubtedly take up a good deal of time of the nursing staff and if more housewives took the course in home nursing which is available through the Health Department (see "Health Education," page 55) some relief would no doubt be given, since others less highly qualified could safely be entrusted with the task. Your Medical Officer of Health has, however, made some enquiry in this matter with particular reference to diabetics and he finds that the possible saving is likely to be less than at first sight might appear. A number of factors operate and he feels quite sure that the home nursing service is not being used extravagantly in this respect.

TABLE XVIII.

Analysis of Patients and Visits Paid, 1949, 1954 and 1957.

	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
1954	11	86	8	52	1,028	20	189	3,397	18
1957	20	170	8	66	1,035	16	149	2,941	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
1954	319	8,933	28	690	23,319	34	1,261	36,763	29
1957	322	8,039	25	739	20,978	28	1,296	33,163	26

(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	2	6	5	14	139
Tuberculosis	1	5	21	10	4	41	2006
General Diseases—							
Cancer, all sites	—	1	2	18	36	57	1401
Diabetes	—	—	—	12	38	50	6613
Anaemia	—	—	4	12	52	68	1782
Diseases of the Alimentary system—							
Tonsillitis	—	1	7	3	—	11	87
Appendicitis	—	7	4	4	2	17	117
Constipation	4	6	11	36	80	137	793
Threadworms	1	—	—	—	—	1	3
Other diseases	1	6	12	15	21	55	979
Diseases of the Circulatory system—							
Disorders of the heart, various	—	1	2	45	120	168	3979
After effects of Apoplexy	—	—	1	16	100	117	3115
Disease of Veins	—	—	1	2	6	9	350
Gangrene not due to Diabetes	—	—	—	1	2	3	126
Diseases of the Respiratory system—							
Bronchitis	9	9	20	52	76	166	2053
Pneumonia	3	5	8	14	21	51	546
Pleurisy and Empyema	—	1	2	7	5	15	163
Asthma	—	—	1	3	1	5	119
Diseases of the Central Nervous System	—	—	2	9	4	15	1152
Diseases of Locomotor System—							
Arthritis Deformans ...	—	—	1	7	20	28	1524
Diseases of Genito-Urinary system—							
Diseases of the Kidneys	—	1	—	3	1	5	56
Diseases of the Bladder, including Lavage	—	—	—	1	5	6	257
Abortion	—	2	6	—	—	8	99
Various Dressings, including Mastitis	—	9	15	3	14	41	434
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections	1	6	11	14	24	56	798
Dermatitis and Eczema	—	1	—	2	3	6	134
Surgical Conditions—							
Burns and Scalds	—	1	1	1	4	7	109
Fractures and Injuries	—	1	4	5	12	22	658
Post-operative dressings	—	2	7	21	19	49	944
Minor Operations	—	—	3	—	3	6	427
Senility	—	—	—	—	60	60	2074
Unclassified	—	—	1	—	1	2	121
Total Cases	20	66	149	322	739	1296	—
Total Visits	170	1035	2941	8039	20278	—	33163

§ 5. VACCINATION AND IMMUNISATION (Section 26).

The same arrangements to persuade parents to bring their children for vaccination and immunisation against diphtheria and whooping cough were continued in 1957, as have been described in previous years. As the accompanying Tables show, a considerable proportion of both vaccinations and immunisations are carried out by general practitioners and a fee of 5s. is payable by the local health authority, not for the work as such, which is included as a routine duty in their National Health Service contract, but for sending a record to the Health Department. It is, of course, immaterial to your Medical Officer of Health whether the work is done in the Corporation clinics or in the surgeries of the practitioners; the important thing is that as large a proportion of children as possible should be protected. Parents are reminded by means of a Birthday Card if at the age of one year their child has not already been immunised against diphtheria, and a missive entitled "A Message from your Medical Officer of Health," is sent to parents of children who on attaining five months have not been vaccinated. The health visitors also conduct personal propaganda and this no doubt plays an important, perhaps the most important, part in persuasion, at least where the public health service is directly concerned. That the practitioners also undertake propaganda among their patients is undoubted.

As in previous years the use of a combined antigen conferring immunity against both diphtheria and whooping cough was employed during 1957. Hitherto there had seemed good psychological reasons for this, by introducing protection against diphtheria, which is no longer feared by the young mothers of today, along with protection against whooping cough, which remains a very real menace to them. There is also the not negligible factor that inoculation by combined antigen reduces the number of needle punctures from five to three. Unfortunately it was necessary for your Medical Officer of Health to bring to your notice certain factors which will in future years modify this practice. For a long time it has been realised that a patient already carrying the virus of poliomyelitis may develop paralytic disease in a limb that has suffered recent damage. Even the small injury of immunisation may be sufficient to cause this mishap and if a combined antigen is used the risk has been shown to be very much greater. Admittedly a very large number of children have been immunised without such a consequence and the risk in any particular case is negligible, but if, statistically speaking, the chance exists at all, sooner or later it will occur. In deciding policy it is, therefore, necessary to balance the remote probability of inducing paralytic poliomyelitis against the still existing danger of diphtheria (real for all that it seems hardly apparent). The question was considered at some length at the Annual Conference of the National Association for Maternal and Child Welfare, held in London in June, and in the subsequent report made by your Medical Officer of Health he indicated that a decision would be necessary before the Spring of 1958, though for the time being he

proposed no change. The eventual decision is more a matter for the Report for 1958 than for this document, but suffice it to say that the use of combined antigen was to be suspended during the period May to September inclusive, during which months immunisation against diphtheria and whooping cough was to be given separately. It would indeed be fortunate if the Health Department, like the population in general, could forget all about diphtheria, but the risk of a recrudescence, possibly in a very virulent form, cannot be ignored and protection is only to be gained at the cost of constant vigilance.

Primary Immunisation of Children under 15 years of age.

	Local Authority		General		
	Clinics		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
1957	...	777	...	259	1,036

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 ...	576	248	824	347	36	383
5 to 14 years ...	201	11	212	403	33	436
TOTALS ...	777	259	1,036	750	69	819

TABLE XXI.

Vaccination Against Smallpox.

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated ...	206	10	11	5	12	244
	Re-vaccinated ...	—	—	3	9	36	48
General Practitioners	Vaccinated ...	131	12	16	11	55	225
	Re-vaccinated ...	—	1	2	8	60	71
	TOTALS ...	337	23	32	33	163	588

TABLE XXII.
Immunisation and Vaccination: Comparative Figures.

	1950	1951	1952	1953	1954	1955	1956	1957
Immunisation, Children under 5 years	722	860	827	725	875	821	855	824
Immunisation, Children 5—14 years	158	133	251	299	257	213	178	212
Vaccination, Children under 5 years	207	201	219	304	264	221	297	392

TABLE XXIII.
Immunisation Against Whooping Cough.

	Age at date of final injection			Total
	Under 1 year.	1—4 years.	5—14 years.	
Health Department	422	107	3	532
General Practitioners	134	88	5	227
TOTAL	556	195	8	759

Vaccination against Poliomyelitis.

The year 1957 was wholly occupied by dealing with applicants for vaccination against poliomyelitis already received under the scheme first launched in 1956, whereby children born in the years 1947 to 1954 were eligible. At the end of the year a large number still remained to be dealt with, this relative slowness being determined by the amount of vaccine made available from Government sources. Had the vaccine been available in plentiful supply, the number of applicants dealt with would have been much greater. In November the Ministry of Health launched a second scheme, whereby all children born in and since 1943 who had attained the age of six months were eligible, together with expectant mothers and members of families of persons who on account of their employment were particularly exposed to the virus and likely to become carriers of it, perhaps with no ill-effects to themselves. This included, for instance, doctors and nurses. Again a somewhat elaborate procedure was laid down and vaccine was only to be made available in accordance with the number of applications received. In addition to extending the range of eligibility, two important modifications on the earlier scheme were introduced. These were the invitation to general practitioners to co-operate under similar terms and conditions

to their existing work in connection with immunisation and small-pox vaccination, and the introduction of Canadian vaccine along with the British product. The choice of vaccine was to be offered to parents, thereby introducing another complication. The Ministry of Health was anxious that procedure under the new scheme should be begun as soon as possible, but in point of fact it proved impossible to prepare a return of new applicants before the end of the year and so the story must be left to be continued in our next.

TABLE XXIV.

Poliomyelitis Vaccination.

Children born in the year	Local Authority Clinic	General Practitioners	Total
1947	261	—	261
1948	266	—	266
1949	224	—	224
1950	205	—	205
1951	183	—	183
1952	163	—	163
1953	171	—	171
1954	140	—	140
1955	74	—	74
1956	—	—	—
1957	—	—	—
TOTAL	1,687	—	1,687

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, 95 inoculations were given, details of which are as follows :

Typhoid and Paratyphoid (T.A.B.)	...	...	53
Cholera	...	...	28
Tetanus	...	...	10
Typhus	...	...	4

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 nine 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
1957	...	...	...	29,062	...	124,492

These figures shows that while there has been an increase in the use of the service since the Appointed Day, during the last two years a slight decline has been apparent. Public means of transport are recommended where possible but 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.

The same situation continued during 1957 as has been described in previous Reports in relation to the means whereby the Darlington Tuberculosis Care Committee carried out the mandatory obligations placed by the National Health Service Act upon the local health

authority in respect of tuberculous patients. The closest possible liaison was maintained with the Chest Physicians, and Dr. D. P. Degenhardt, the Assistant Chest Physician, regularly attended the monthly meetings of the Care Committee. Health visitor Miss Thornton visited all patients in their homes and the office work relating to the tuberculous was undertaken by Mr. I. Burnley. Miss Thornton and Mr. Burnley attended Care Committee meetings together with Miss Winch and Mr. D. J. Whalley, your handicraft instructor, who had a number of tuberculous patients among his clientele both attending the handicraft centre and receiving help at home. In addition to the financial amenities provided for the tuberculous patients, each one of them was on the list of one or other of the Ward Visitors and received a visit at least once a month. The Ward Visitor, a member of the Care Committee, might or might not also be a member of the Council.

A question of some importance was raised during 1957, though a final answer to it was not decided before the end of the year. The Darlington Tuberculosis Care Committee is affiliated to the National Association for the Prevention of Tuberculosis and having regard to the diminished importance of tuberculosis as a problem of preventive and curative medicine, the parent body has extended its terms of reference to include other diseases of the chest and of the heart. At the September meeting of the Care Committee the question was raised as to whether the time was ripe to make a similar extension locally. It was decided to defer the decision for six months, though it was very evident that members of the Committee were favourably inclined to the suggestion, which was also warmly supported by Dr. Degenhardt. It was not thought that diseases of the heart should yet be included, but the needs of patients suffering from other diseases of the chest, notably chronic bronchitis, bronchiectasis and cancer of the lung were fully appreciated. It might also be true to say that the Care Committee during 1957 favourably considered a rather wider variety of requests than in some previous years. Often enough the assistance given seems to extend no further than the provision of free milk, but supplies of clothing and financial settlement of debts causing embarrassment through injudicious hire purchase commitments have now been accepted. With the extended terms of reference the demands on the financial resources of the Committee are likely to become greater. At the same time, the enlarged scope may commend itself for a more liberal annual contribution by the Health Committee and there is in any case no point in a charitable organisation maintaining much of a credit balance. Such an organisation should not, of course, actually be in debt, but otherwise should live on a narrow margin.

Illness Generally.

The Handicraft Centre, North Road, which shares with the Occupation Centre (page 49) premises originally designed for and used as a day nursery, continued to operate in the same manner and with the same staff as described in previous years. Mr. D. J. Whalley continued as your handicraft instructor, assisted by Mrs. M. Hewson,

who with effect from 1st May, 1957, also became your whole-time employee. She still continued, however, to give a proportion of her services to the Welfare Department (10 hours) so that the gain to this, the major part of her work, was less than might appear.

The help given to the majority of patients is at the Handicraft Centre alone, but, as the following figures show, others who are confined to home are assisted at their private address. As the following analysis shows, the patients illustrate a wide range of chronic disabilities, but still fuller use might be made of the centre if the facilities it offered were more widely known. From time to time your Medical Officer of Health brings it to the notice of his colleagues in general practice through the weekly bulletin letter, but the number of patients recommended as a result of such advertisement is negligibly small. At the same time, the advantages the patients who do attend receive from the centre are undoubted, since constructive employment even if unremunerative is a great psychological help to chronic invalids. An important extension of the work at the centre will become necessary when and if the recommendations of the Royal Commission on Mental Illness and Mental Deficiency receive statutory recognition. Already two patients suffering from schizophrenia have joined the centre, harbingers of what is to come.

A considerable disability from which the workers at the centre, both instructors and patients, suffer is one imposed perhaps inevitably by the Borough Treasurer's Department. Before obtaining materials to make an article a patient must have reasonable knowledge that he can sell it and new lines of enterprise tend therefore to be unexplored. If a small sum of money were available for experimental materials, to be re-imbursed by the sale of the articles so made, much more enterprise could be shown, new lines explored and the interest of all concerned greatly stimulated. At the same time, your Medical Officer of Health appreciates that public money is involved and capital outlay cannot be risked in the same way in this context as is possible in private enterprise. The disadvantages of the present situation will, however, be apparent to you and are reflected in the analysis of handicrafts pursued, which shows a great preponderance of canework, i.e., trays, baskets, etc., as compared with other things. This is not because of the intrinsic interest of this branch, but because orders are most readily obtained for items of such a kind. In addition to those listed below, certain patients pursued woodwork, jewellery-making, artificial flower-making and weaving. Several patients undertook more than one pursuit. The work of the service may be summarised as follows:—

Attendance.

Men	...	...	...	...	...	...	...	44
Women	...	...	...	...	...	...	...	37
Attending centre only	...	...	...	...	...	...	...	46
Assisted at home only	...	...	...	...	...	...	...	27
Both at centre and home	...	...	...	...	...	...	...	8

Disabilities of Patients.

Suffering from pulmonary tuberculosis	...	...	20
Diseases of chest, not tuberculous	...	...	2
Diseases of heart and blood vessels	...	...	8
Arthritis deformans	...	...	4
Diseases of the central nervous system	...	...	14
Amputations, after-effects of operations and injuries	...	...	10
Mental deficiency	...	...	12
Psychosis	...	...	2
General debility	...	...	9

Handicrafts.

Canework, cane trays, baskets, etc.	...	...	39
Chair and stool seating	...	...	12
Leather-work and shoe-repairing	...	...	3
Lampshade-making and plastics	...	...	3
Knitting, sewing and crochet	...	...	12
Tapestry and embroidery	...	...	5
Dress-making	...	...	3
Rug-making	...	...	5
Toy-making and felt-work	...	...	9

The remarks contained in the Annual Report for 1956 with regard to the considerable possibilities for proposals to assist other categories of chronic illness still remained true. It was there noted that whereas the need undoubtedly existed, the demand was at present unexpressed. It will probably remain advisable for some years, having regard to the resources of the town and the amount of them allocated to the Health Department, to concentrate upon the foreseen expansion of the mental health service and to leave other sections of chronic sickness, such as long-term cardiac cripples, sufferers of cancer, etc., for the time being. As another pointer in this direction, additional to the schizophrenics noted above 12 older persons from the Occupation Centre received part-time training from the handicraft instructor and are included in the figures above.

Among voluntary organisations with which the Health Department is associated through commitments under Section 28 may be mentioned the Infantile Paralysis Fellowship and the Darlington Spastics Society. Both these carry out useful work in their respective fields and the former at any rate represents a valuable point of liaison between the hospital and community care services.

The curious anomaly of defining the frontier between the responsibilities of the Welfare Department under Section 29 of the National Assistance Act and of the Health Department under Section 28 of the National Health Service Act remains a source of

uncertainty. Whereas, for instance, spastics belong to the Health Department as a concern for care and help, epileptics are the responsibility of the Welfare Department. It is not, however, possible to remedy this state of affairs at local authority level, especially when the health and welfare services are administered by separate Committees.

§ 8. DOMESTIC HELP (Section 29).

There was no new development to record during 1957 in respect of the domestic help service. In an unobtrusive manner this continues to meet a need with apparent complete adequacy. Again the figures for the year's work are very comparable with those of 1956; the establishment of helps on 31st December was 7 full-time and 32 part-time personnel, who gave assistance to 479 applicants. In 1956 the figures were 7, 30 and 441 respectively.

Your Medical Officer of Health has raised once or twice in the past the query as to whether the real needs of the town are greater than in fact are known to the department; that is to say, whether a larger establishment of helps could be employed if only their availability was better known. The incidents arising as a consequence of the epidemic of influenza in 1957 did something to answer this question in the negative, for it so happened that on this occasion the service was over-stretched as a result of increased demands when the personnel were themselves reduced from illness in their own ranks. This showed that people realise the existence of the service and come to seek help when they need it. Thus confidence in the general adequacy of your provision would seem to be justified. At the same time, I feel sure that larger demands on the time of the helps in individual homes would be made if the cost were lower and I should like to see an arrangement whereby help was available, at least in certain cases of great need, over the weekend. There is no let-up in fact on domestic need and a five-day week does not correspond with reality. Once again, however, the situation appears to be accepted by the users of the service and no complaints have been received.

Miss A. Lumb has continued to give you excellent service with unobtrusive efficiency. New applicants are visited by her or by her clerical assistant, Miss M. Hipkiss, and by this means their genuine need is confirmed. As in previous years, over 75% of users were chronic sick, aged and infirm persons, and as these are for the most part assessed to pay less than the economic cost of the help they receive, the service remains largely chargeable to public funds. Persons from all walks of life do make use of it, especially to provide help at home when the housewife is confined. It may be remembered that this was the original intention behind the provision of home helps, not only in Darlington but throughout the country in general, and it is interesting to note that the demand remains fairly constant for all that the scope of the service has so very largely increased.

The work done during the year may be summarised as follows:—

TABLE XXV.

Type of Case	Number of cases	Number of hours worked
Maternity Cases (including expectant mothers)	38	1,701
Tuberculosis	6	446
Chronic Sick (including aged and infirm)	360	38,257
Others	75	4,734½
TOTAL	479	45,138½

§ 9. MENTAL HEALTH SERVICE (Section 51).

General Observations.

It is fair to state that during 1957 the mental health services in the County Borough expanded in a most satisfactory manner. This is, of course, in line with the national trend and the now acknowledged fact that the problem of mental health needs to be tackled in the community as well as in the mental hospital, and indeed the emphasis is now being placed upon community care where possible, coupled with out-patient clinics rather than expensive hospitalisation.

The expansion in local services may be attributed to several factors. This was the first full year we had the services of Mr. S. McAulay to assist the Duly Authorised Officer. The experience gained by Mr. McAulay during his probationary period in 1956 has now enabled him to take over a full share of responsibility, not only in dealing with the initial removal of cases of unsound mind to hospital, but in follow-up procedure and case work in general. The granting of a car allowance to the Mental Welfare Officers in November was also a factor of some importance to the mobility of the officers concerned. This allowance of 30 miles per week, which broken down gives a mere 5 miles per six-day week, has nevertheless enabled our Mental Welfare Officers to cover more ground, and has also been of great value in dealing with urgent cases in out-of-office hours when taxis have been difficult to obtain. At the Occupation Centre the appointment of Mrs. Paxton as full-time supervisor, and Mrs. Sullivan as a third member of staff, has enabled us to take in a further group of children who had been excluded from school by the education authority and also to amend the time-table and syllabus of instruction to conform with the requirements of the Inspectors of the Board of Control. In this respect we have been helped considerably during the year by the Darlington Branch of the Friends of Mentally Handicapped Children, who have given to the centre £140 worth of equipment.

Work undertaken in the Community.

It is pleasant to record that during the year 1,036 visits and interviews were made in relation to after care and prevention in cases of mental illness, and 836 in cases of mental deficiency. While these figures may not seem excessively large set against those of some other departments, it must be remembered that the officers concerned spend much of their time in fulfilling statutory duties under the Lunacy and Mental Treatment Acts, and the Mental Deficiency Acts in the ascertainment of persons of unsound mind or mentally defectives in the community and their admission to hospital, as well as supervisory duties in connection with the day-to-day running of the Occupation Centre, and Home Reports for the Information of the Visitors in pursuance of their duties under Section 11 of the Mental Deficiency Act, 1913. A brief look at some of the problems tackled by the department and the subjects about which advice is sought will give some idea of the scope under the terms of mental health. These range from help in finding accommodation (rooms, rehousing, exchange of houses), employment, marital relations, advice on separation, the bringing up of children, rent difficulties, becoming a foster parent, arranging home help, spectacles repairing and testing, income tax returns, family allowances and National Assistance Board grants, to actual shopping and paying out of a family's income, etc. One or two case histories will suffice to illustrate still further the contribution of the service to the community.

Mr. A. and his wife and two children lived in a Corporation dwellinghouse on the outskirts of the town. Unfortunately Mr. A. found his wife in a compromising situation with another man and became so obsessed with her unfaithfulness he could not work. He began to beat his wife and caused much distress to his children. His problem was discussed with him in the presence of his own doctor, and eventually he agreed to enter hospital as a voluntary patient, and monetary help was obtained for the family who were by this time deep in debt, especially on hire purchase agreements. Mrs. A. was encouraged to take up part-time employment. After three weeks Mr. A. returned home relieved, but could not settle either at home or work and joined H.M.F., where he stayed for six months, but was then discharged on medical grounds. At home his trouble reasserted itself, he beat his wife, neglected his children, laid in bed to midday and refused to work. He flatly refused treatment of any kind, stating he was not ill, but merely hated his wife. His obsessions were marked, but he was not certifiable, and no compulsion could be used. Before the unfortunate incident this man was a devoted husband, who worked well, cared for his children and loved his home, and eventually it was thought that if there was a definite possibility of losing wife, children and home, the shock may be sufficient to counter-balance at least his obsessions, so Mrs. A. was advised to apply to the Clerk to the Justices for a Separation Order and to see what would happen. The effect exceeded expectations; on receiving the summons to appear at the Matrimonial Court, Mr. A. realised just

what he was about to lose because of an indiscretion on the part of his wife, and the inability to forget the injury to his own pride and ego. On the promise of his wife to withdraw the summons he returned to work and normal family relations were resumed. There has been no further trouble for the past six months.

Mrs. B. with her mentally handicapped daughter aged 21 years, and normal son aged 15 years, lived in overcrowded conditions in the centre of the town. Her husband had been a patient in Winterton Hospital for fourteen years. The defective girl gave cause for anxiety owing to her friendly and trusting nature and the proximity of undesirable characters in the neighbourhood. Under the strain Mrs. B. became very confused and unable to manage her home and had to be admitted herself to hospital as a voluntary patient, arrangements being made for the boy and girl to be cared for by relatives. After six weeks she was discharged, much improved, and managed for a while, but relapsed and had to be re-admitted for a further three weeks. The boy was now consorting with hawkers in the vicinity and losing time from the job which had been found for him, and it was impressed upon Mrs. B. that she must help him and the girl, no less herself, by consenting to be rehoused (a proposal which hitherto she had strenuously resisted). This was eventually accomplished with the help of the Councillor for the Ward and the Medical Officer of Health, and a fresh start in a new environment was made in the middle of the year, help being obtained from relations and other sources, W.V.S., etc., in furnishings, curtains and other necessities needed for a larger house in the suburbs. Close supervision for two months following the change showed the family beginning to take root in their new surroundings and it was decided to encourage them to be more independent of outside aid. This was apparently fairly successful until sudden crisis arose in early December, when it was found that the boy, though going out early in the morning, had actually lost his job and had no pay for three weeks, the mother was once more in a confused and depressed state and the girl had developed marked hysteria. There was little food in the house, no coal or heating of any kind, no lighting, rent and rates were two weeks in arrears and only 1s. 2d. in cash. The family doctor was contacted and though the easy way appeared to be to admit the mother to Winterton, the daughter to Aycliffe Hospital and have the boy taken into care by the Children's Officer (relatives could no longer help), it was felt this would break up the home finally and all that had been done previously be lost. Instead, it was decided to special the case. Immediate cash help was sought from the Friends of Mentally Handicapped Children, from which coal was bought and a fire lighted, eggs, bacon, bread, soup, etc., were also purchased and a meal prepared. Paraffin was obtained for an oil heater and given to them, the National Assistance Board contacted, who promised assistance to meet the needs of the boy, then he was sought out from a hawker's stable and taken to the Youth Employment Office, where employment was obtained with a local firm of coal merchants. The house was visited every day until Christmas, money, food and warmth being regained, and the treat-

ment prescribed by the doctor for Mrs. B. carried out. The boy was now earning good pay, his mother showing less signs of confusion and the girl becoming more stable. Progress had been made and the family spent Christmas together. Close supervision was still needed after the holidays and further complications arose when Mr. B. was discharged from hospital. Another bed had to be found, together with bedding, clothes for Mr. B., but more difficult still was the adjustment of personal relationships between husband and wife, and father and children. The defective girl was at first afraid of her father and told fanciful stories of beatings with the poker and axe, which on investigation proved to be old wives' tales of events which had happened previous to Mr. B's admittance to hospital. The boy resented his father, whom he had not seen before and did not take easily to his presence in the home. However, Mr. B. under advice was most understanding and patient and appreciated the problems which faced him in taking his place once more as head of the house. Day by day the situation eased, the family began to weld itself together again, the boy worked well and accepted the friendly discipline of his father, the girl not only forgot her wild allegations but began to talk about her father in a friendly way and Mrs. B. came out of her confused, uncommunicative state to be the friendly smiling woman known to the department in previous years.

These two cases give in brief detail the type of follow-up care work undertaken in the community. They take up much time and provide many headaches, but it is felt that time and labour cost little when it is possible to prevent, even in a small number of cases, the breaking up of family life with all its detrimental effects which so often continue into second and third generations.

Co-ordination with other Bodies.

The department is pleased to report helpful and active co-operation with all the following agencies with whom it has been in contact at various times throughout the year :

The Medical Superintendents of Winterton Hospital, Aycliffe Hospital, Prudhoe and Monkton Hospital and the Observation Wards at West Hartlepool General Hospital, together with their Consultant Psychiatrists ; the whole of the medical services in the town, local education authority, Headmaster of the Barnard Special School, Probation Service, Disablement Resettlement Officer, Youth Employment Officer, the officials of the National Assistance Board, N.S.P.C.C., local authority Welfare Department, Children's Officer, Clerk to the Justices, Clerk to the Visitors, Magistrates, Police, Society of St. Vincent de Paul, Toc H, Women's Voluntary Services, Housing Department officials, Y.M.C.A. Hostel Warden, Major in charge of Salvation Army Hostel, Welfare Officers of various industrial establishments, Darlington Branch of Friends of Mentally Handicapped Children, the Educational Psychologist, Psychiatric Social Workers at Winterton Hospital, Darlington Town Mission and Clergy.

Lunacy and Mental Treatment Acts, 1890-1930.

	1954	1955	1956	1957
Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients) ...	50	92	98	118
Patients dealt with under Section 5, Mental Treatment Act (Temporary Patients) ...	3	2	3	5
Patients dealt with under Section 6, Lunacy Act (Petition)	—	—	—	—
Patients dealt with under Section 11, Lunacy Act (Urgency Order)	1	3	2	1
Patients dealt with under Section 15, Lunacy Act (Certification)	—	1	—	1
Patients dealt with under Section 16, Lunacy Act (Certified Patients)	30	34	35	30
Patients dealt with under Section 20, Lunacy Act	—	4	5	10
Patients dealt with under Section 21, Lunacy Act	3	2	1	—
Patients dealt with under Section 55, Lunacy Act	—	—	—	2
Patients dealt with under Section 4, Criminal Justice Act	1	1	—	—
Patients dealt with under Section 24, Criminal Justice Act	—	—	—	1
Patients dealt with under Section 30, Magistrates Court Act	—	—	—	2
Other Patients (not certified, transferred, etc.) ...	35	31	26	24

Mental Deficiency Acts, 1913-1938.

	1954	1955	1956	1957
Mentally Defective persons ascertained	18	15	25	19
Mentally Defective persons awaiting vacancies in institutions at end of year	21	20	14	14
Mentally Defective persons under guardianship ...	2	2	2	1
Mentally Defective persons under statutory supervision	107	98	101	106
In training :				
At Home	—	—	—	—
At Occupation Centre	37	32	39	43

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, 1957, your Assistant Medical Officer of Health made a recommendation in support of 16 admissions while the applicants' own doctors made recommendations in 63 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 1957.

TABLE XXVI.

Age Distribution of Blind Persons in Darlington.

	Under 15	15—39	40—59	60—64	65—69	Over 70	TOTAL
Men	1	4	11	5	1	23	45
Women	1	3	8	8	7	42	69
TOTAL	2	7	19	13	8	65	114

PART V.

Growing Points**§ 1. HEALTH EDUCATION.**

A number of developments in 1957 deserve mention under this heading, though not all of them reached completion before the end of the year and one at least could hardly be regarded with unmixed feelings. In the first place, eligibility for vaccination against poliomyelitis was extended to include all children over six months old born in and since 1943, expectant mothers and certain other priority groups, and this entailed publicity, and incidentally a good deal of extra work on the part of your clerical staff, to bring the matter to the notice of the people and to produce a scheme whereby enrolment could be carried out to satisfy the somewhat complicated scheme laid down by the Ministry of Health. No returns had been obtained by the end of the year, but the main outlines of procedure were drawn during the period under review. Meanwhile, the first and more limited plan for poliomyelitis vaccination was well established in public regard and although there were always a certain number of defaulters when appointments were given, the response from among those enrolled was generally satisfactory and there was no "sales resistance." Only British vaccine was available during 1957, so that public reaction to vaccine of North American origin was not observed. This year vaccination was continued without interruption throughout the summer.

At certain previous meetings of the Liaison Committee at Newcastle-upon-Tyne your Medical Officer of Health had heard reported the information of the Medical Research Council that immunisation with combined antigen increased liability to paralytic poliomyelitis in the inoculated limb. The scientific theory to explain the observed coincidence of paralysis and inoculation (one of the first examples of which was seen by your Medical Officer of Health in Ramsgate in 1942) is that the virus of poliomyelitis is widespread among people who show normally no evidence of their temporary infection with it, but if such a person during his carrier period receives an injury, what otherwise would have been unnoticed becomes an attack of paralytic disease. It was observed that combined prophylactics, such as when for instance immunisation against diphtheria and whooping cough were combined, were much more likely to cause such catastrophes than when each antigen was given separately. This difficult question was given publicity at the Annual Conference of the National Association for Maternal and Child Welfare in June, which was attended by Councillor Mrs. Raine and your Medical Officer of Health, and such emphasis was laid upon the danger of the combined that some modification of policy with regard to its use seemed necessary, or at least that the question should receive careful attention. Fortunately, the months of greatest risk in this respect were declared to be April, May and June, and it was proposed, therefore, to take no new steps during the rest of 1957 unless poliomyelitis

became prevalent in Darlington. As a matter of fact, as is reported elsewhere, there was only one notified case during the year and that in December. Your Medical Officer of Health has, of course, already reported fully to you on proposals for 1958, but would like to underline the matter again because of its extreme importance and the very difficult position in which he, in common with all other Medical Officers of Health, finds himself. Diphtheria has ceased to be a live issue to average parents because so few cases have been reported for so many years, but it still remains a danger as was locally shown in 1952 by the outbreak at Thirsk and by two later cases from Richmond and Barnard Castle which were admitted to Hundens Hospital and both of whom died. To recommend any sort of suspension of immunisation against diphtheria at the present time would be a completely unjustifiable step and one moreover contrary to the intention of the Ministry of Health, whence reminders every year were received of the need to maintain immunisation at a high level among the child population. The great value of mixed vaccine has been that protection against whooping cough, with which parents are familiar and which they rightly dread for their children, has carried immunisation against diphtheria, towards which they are emotionally inert. Another point is what may be called the pin-cushion effect. Supposing that a child received protection against pertussis at three months old, and protection against diphtheria and poliomyelitis during his second six months, he would receive a total of seven injections at monthly and in one case three-weekly intervals, to say nothing of the vaccination against smallpox, which he also ought to receive. At the same time, having regard to the findings of the Medical Research Council any case of paralytic poliomyelitis, whether in fact associated with immunisation or not, that occurred a week or two after inoculation with mixed prophylactic might be claimed by the parents as due to the improper use of the latter. As you know, a compromise solution was reached in January, 1958, for application next year.

Another important publicity issue upon which Ministerial guidance was received was in respect of smoking and lung cancer. This disease has shown a steady increase in incidence among both sexes, but particularly among men, during the last thirty years and particularly during the last decade, and there appears to be a significant association between cancer at this site and the habit of smoking, particularly of cigarettes. Your Medical Officer of Health accepts the validity of the association, though he does not believe that it explains everything. You agreed that publicity should be given to the potential evils of smoking and use has been made of a very effective poster and bookmark, the latter distributed through the Public Library by the co-operation of the Library Committee. Both were produced by the Central Council for Health Education. What is needed here, of course, is a change of fashion with regard to tobacco such as took place for no very obvious reason at the beginning of the nineteenth century, and the people who need most to be influenced are teenagers and children of even earlier age who are tempted and liable to begin the habit. This obviously entails a combined operation with many more agencies than Health Departments

alone and involves the setting of a good example by all responsible grown-ups, by local authorities and other agencies in respect of public transport, by places of entertainment, and by owners of restaurants and cafes.

A policy adopted in previous years was reversed in 1957, when a subscription was made to the Central Council for Health Education. Darlington apparently was one of the few local health authorities which refused a subscription to this organisation and when it was found that a much smaller figure than was asked for by the society itself was nevertheless acceptable no further reason remained to stand aloof. While recognising the good work done by the Central Council, your Medical Officer of Health still thinks that in respect of posters, pamphlets and other publicity material too many organisations cover the same field. In addition to the Central Council for Health Education, the Central Office of Information sponsored by the Ministry of Health produces useful material from time to time, as also does the National Association for the Prevention of Tuberculosis, the Royal Society for the Prevention of Accidents and certain others. One single body to perform this function would seem more economical.

During the early Autumn there was a sharp epidemic of influenza in the town, the details of which are printed at the end of this Report in an Appendix. It gave occasion to revive the offer of instruction in Home Nursing for Housewives, a feature that your Medical Officer of Health has always recommended as serving a most useful purpose from several points of view ; knowledgeability in the sickroom, health education, relief of the home nursing and indirectly of the hospital services. He is glad to say that by the end of the year a number of names of applicants were to hand and arrangements were in being to begin courses early in 1958. Your Superintendent Health Visitor once again made herself responsible for the instruction and obtained the ready assistance of other health visitors, though the sessions are to be held out of office hours and attract, of course, no extra remuneration.

The framework of health education in Darlington remains otherwise the same as in previous years. Lectures and talks were given by various members of your staff to such organisations as asked for them and are listed below, while five bulletin letters ranging over subjects also as listed were sent to the 73 societies on the mailing list of the department. The usefulness of this bulletin scheme, as also of the weekly bulletin to all general practitioners and to certain consultants, has fully justified itself as a means of bringing information to the notice of a substantial section of the population in a more personal manner than by advertisements in the press or even by interviews reported "Under The Town Clock." Your Medical Officer of Health would like, however, to refer again to the excellent relations of his department with the press, and the discriminating and admirable use made by the reporters of any material given to them by his staff or himself.

TALKS AND LECTURES

Date	Association	Subject	Speaker
Jan. 17	Harrowgate Hill Parent-Teacher Association	Poliomyelitis	Dr. Walker
Jan. 24	Greenbank Fellowship	Some Human Problems in Mental Health	Mr. Price
Jan. 28	St. Luke's Men's Fellowship	Poliomyelitis	Dr. Walker
Feb. 7	Junior Technical School Parent-Teacher Association	Brains Trust	Dr. Walker
Feb. 11	Salters Lane Open Air School Parent-Teacher Association...	B.C.G. Vaccination	Dr. Walker
Feb. 11	Firth Moor Parent-Teacher Association	Childish Ailments	Miss Winch
Feb. 12	Young Conservative Association...	The Work of the Public Health Inspector	Mr. Ward
Feb. 13	St. Teresa's Women's Guild	Public Health	Miss Winch
Feb. 20	St. Matthew's Mothers' Union	The Work of the Health Visitor	Miss Winch
Mar. 12	Order of Good Templars	Children who will never Grow Up	Mr. Price
Mar. 20	St. Teresa's Women's Guild	Health in the Middle Years	Miss Winch
Apr. 3	British Legion Women's Branch	Poliomyelitis	Dr. Walker
May 8	Arthur Pease School Parent-Teacher Association	Quiz	Dr. Walker
May 21	Training College Students	The Work of the Health Visitor	Miss Winch
May 28	Victoria Road Youth Group	Children who will never Grow Up	Mr. Price
May 28	Corporation Road Youth Fellowship	The Defective Citizen	Mr. Price
May 30	Salters Lane Open Air School Parent-Teacher Association	Public Health Nursing Services	Miss Winch
June 17	School Canteen Workers	Kitchen Hygiene	Mr. Ward
July 3	Darlington Ladies' Circle	The Work of the Medical Officer of Health	Dr. Walker
Oct. 2	Darlington Trades Council	Influenza	Dr. Walker
Oct. 2	Cockerton Co-operative Women's Guild	The Work of the Health Visitor	Miss Winch
Oct. 16	Training College Students	Minor Ailments of School Children	Miss Winch
Oct. 17	Holy Family Catholic Women's League	Cancer and Smoking	Dr. Walker
Oct. 17	Greenbank Youth Group	The Defective Citizen	Mr. Price
Oct. 30	College of Further Education (Domestic Science Group)	Food Hygiene	Mr. Ward
Nov. 6	Salvation Army Sisterhood	Children who will never Grow Up	Mr. Price
Nov. 20	Salters Lane Open Air School Parent-Teacher Association	Child Care during Infectious Diseases	Miss Winch
Nov. 21	St. Mark's Young Wives' Group'...	Poliomyelitis	Dr. Walker
Nov. 21	Greenbank Men's Fireside	Health in Old Age	Miss Winch
Dec. 5	Junior Technical School Parent-Teacher Association	Brains Trust	Dr. Walker

BULLETINS

- No. 33 June 27 Poliomyelitis Vaccination
 No. 34 Aug. 27 Smoking and Cancer of the Lung
 No. 35 Sept. 24 Asian Influenza
 No. 36 Nov. 4 "Coughs and Sneezes Spread Diseases"
 No. 37 Dec. 2 Poliomyelitis Vaccination and Home Nursing for Housewives

§ 2. GERIATRICS.

The work carried out by your Superintendent Health Visitor in collaboration with the admissions department of the Darlington Hospitals Group continues to illustrate a very practical example of co-operation between all three branches of the National Health Service. Though general practitioners themselves do not actively figure in the scheme, their consent and acquiescence are *sine qua non*. Work carried out during 1957 may be summarised as follows:—

TABLE XXVII.

Diagnoses	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents)	7	20	27
Myocardial degeneration	5	4	9
Chronic lung disease	2	1	3
Cancer, all sites	4	3	7
Diabetes	2	1	3
Other conditions, including acute illnesses	1	5	6
Senility	12	11	23
Total Cases Investigated	33	45	78

(Where more than one morbid condition was reported, the more important alone is recorded above).

Compared with last year, when 111 patients were dealt with, the numbers show a slight decline. The following Table shows the age and sex distribution of 76 of these patients, in two cases the information being inadequate to extract details.

TABLE XXVIII.

Age and Sex Distribution.

	Under 60		60-70		70-80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (32 patients) ...	1	3.1	3	9.4	16	50.0	12	37.5
Women (44 patients)	1	2.3	11	25.0	15	34.1	17	38.6
Total persons (76 patients) ...	2	2.6	14	18.4	31	40.8	29	38.2

As in previous years, an analysis has been made to indicate the social background of patients as reflected by their address. It was as follows:—

TABLE XXIX.

	Male	Female	Total
Living in very superior circumstances	1	1	2
Living in superior circumstances	4	10	14
Living in average housing conditions	18	26	44
Living in below average housing conditions	10	8	18
Living at Airedale House (included in last above) ...	2	—	2

The impression given by these figures is that hard cases are certainly as frequent among people whose circumstances appear to be more comfortable than average as among the rest. A possible reason for this will be mentioned in a later paragraph. Meanwhile the following figures show details in respect of the reason for admission to hospital and what services from the local health authority were already in attendance.

TABLE XXX.

	Male	Female	Total
Care adequate but cannot be maintained	18	28	46
Care adequate except for nursing ability	4	2	6
Care generally inadequate	9	8	17
District nurse in attendance	7	27	34
Home Help in attendance	1	9	10
Hospital priority recommended	13	15	28
Suitable for Part III Welfare accommodation ...	1	2	3

Your Medical Officer of Health would like to emphasise the relatively small number of patients assisted under the Home Help Service, 10 (14%), as compared with 34 who received home nursing attention, though this again only represents 49%. Another interesting sociological observation is shown as follows, where information was available in 74 cases.

	Male	Female	Total
Married	13	12	25
Widowed	16	25	41
Single	2	6	8

As in previous years a larger number of women were dealt with under this scheme than men, partly because a higher proportion of females survive into later life than of males, though, as Dr. J. H. Sheldon among other geriatricians has pointed out, old men seem to enjoy better health than old women. Among the patients dealt with in 1957 the average age of the men was 76.8 years and of the women 75 years, with an average age for all of 75.7 years.

Your Medical Officer of Health, whose statutory responsibility is to consider and advise upon all matters influencing the health of the community to which he is accredited, would not like to pass this matter without a comment on what he thinks would be a welcome development in hospital policy. That should take the form of the appointment of a geriatric physician to take charge of the beds for the elderly and chronic sick patients and who would no doubt, as is common with geriatricians elsewhere, establish close contacts with the local health authority in connection with his domiciliary work. It is clear, of course, that the needs of Darlington do not require a whole-time physician in this speciality, but an appointment that included some notional sessions at Darlington together with duties elsewhere would represent a great step forward. This is without prejudice to present arrangements at East Haven, which are admittedly as good as circumstances allow.

The publication of Ministry of Health Circular 14/57 and its collaterals to Hospital Management Committees marked a stage in the development of services for the old and chronic sick. The need for something between Part III accommodation under the Welfare Committee and full-scale hospital facilities has long been appreciated, and the assumption that health and illness were clearly demarked territories in the later years of life was one of the few but real mistaken implications of the National Health Service Act. The new circulars authorise certain steps to bridge the gap and allow local health authorities to employ trained nurses for the care of the less robust residents of Part III accommodation. There is still a rigid discouragement of the re-creation of "Infirm Blocks" attached to local authority establishments and there is no suggestion that the clinical care of sick or feeble residents should become the responsibility of the Medical Officer of Health, either by his acquisition of a limited list under the Executive Council or otherwise. Up to the end of the year no proposals had been made for local action under the circulars.

There has been no further development of the scheme described in the Annual Report for 1956 whereby an attempt was to be made to preserve a place at home for an elderly or chronic sick patient admitted to hospital in order to avoid his transfer, in the event of his recovery, to Part III accommodation. This was because no cases where such action was possible were brought to notice. Another project where progress has been held up, this time because of lack of opportunity through the pressure of other work, and also because of changes of staff, was the enquiry into the socio-economic and medical circumstances of all persons of retired age living in three

pilot areas. Even so, enough was learned to illustrate an important difference between social conditions in two areas that might for the sake of differentiation be described as middle-class and old-fashioned industrial. Living conditions in the former were in general higher, but loneliness and lack of neighbourly spirit was very much more marked, and this might account for the phenomenon noted above of the relatively high number of hard cases among apparently more comfortably circumstanced people. These could not rely to anything like the same extent upon the help of friends and neighbours, nor even on their own families, which 40 years ago or so were likely to have been smaller than among the then less sophisticated working class.

§ 3. PRESERVATION OF FAMILY LIFE.

Although the Minister has not asked for a special note in the Annual Report this year under the above heading, it is convenient to retain it as drawing attention to a very important part of your department's work, aspects of which are, of course, described under a number of other headings, for instance "Care of Mothers and Young Children," "Health Visiting," etc. It might in fact be hardly an exaggeration to say that the preservation and improvement of family life is the chief aim of the public health service. As man is a social creature, he cannot ordinarily expect to reach full maturity of personality except in a family context of some sort and illness which it is the aim of preventive medicine to avert has an untoward effect as much upon the family as upon the individual affected.

Some of the hazards to which the family is exposed in modern society are not within the control or terms of reference of the local health authority, involving as they do conditions of modern industry and the movement of populations in search of employment. Where a century ago and earlier families tended to live in the same place and follow the same type of work for generation after generation, they now are liable to scatter throughout the length and breadth of the country. Account must also be taken of certain psychological stresses and strains relating to modern practices such as divorce, and whilst it might be difficult to prove that the artificially small family was by that fact more liable to dissolution than one of larger size, it is worth noting that recent years have shown an increase in average size of family among educated people to some extent in this country and the United States of America, and very markedly in France. Where the work of your department is concerned, there is no doubt that the special needs of a relatively very small section of the community monopolise an entirely disproportionate amount of time and trouble and it has to be admitted that the unsatisfactory family often defies all attempts to improve it. It is not to be assumed, however, that the socially maladjusted family is necessarily defective in internal solidarity and mutual affection, and one such case particularly attracted attention during the year, where such features were prominent, though the record of petty crime attaching to some members suggested that the younger children might benefit socially by removal to another environment. The eventual outcome of this

case was that the family remained united, with which result your Medical Officer of Health agrees, since the wilful break-up of a family by process of law or otherwise is to be regarded as an extremely grave step not altogether incomparable with a capital sentence.

A note was included in last year's Report on the work of the Co-ordinating Committee and its somewhat changed conditions, if not terms of reference, at the end of 1956. During 1957 the Committee met every month on the afternoon of the first Thursday. The Town Clerk was in the Chair and representatives of all interested Corporation departments, and of several external authorities, the Police and Probation Officers, the National Assistance Board and the N.S.P.C.C., were invited, and made for the most part regular attendances. It would probably be true to say that sooner or later all notorious problem families are likely to reach the attention of this Committee, reported in the first instance by one or other of the members, when information available to others is pooled and an appropriate policy, if any is possible, drafted. In later months reports of the members mostly concerned are received and progress noted. Many families suffer, however, from difficulties and tensions that are to some extent remediable, which never are brought to the notice of the Co-ordinating Committee and the value of the health visiting service in this connection cannot be over-estimated. The original need of health visitors, which was inadvertent neglect through frankly bad mothercraft, has now almost entirely disappeared and she needs to turn her attention to other problems no less real and urgent for being less obvious. There has been a slight change in emphasis in the interests of the Co-ordinating Committee and ability or otherwise to pay rent takes a rather larger part in its deliberations than when your Medical Officer of Health presided over it.

You will remember that in the Annual Report last year an appreciative note was included on the work of the Darlington Marriage Guidance Council, a voluntary body whose aim is to mend marriages threatened with break-down and also to help young people who are contemplating marriage, to develop a responsible attitude towards it. You did not see your way to increase your donation of £5 per annum to this body, although in spite of that fact you still remain its largest source of income. The counsellors and consultants attached to the Marriage Guidance Council give their services free of charge, but it is obvious that with such meagre resources the opportunities of the Council are very limited.

An exception was taken by a member of the Health Committee to the remark in last year's Annual Report that marriage guidance might reasonably become a responsibility of the Council. Your Medical Officer of Health wants to make it quite plain that in making this suggestion he realises that there are aspects of marriage quite beyond the competence of a local authority to discuss or advise upon. Material aspects, however, contribute very considerably to the success of marriage, as all who have experienced it will agree, and with these the local health authority is presumably as much concerned as with the physical health of the individual human person

or of the community. Your Medical Officer of Health therefore remains of the opinion that such activities are a legitimate part of your work, that a larger contribution to the Darlington Council would be appropriate and that a closer concern with its objectives on an agency basis or otherwise might well be considered as a long-term policy. The Darlington Marriage Guidance Council is, of course, a branch of a nation-wide organisation and although it is on, so to say, speaking terms with the Family Planning Association, with some of whose objectives your Medical Officer of Health does not agree, it is a completely distinct and separate body.

§ 4. ACCIDENTS IN THE HOME.

All accidents happening at home to children of school and pre-school age are followed up and a report is submitted to your Medical Officer of Health. Sections on this important subject were included in the Annual Reports for 1953 and 1954, but in 1955 owing to staffing difficulties insufficient incidents were investigated to justify a separate section. A similar omission was also made in the Report for 1956, but in 1957 enquiries were made in respect of 24 accidents and their results carefully scrutinised.

It is impossible to calculate any kind of statistical index with regard to this subject because it is quite sure that the information given below is incomplete. At the same time, the investigation is far from valueless since not only are the families concerned advised as to how accidents may be avoided in the future, but also preventable factors are observed and warning about them given, as occasion arises in health education. There is no doubt that the matter is receiving careful attention in this country and also abroad, for instance in California, and there is an opinion that an epidemiology of accidents may exist just like that of a disease.

The findings are summarised as follows:—

Age and Sex Distribution.

	Boys	Girls	Total
Under 1 year	3	3	6
1 to 2 years	4	2	6
2 to 3 years	1	2	3
3 to 4 years	1	—	1
4 to 5 years	4	1	5
5 to 14 years	1	2	3

Nature of Accidents.

Scalds	3
Burns	4
Electric shock and burns ...	1
Fractures and sprains ...	2
Bruises and lacerations ...	11
Concussion or shock ...	3

Preventable Factors.

Unguarded fire	...	...	...	...	...	3
Accident with hot or inflammable fluid	...	...	...	...	...	4
Inflammable clothing	...	...	...	...	...	1
Faulty household fixture (electric)	...	...	...	...	...	1
Inattention to road safety	...	...	...	...	...	1
Inadequate play space at home	...	...	...	...	...	1
Inadequate footwear out of doors	...	...	...	...	...	1
Carelessness, especially in respect of prams	...	...	...	...	...	6
No assessable preventable factor	...	...	...	...	...	7

One patient in this last series exhibited a double preventable factor when her flannelette nightgown caught fire during the temporary removal of a fire-guard. Accidents out of doors, with a bicycle and through walking barefoot, are included as home accidents because they took place within the curtilage of the home or just outside the front gate. The circumstances of the home where the accident occurred were graded as below average in four cases, but in seven the health visitor reported specifically that the home conditions were good. Hospital treatment was required in respect of nine cases. All the patients with scalds and with fractures and sprains were treated as out-patients, while three of the four cases of burns were treated first as in-patients, in one case for four months, in another for three months and in a third for ten weeks. It will be seen, therefore, that from the point of view of public expense in time and money, as also in suffering to the patient, burns are the most serious kind of accident with which we have to deal.

Consenting to the importance of accident prevention as a contribution to public health, your Medical Officer of Health would like to point out the inevitability of a certain number of accidents whatever care is exercised. It is natural for children to be adventurous and right that they should be so, and from time to time their normal activities in this respect will lead to falls and other injuries with consequential wounds and fractures; hence the importance to distinguish between them and inexcusable falls due for instance to loose stair carpets, over-polished floors and dangerous staircases, with which may be grouped all burning and scalding injuries, all accidents due to faulty fixtures, electric, gas or otherwise, and all poisonings, of which last there were fortunately none in 1957.

PART VI.

Other Services**§ 1. HOUSING.**

This year the subject of housing has been taken out of the category entitled "Growing Points" because it is felt that the situation here is stabilised at least insofar as the role of the Health Department is concerned. As in 1956, relatively few applications were investigated by your Medical Officer of Health by a personal visit to the house. A good many applied for and were granted interviews to discuss their housing problems and in many of these cases the district public health inspector supplied a report on environmental conditions and an enquiry was made to the Treasurer's Department to find out the place of the applicant on the waiting list. The households visited represented to some extent cases already dealt with in this manner where there seemed some factor that might justify a higher priority than was obtainable by an award of points alone. Others, of course, were obviously hard cases where a visit seemed essential and you will notice the inclusion in the following Table of a new heading as compared with previous years, "Ineligible under Corporation Scheme." As you will note, almost a third of cases investigated fell into this category, but it is not to be concluded that such applicants were absolutely barred from consideration, rather that they needed a special resolution of the Committee on their behalf, as is provided for under the scheme. Four applications highly deserving on medical grounds were, for instance, out of order because there was sufficient accommodation at the present address and the house was occupied by one family alone. Two of them were favourably considered by the Committee, but it so happens that the patient who occasioned the highest medical priority in each of these cases is dead and the fourth is certainly suffering from a fatal illness. In no case was rehousing likely to affect the outcome, but it might have served to make the last months somewhat easier.

A note on the grading of the applicants shown in the accompanying Table may not be out of place. The majority of households visited are awarded a mark indicating the relative urgency of their need. The mark of 5 is rarely bestowed, but 3 and 4, representing fairly high priority were more commonly awarded in 1957 than has been customary over the past nine years. Medical priority is allocated in accordance with professional appreciation of the situation, assisted in most cases by a note from the patient's practitioner. High medical priority usually attracts a recommendation for early rehousing, but lower medical priority in association with other factors may gain an award of 4 or 5 marks and also an urgent recommendation. The other headings are self-explanatory.

TABLE XXXI.
Housing Analysis.

	1957		Investigated 1954-1956		Total investigated since 1-1-49	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
2 marks & under	11	38	69	49	416	60
3 marks ...	13	45	54	38	197	29
4 and 5 marks ...	5	17	18	13	73	11
High medical priority...	10	34	36	26	108	16
Lower medical priority...	9	31	55	39	270	39
Overcrowding ...	10	34	56	40	340	49
House defective ...	18	62	69	49	269	39
Environment defective...	3	10	12	9	44	6
Psychological factor...	7	24	33	23	173	25
Unsatisfactory family...	2	7	—	—	21	3
Recommended for priority...	10	34	52	37	204	29
Ineligible under Corpn. scheme...	10	34	—	—	—	—
Total Households investigated...	29	100	141	100	686	100

Families investigated in 1957 and rehoused same year ... 3

" " " 1956 " " in 1957 ... 5

" " " 1955 " " " " ... 2

Among medical grounds, tuberculosis continued to take a prominent part, but others merited consideration because of heart and arterial disease and the presence in the household whence application was made of a psychiatric patient. I regard this last as worthy of careful thought whenever young children are involved.

Rehousing.

No further visits have been made to assess the benefits of new accommodation upon rehoused families. As you may recall, some

Tables showing research under this heading were published in past reports, but the work is somewhat time-consuming and a second visit from the Medical Officer of Health would be difficult to justify. Reliance is therefore placed on the impressions gained by visits for other reasons to the new estates and on the observations of the health visitors.

Slum Clearance.

During 1957 the programme initiated the previous year and described in the Annual Report for 1956 was continued and a total of 99 houses represented to the Committee for demolition under the Housing Act, divided between six clearance areas. During the same period five previous areas and one represented this year were confirmed by the Minister. It will be remembered that the total number of houses proposed for action in this respect was 728 within five years from August, 1954. This total number included the Neasham Road No. 2 Clearance Area, which was already confirmed just before the outbreak of hostilities in 1939 and so had to await action until the very recent past. Even so, less than half of the proposed total has so far been achieved and your Health Department realises that somewhat faster progress will be necessary if the schedule is to be maintained.

Your Medical Officer of Health ventures to repeat what he has remarked on previous occasions, that there is no virtue in demolition of houses as an end in itself and the building of new and adequate homes for the people should always precede the destruction of existing homes unless these are quite irrevocably below standards of health. It is, in his opinion, more important that newly married couples should be able to start life together in a home of their own than that no houses without a damp proof course should be left standing. This is an elementary exercise of putting first things first, but it does not overlook the fact that no excuse for complacency exists in respect of fitness of houses in Darlington even though, relatively speaking, our slum clearance problems are small. By the nature of things there is no end to the housing question. Sooner or later every dwelling wears out, how soon depending upon the quality of the building materials and the craftsmanship of the builders. Thus it can never be said of any community that their housing problem is solved, any more than there will ever come a time when hard cases cannot legitimately claim priority for rehousing.

§ 2. 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 XXXII.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1957.

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...	30.70	29.10	55	23	2.00	.27	31	24
February	30.25	28.50	52	22	2.02	.28	23	15
March ...	30.15	28.90	65	28	.99	.18	6 & 10	12
April ...	30.55	29.70	68	29	.27	.08	21	8
May ...	30.50	29.35	78	32	1.52	.48	12	11
June ...	30.50	29.45	86	40	1.71	.64	29	13
July ...	30.25	29.30	82	46	3.50	.75	3	20
August ...	30.35	28.90	82	47	3.03	.45	10	22
September	30.15	29.00	68	41	3.65	.79	17	15
October...	30.10	29.05	65	31	1.92	.76	29	14
November	30.30	28.40	55	26	1.48	.38	4	15
December	30.25	28.55	55	23	1.81	.73	31	12
Totals ...	—	—	—	—	23.90	—	—	181
Averages	—	—	—	—	1.99	—	—	15

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 55 Deposit Gauges and 17 Lead Peroxide Instruments are in use in the area.

Work in connection with smoke abatement has taken on a new interest since the publication of the Clean Air Act, and in anticipation of the Order which will declare the appointed day for the operation of its important provisions.

Many observations and advisory visits have been made, and the following list is representative of the types of industry which have been dealt with by your Public Health Inspectors:—

- Gas Works.
- Hospitals.
- Laundries.
- Locomotive Works.
- Chemical Works.
- Sawmills.
- Worsted Spinning Mills.
- Foundries and Engineering Works.

The old belief that smoke is inseparable from prosperity is rapidly being replaced by the belief that smoke means inefficiency and waste. Until comparatively recently, industrialists probably regarded fuel wastage as the least of their worries, but with the ever-rising cost of fuel, it is now possible for new appliances to make savings commensurate with the capital expenditure involved in their installation.

Unfortunately, there are certain industrial processes from which smoke and fumes are emitted whose abatement presents a considerable problem, and for which a wholly satisfactory solution has not been found. It must not be thought, therefore, that smoke is necessarily indicative of a lack of co-operation by the managements concerned.

The following list summarises some of the installations and improvements to industrial plants which have been effected during the year:—

Laundry.

1. Order placed for Grit Arrester.
2. Automatic stoker installed.

Hospital.

1. Radiovisor Smoke Indicator and Recorder installed.

Foundry.

1. Scrap metal cleansed before charging.
2. Chimney of core-drying plant made higher.
3. Change of base for core binder.
4. Considering the question of a Grit Arrester.

Gas Works.

1. Alteration to Grit Arrester.
2. Plans to be submitted for Automatic Stoker.

Locomotive Works.

1. New plans submitted for comprehensive development.

It is pleasing to report that the Deposit Gauges in Darlington, compared with other authorities on Tees-side and including the pleasure resorts of Redcar and Saltburn, show the least deposit.

The average in Tees-side area is as follows:—

Industrial—52.73 tons per square mile per month.
Semi-Industrial—29.69 tons per square mile per month.
Residential—15.43 tons per square mile per month.

The average in Darlington is 9.23 tons per square mile per month.

TABLE XXXIII.

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

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January ...	20.49	9.18	14.15	10.44	13.56
February ...	4.72	6.73	10.50	7.45	7.35
March ...	3.78	6.59	10.14	6.81	6.83
April ...	5.31	6.83	9.54	8.74	7.60
May ...	7.43	7.81	9.20	17.12	10.39
June ...	5.85	11.20	10.30	14.06	10.35
July ...	7.15	9.80	11.95	27.65	14.14
August ...	5.52	7.75	10.69	17.29	10.31
September ...	6.60	8.94	9.94	11.15	9.00
October ...	3.69	8.64	10.40	6.36	7.27
November ...	4.22	4.97	8.58	5.14	5.73
December ...	5.76	8.52	10.83	8.04	8.29
Monthly Average	6.66	8.08	10.52	11.69	9.23

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

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	9.1	11.4	4.0	4.2	30.4	20.3	10.5	7.0	2.4	0.7

Although the emphasis above has been on industry, it would be unfair to conclude this section of the report without reference to the offending domestic chimneys which, in the aggregate, are responsible for more than half of the pollution of our atmosphere. This is a problem which must be faced, and dealt with along with industry, if the ultimate success of the Clean Air Act is to be assured.

§ 3. 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.

§ 4. 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 XXXIV.

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... ..	...	...	...	...	1	...	1	...	1
Education	1	10	...	23	63	116	64	149	213
Fire	...	...	...	...	5	...	5	...	5
Health	1	6	...	8	...	...	1	14	15
Library and Museum ...	1	...	...	1	...	2	1	3	4
Markets	1	...	4	...	...	...	5	...	5
Parks, Cemeteries and Baths	8	...	11	...	1	1	20	1	21
Queen's Nurses	...	...	...	...	...	...	...	...	...
Surveyor's (incl. Water) ...	42	3	86	1	18	3	146	7	153
Town Clerk's	1	2	...	...	1	...	2	2	4
Treasurer's	2	2	...	...	8	4	10	6	16
Transport	16	9	5	3	13	2	34	14	48
Weights & Measures ...	...	...	...	...	...	...	...	...	...
Welfare (incl. East Haven Hos.) ...	...	5	3	26	1	...	4	31	35
Others... ..	...	...	...	...	...	...	...	...	...
Totals ...	73	37	109	62	112	128	294	227	521

§ 5. 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 53 occasions and on tap water from different areas of the town on 52 occasions.

Details of the total water consumption per year since 1949 are given below. The water consumption excluding the amount supplied to the Tees Valley Water Board increased by 21,608,000 gallons, and

this was due to an increase in consumption by large consumers. The Tees Valley Water Board recommenced taking water on 12th March, 1957, and a bulk supply of 165,332,000 gallons of treated water has been delivered into the mains of the Tees Valley Water Board.

Year ending 31st March					Gallons pumped
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
1957	...	...	...	...	2,069,980,000

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 future policy of the Tees Valley Water Board with regard to the abstraction of water has not yet been decided.

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 26,582. The whole of these are supplied by water mains direct into the houses except 29 which are served by stand pipes, i.e., out of a total population of 83,260, 102 are served by stand pipes.

Rivers and Streams—Work by the Wear and Tees River Board on Improvement Schemes on the River Skerne has now been substantially completed.

Sewerage and Sewage Disposal — Work on the Geneva Road Relief Sewer has now been completed, and the sewer is in operation.

Work on the contract for Stage II of the Pierremont Surface Water Relief Sewer from Elton Road to Carmel Road via Neville Road and Abbey Road is 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. Further extensions of sludge disposal facilities to the land are in course of design.

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. The scheme for a preliminary portion of Stage I is nearing completion at a cost of £6,500 involving construction of Sedimentation Tank Channels and Filter Distributors. This will enable the hydraulic design of further extensions to be done and proposals for these extensions will shortly be forwarded to the Ministry of Housing and Local Government for approval.

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 93 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."

§ 6. PUBLIC BATHS DEPARTMENT.

The Corporation's Public Baths Department situate in Gladstone Street comprises two large swimming pools, slipper baths, catering and assembly hall facilities. The Gladstone Pool, 100 ft. x 40 ft., water capacity 140,000 gallons, is used for swimming purposes during the summer months only, the 1957/58 total public bathing attendance being 90,542. The Kendrew Pool, 100 ft. x 48 ft., capacity 700,000 gallons, is largely used by children and organised swimming classes, being open the whole year round. During the year ended March, 1958, total admissions were 160,534 which included approximately 68,000 children in classes for swimming tuition and life saving.

Amongst the serious activities taking place in the swimming pools are the classes for the rehabilitation of patients who have suffered from poliomyelitis. Disabled to varying degree from the almost completely immobile to those capable of walking into the baths with the aid of sticks, all patients have gained benefit from

the water therapy treatment available. During the past year 28 patients made collectively 960 visits to the baths and a number of these have been successful in attaining ability to swim.

The water of both pools is continuously circulated, filtered and sterilised by modern "Breakpoint" technique of chlorination, and maintained at a summer temperature of 78 degrees F. and winter temperature of 80 degrees F., thus at all times under the heaviest bathing load the pools water remains comfortable, clear and of a sparkling blue colour. Weekly samples of pools water are sent to the Borough Analyst for bacteriological examination thus ensuring a germ-free water comparable to drinking water and equal to Ministry of Health standards. This is achieved by the aid of a filtration and sterilisation plant which is, in fact, a miniature water works. During the last twelve months over 12,000 tests were taken for total alkalinity and pH values, and for free available chlorine residuals, and a total of 78 bacteriological tests were made. All tests proved to be of the required standards.

During the winter months the Gladstone pool is converted from swimming to public hall use for such activities as dancing, concerts, meetings, sports displays and exhibitions. The pool is covered with an oak dance floor supported by trestling and sprung girders. The cubicles fold back to the walls forming a continuous teak panelling. The seating capacity for concerts is 1,450 and the permitted limit for dances is 900 persons at the one time. Municipal dancing promotion has been a regular feature and this, with hall lettings and catering income help towards maintaining a rate call for the establishment amongst the lowest in the country.

PART VII.

Sanitary Circumstances**(REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR).****§ 1. INTRODUCTORY LETTER AND ANALYSIS
OF INSPECTIONS.**

Mr. Chairman, Ladies and Gentlemen,

It is pleasing to report that during the year the inspectorial staff was at last up to pre-war strength, although still below establishment, and, providing we retain the existing staff, I sincerely hope that many outstanding and neglected duties can be brought up-to-date.

During the year, the Rent Act of 1957 came into being. This Act is somewhat complicated, and takes up much of the Inspectors' time. It is a pity that the legislators, in their wisdom, did not allow the local authority to participate more in this work and so ensure a more satisfactory conclusion from the Public Health Inspectors' point of view.

The work in connection with clearance areas has proceeded satisfactorily and in accordance with the proposed schedule which commenced in 1955.

A record number of animals was slaughtered at the Abattoir during the year. Although one reads in the national newspapers of the lack of meat inspection, we in this Borough do and will continue to give 100% meat inspection, if necessary to the detriment of other duties. The completion of the extensions and improvements to the Abattoir is awaited with eagerness.

In connection with food hygiene, it is pleasing to report the increasing amount of pre-packed foods now being sold, and the increase in the number of self-service shops. The praiseworthy trend to improve stalls in the Markets has continued, and I am hoping that the toilet and washing facilities for stall-holders will be brought into the general pattern of improvements.

I take this opportunity of paying tribute to the Chairman and members of the Health Committee and to the Medical Officer of Health for their cordial support, and to my staff for their enthusiastic efforts in an attempt to improve the high standard of environmental hygiene we have achieved in the past.

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	515
Slum Clearance	366
Re-inspections	1,698
Dirty and Verminous Premises	72
Overcrowding and re-housing investigations ...	90
Living Vans	402
Common Lodging Houses	13
Inspections re nuisances (other than dwellings)	213
Interviews with owners, builders, etc	1,314
Total ...	4,683

Food Inspections.

Abattoir	797
Private Slaughterhouses	965
Markets	154
Registered Food Premises	121
Food Shops (General Dealers) etc.	293
Unsound Food	200
Restaurant Kitchens	21
Works Canteens	23
Snack Bars and Canteens	63
Bakehouses	36
Fish Friers	33
Ice Cream Manufacturers	31
Ice Cream Vendors	86
Dairies and Milk Shops	71
Licensed Premises	7
Samplings	212
Total ...	3,113

Sundry Inspections.

Rat Infestation	1,646
Infectious Diseases and Contacts	52
Factories, Outworkers and Workshops	129
Pharmacy and Poisons Act	54
Stables and Piggeries	18
Offensive Trades	17
Smoke Abatement	250
Disinfections and Disinfestations	357
Pet Animals	17
Miscellaneous Inspections	204
Ineffective Visits	556
Total ...	3,300

Total Inspections.

Housing Conditions	...	...	...	...	...	4,683
Food	...	...	...	...	...	3,113
Sundry	...	...	...	...	...	3,300
Total						11,096

Nuisances.

During the year 590 complaints were received and investigated by the Public Health Inspectors. Although the majority of complaints still refer to housing conditions, the Rent Act has caused a decline in the number of complaints of disrepair.

We still have our quota of complaints of noxious matters, mysterious odours and pests. In this latter category, I include pigeons, which appear to have increased in number and cause considerable nuisance in some properties. Advice and practical assistance was given whenever sought.

§ 2. LIVING ACCOMMODATION.

Repairs.	Informal Action.	Number of Houses
(1)	Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	196
(2)	Number of premises in which insanitary conditions, not strictly of a structural character, were remedied	145
Action under Statutory Powers.		
(a) Proceedings under Section 9, Housing Acts, 1936/57 :		
(1)	Number of dwelling houses in respect of which notices were served requiring repairs	23
(2)	Number of dwelling houses rendered fit after service of formal notices.	
	(a) By owners	26
	(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	55
	(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	84
(3)	Total number of defects remedied as a result of informal and formal action	1,426

Demolition and Closing Orders.

		Houses	Persons displaced
(1)	Housing Acts, 1936/57		
	Houses closed in pursuance of an undertaking given by the owners under Section 11, and still in force	1	1
(2)	Local Government (Miscellaneous Provisions) Act, 1953.		
	Closing Orders made under Section 10(1)	5	24

RENT ACT, 1957.

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

(a)	For Certificates of Disrepair	...	...	...	186
(b)	Certificates refused or withdrawn	...	...	...	6
(c)	Undertakings received	...	...	...	121
(d)	Certificates issued	...	...	...	22

Clearance Areas.

During the year, the remainder of the property comprised in the Neasham Road Clearance Area was demolished.

Official representations were made in respect of a further seven areas comprising 159 properties, and Compulsory Purchase Orders were submitted for confirmation by the Minister of Housing and Local Government.

Ministerial confirmation was received during the year of two Clearance Orders and four Compulsory Purchase Orders.

				No. of properties represented	No. of properties confirmed
Howard Street	C.O.	...	...	—	14
Garden Row	C.O.	...	...	—	21
Tanson Street	C.P.O.	...	...	—	22
Cleveland Street	C.P.O.	...	...	37	37
John Street	C.P.O.	...	...	21	21
Haughton Green	C.P.O.	...	...	18	15
Park Place	C.P.O.	...	...	22	—
Green Street	C.P.O.	...	...	41	—
Vulcan Street	C.P.O.	...	...	16	—
Alms House Yard	C.P.O.	...	...	4	—
				159	130

Of the above properties included in areas confirmed by the Minister, only 14 houses comprised in the Howard Street Area were demolished, together with 34 which remained in the Neasham Road Clearance Area.

These figures serve to emphasise that the rate of representation of properties for clearance is far outstripping the speed of their demolition.

R.O.F. Estate, McMullen Road.

Certificates of Unfitness were issued by the Medical Officer of Health in respect of 20 of the above Corporation owned houses, all of which were demolished by the end of 1957.

Living Vans.

I submit the following brief reports on each of the four caravan sites owned by the Council, and managed by your Chief Public Health Inspector :—

McMullen Road Site—20 caravans.

I wish to record my appreciation of the services of the resident site warden, Mrs. Rossiter, whose resignation was reluctantly accepted in June. Mr. V. S. Hill was appointed warden in her place, and I am satisfied that he performs this duty conscientiously and efficiently.

The car shelter, completed during the year, has proved a useful adjunct to the site, and the 6 available bays are always fully booked.

I am satisfied with the general conduct on the site and that the conditions of tenancy in the main are being observed. It was, however, necessary to serve notices on several tenants requiring removal of unauthorised structures, some of which were becoming unsightly.

There is a constant waiting list for vacant standings, proving that the demand for caravan accommodation is likely to continue. I feel, therefore, that certain improvements to existing amenities would be well worth while. In this respect, I have in mind improvements to pathways and sanitary accommodation, the provision of washing accommodation and a supply of mains electricity to be made available.

Firth Moor Site—16 caravans.

In view of the adverse circumstances prevailing on this site, it is remarkable that so few complaints are received. My own feelings are that if this site is to be retained indefinitely for residential caravans, it should be developed as such on similar lines and with similar amenities to those on McMullen Road. A possible alternative to retaining the site would be to proceed with the second stage of the development of McMullen Road site.

Among the adverse circumstances referred to are badly drained land making site conditions boggy and unpleasant, lack of hard standings, firm access roads and paths, no permanent sanitary accommodation, and ineffective provision for the disposal of waste water.

Layfield's Yard—4 caravans.

I take no pride in reporting on conditions at this yard, and but for the greater problem which its closure would create, I would feel inclined to recommend that course.

Originally intended for nomadic hawkers, it has become the abode of problem families whose domestic standards leave much to be desired. Constant vigilance is therefore necessary to ensure a reasonable state of tidiness and freedom from nuisance.

Dingle's Yard—4 caravans.

This yard, also occupied by persons of the hawker class, is remarkably well-maintained, and I have no adverse criticism to make.

In addition to the sites described above, there were still in use 4 privately-owned sites on which caravans were officially authorised to be stationed and used.

These were :—

Archer Street	...	...	...	...	4 caravans.
Yard in Brunswick Street	...	...	...	...	1 caravan.
Jesmond/Whinfield Road	...	...	...	...	4 caravans.
Lingfield Farm	...	...	...	...	1 caravan.

In connection with the Archer Street site, a progressive deterioration in the conduct and standard of maintenance of the yard has been recorded, and I shall recommend revocation of the licence if the conditions attaching to it continue to be disregarded.

I have no comments of interest in respect of the other sites.

The problem of unauthorised parking of caravans on unfenced land, both public and private, in various parts of the town is no nearer solution. It does, in fact, get worse each year, and takes up an unreasonable amount of official time in dealing with it. Caravanners are no sooner ordered off one site than they appear on another, and so the merry-go-round will continue as long as the people concerned realise that they can cock-a-snook at impotent officialdom.

Two approaches to the problem are available :—

- (a) To fence in undeveloped land, in which case stronger powers could be invoked in the event of unauthorised entry.
- (b) To face the problem as one which is likely to continue and even to increase, and make capital out of it by making provision for it.

I hesitate to recommend the latter approach because of the magnetic attraction a new site would have in attracting to the town a further influx of caravan dwellers.

Disinfestation.

288 premises were treated with insecticides during the year, and generally with satisfactory results. This figure includes the usual routine annual treatment of school canteens against fly infestation.

In addition to the more common insect pests which the Department was called upon to deal with, there was an infestation of property of recent construction by a minute insect later identified as a plant mite. The recommended treatment was to spray with insecticide external wall surfaces and window sills, as well as surrounding vegetation.

The encroachment of building into agricultural land was blamed for this peculiar infestation, and it is therefore surprising that no complaints of similar infestation were received.

§ 3. FOOD HYGIENE.

Work in connection with food hygiene continues to exercise a good deal of the time of the Inspectors, whose role in this important field is one of constant vigilance, and who must never express complete satisfaction at what they find, as there is always room for some improvement.

It is seldom that blatant disregard of the Regulations is encountered, and I believe that a healthy spirit of co-operation has come into existence between officials and tradesmen which we shall continue to foster.

There has been a notable increase in the number of self-service shops, whilst many others have been given a completely "new look." The discerning public can take much of the credit for this transformation, as they are the ones who ultimately will bring home to the backward trader the hard fact that hygiene pays.

For our part, we shall continue to urge that it is equally as important for hygienic conditions of the unseen rooms at the rear to match up to the chromium and glass facade designed to attract the customer.

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.) ...	544	121
Markets	2	154
Catering establishments	63	84
Works canteens	29	23
Bakehouses	68	36
Fish Friers	58	33
Licensed Victuallers	65	7
Registered Food premises	68	121
(For the manufacture of potted, pressed, pickled or preserved food)		
Ice Cream Manufacturers	9	31
Vendors of pre-packed ice cream	284	86
Vendors of unwrapped ice cream	45	
Dairies other than dairy farms	3	71
Milk distribution premises (ready bottled milk)	143	

§ 4. PRODUCTION AND DISTRIBUTION OF MILK.

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

Dairies	Other than Dairy Farms	...	...	3
Distributors	(a) Bottled milk only			
	(as received)	...	...	142
	(b) Producer/retailer (inside			
	Borough)	...	...	1
	(c) Residing outside, but retailing			
	inside the Borough	...	...	6

Specified Area.

The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1957, came into operation on the 25th November, 1957.

This Order made it illegal, in any area of England and Wales in which it is not already in operation, for any person to sell by retail for human consumption any milk other than milk which may be sold as special designated milk under the Milk (Special Designations) Regulations, and stated that retailers would need to be licensed to use a special designation.

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	35	27	114
Supplementary/Retailer	1	1	—

§ 5. FOOD AND DRUGS ACT, 1938-1955.

89 samples of various foods and drugs were taken and submitted to the Public Analyst for analysis.

3 informal samples of milk were reported to be slightly deficient in fat. The producers were warned and further samples taken were reported to be satisfactory. 2 samples of milk taken from a producer supplying a pasteurising establishment showed a deficiency in non-fatty solids. After consultation with the Public Analyst, it was decided to take further samples from this producer. These samples, upon analysis, showed similar deficiencies. It was then decided to take "appeal to cow" samples, which again showed deficiencies in non-fatty solids.

The Public Analyst reported that, in his opinion, the object of the investigations had been attained, and that there was not the slightest evidence of any deliberate adulteration of the milk.

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	50 50	0 2
T. T. Pasteurised	Methylene Blue Phosphatase	28 28	0 2
Tuberculin Tested	Methylene Blue	27	5
Sterilised	Turbidity	4	0
TOTAL		187	9

In connection with the unsatisfactory samples of pasteurised and T.T. pasteurised milk, investigations were made and further samples taken were reported to be satisfactory.

Of the 5 samples of tuberculin tested milk which failed to comply, the County Milk Production Officer was notified and further samples taken were reported to be satisfactory.

Bacteriological Examination of Ice Cream.

11 samples of ice cream were taken and submitted for bacteriological examination. All the samples were reported to be satisfactory with the exception of one which failed to pass the provisional test. The plant was examined and advice given regarding manufacture. A further sample taken was reported to be satisfactory.

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	11	0
Tuberculin Tested	Brucella Abortus	11	3

Of the 3 unsatisfactory samples, the supply in two cases was diverted to a pasteurising establishment. In the third case, the offending animal was discovered and removed from the herd. The Divisional Veterinary Officer was notified.

Prosecutions.

Information was laid against a local firm of caterers for selling food not of the quality demanded, contrary to Section 2 of the Food and Drugs Act, 1955.

The offence concerned a fruit square purchased by a customer who found in it a nail. The firm concerned was fined £5 and ordered to pay costs amounting to £3 16s. 10d.

Two informations were laid against a local butcher, one for selling food not of the substance demanded, and the other for selling food not of the nature demanded, contrary to Section 2 of the Food and Drugs Act, 1955.

These offences related to the sale of chitterling, which were discovered by the purchaser to contain faecal matter. The butcher was fined £5 and ordered to pay costs amounting to £4 4s. 0d.

§ 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 1957.

	Cattle.	Calves.	Sheep.	Pigs.	Total.
Abattoir	8,795	818	21,277	14,866	45,756
Private Slaughterhouses ...	2,626	249	5,711	4,147	12,733
Total ...	11,421	1,067	26,988	19,013	58,489

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Killed	8,342	3079	1,067	26,988	19,013
Inspected	8,342	3079	1,067	26,988	19,013
All Diseases except Tuberculosis.					
Whole carcasses condemned ...	17	32	34	96	83
Carcasses of which some part or organ was condemned	925	906	14	415	1,338
Percentage of the number inspected affected with diseases other than tuberculosis	11.29	30.46	4.50	1.89	7.48
Tuberculosis only.					
Whole carcasses condemned ...	4	76	3	—	5
Carcasses of which some part or organ was condemned	525	704	17	—	255
Percentage of the number inspected affected with tuberculosis... ..	6.34	25.33	1.87	—	1.37

The total animals, 58,489 inspected in 1957 is again a record one, being 8% above the total for 1956.

A considerable amount of the meat produced is destined for consumption in outside areas, as the Abattoir is now a convenient and increasingly popular wholesale centre.

A great deal of the poorer grade cow beef in which one wholesaler specialises is dispatched to distant areas for manufacturing purposes.

During 1957, a scheme was inaugurated by the Minister of Agriculture, Fisheries and Food, under which a grant of 50% is made by the Exchequer to local authorities towards the cost of inspecting meat surplus to local requirements.

In calculating the amount of the grant, the number of carcasses inspected within the County Borough is converted into the corresponding number of "inspection units" which take account of the different times needed for inspection: one cattle beast is regarded as ten units; one calf or one pig as three units; and one sheep as two units. The population of the Borough (83,360) multiplied by the per caput figure (for 1957 this is 1.5) gives the datum figure, which is deducted from the number of "inspection units."

The remainder is regarded as "export meat" and is reckoned at the rate of 2d. per unit.

Reductions in the Government contribution are made in the case of local authorities who have recovered all or part of their cost of meat inspection from sources other than rates, e.g. by contribution from owners of slaughterhouses or bacon factories.

A grant of £364 12s. 9d., which is 50% of the cost of inspecting "export meat" was made to this Authority in respect of the year ended 31st March, 1957.

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 1957, 117 such animals were dealt with, and at the request of the Ministry Veterinary Officers, a full investigation of the carcasses was carried out to (a) judge their fitness for human consumption and (b) to assist in determining the possible source of infection.

As I forecast in my last Annual Report, the attestation of a further part of the North Riding of Yorkshire has resulted in an increase of 45 reactors reaching the Abattoir during 1957. This figure, together with the number of aged cows sold privately for slaughter from areas where attestation is imminent is no doubt responsible for the relatively high percentage (25.33) of tuberculous cows reported in the preceding table.

The Divisional Veterinary Officers are notified of any calves purchased in Auction Marts and 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.

Summary of Condemned Food.

Carcases and portions thereof, and organs having a total weight of 63 tons, 3 cwts., 5 stones, 2 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 6 tons, 18 cwts., 4 stones, 6 lbs. 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 carcasses 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.

All these 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 33 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 29th April to 18th May, 1957, and the second from 30th September to 26th October, 1957, details of which are as follows:—

Total number of manholes in foul and connected systems	...	...	1st	2nd
			1535	1535
Manholes baited	...	...	76	79
„ showing pre-bait take	...	...	46	59
„ showing complete pre-bait take (one or both days)	...	...	20	43
Schemes of baiting used	...	...	1st, 3rd, 5th and consecutive days.	
Manholes test-baited	...	...	155	179

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—4/1 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 disinfection 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	...	...	...	...	...	326
Visits made	...	...	...	...	...	1,591
Bodies seen—rats	...	...	...	...	...	1,013
" " —mice	...	...	...	...	...	372
Estimated number of rats killed (assessed Ministry of Food formula)	...	...	...	...	...	3,220
Estimated number of mice killed (assessed 1/5th oz. per mouse)	...	...	...	...	...	1,272

§ 9. MISCELLANEOUS PROVISIONS.

Slaughter of Animals Act, 1933.

47 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses.

Pharmacy and Poisons Act, 1933.

There are 66 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.

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

Fertilizer and Feeding Stuffs Act, 1921.

6 samples of fertilizers and feeding stuffs were taken and submitted to the Public Analyst for analysis. All the samples were reported to be genuine.

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 349 factories on the register, of which 310 have mechanical power and 39 without power. In addition 34 sites of building or engineering construction were entered in the register.

120 inspections were made, and 32 defects were remedied. 5 notices of defects were received from H.M. Inspector of Factories, all of which were remedied by informal action.

APPENDIX ON INFLUENZA.

Darlington, in common with most of the United Kingdom, suffered from a visitation of influenza during the latter half of 1957. A brief account of the history and outstanding features of the epidemic may be worthy of record, especially if any return of the infection occurs in 1958. The period of maximum incidence was the fortnight ending 28th September, after which the disease fairly rapidly abated, to be followed by a period of calm, so that an experienced practitioner was able to remark to me during the month of November that never in his memory had he been so quiet at that time of year. His opinion was repeated by others.

Historical Sketch.

It was on 11th June that I made a note in my bulletin to practitioners of the interest of the Ministry of Health in the early spread of Asiatic influenza in this country. At that time, cases, some of them severe, were occurring in the Orient, but no substantial extension to Western Europe had taken place. During the week ending 6th July I received information from a colleague of three cases of severe pyrexia of short duration and during the week ending 20th July further advice reached me of patients suffering from high fever of short duration with transient signs of meningeal irritation. I was not asked to see any in consultation, nor were they ill enough to admit to hospital. By the time of the week ending 31st August, a mild but debilitating febrile illness was common in the town. I discussed the matter with Dr. D. J. H. Payne, Director of the Northallerton Public Health Laboratory, who said that he would be prepared to accept two specimens of blood and throat swabs from patients for transmission to his colleague, Dr. Marmion, of Leeds, but although this information was transmitted to practitioners in my bulletin of 2nd September no specimens were in fact sent, at least not through the Health Department. At this time a case occurred in my own family, in a girl of 19 working at Stockton, who returned home with a prostrating illness of two days' duration. All symptoms disappeared after 48 hours, but the patient was left debilitated for a week afterwards.

The week ending 14th September saw the beginning of the severe phase of the epidemic. The Education Department reported a high rate of absence among school children and a colleague stated that at a local factory where a considerable labour force is employed a third of the workers were away. This estimate was found to be exaggerated, but absenteeism was high, mainly from employees resident outside Darlington. Another local firm whose workpeople live mostly in its immediate vicinity (Albert Hill) also reported a larger number absent than usual and from another source I heard of many cases of sickness in this part of the town. On 19th September I discussed with Mr. W. J. Payne, F.R.C.S., in his capacity of Chairman of the Control of Infection Committee of the Darlington Hospital Group, certain modifications with regard to admissions to hospital, whereby it was decided that only the acutely ill should be

admitted, that visiting should be suspended and that nursing and other staff should not, as far as possible, be moved about from ward to ward. The week ending 21st September saw the climax of the epidemic as far as incidence was concerned and on Friday, 20th, 4,578 children out of a total nominal roll of 12,914 were away from school, not far from a third, and with absence over 50% in certain schools.

Although practitioners had been advised that I was willing to admit complicated cases to Hundens Hospital, up to date I had only taken in one patient, and all agreed that for the most part the clinical condition was mild. The next week, ending 28th September, showed two features: a decline of incidence in the experience of some though not all practitioners and an increase in the severity of individual cases. From its first focus in Albert Hill the infection had now spread throughout the town. The various establishments which week by week provide the Health Department with a note of absence from work all showed considerable increases, from three to five times the normal, but not all the cases of illness were reported as due to influenza. On Friday, 27th, school absence gave an overall figure of 48% and the week in question showed the maximum number of admissions to Hundens Unit of complicated cases. A certain number of such complications were also admitted to the general medical wards of the Memorial Hospital. By the week ending 5th October a very definite decline was in progress and on the 2nd I was able to report to the Ministry of Health that the worst of the epidemic seemed to be over. Though cases were now less frequent, they continued to remain severe, especially among the elderly. At the beginning of the week ending 12th October the attendance at school was 93%, a normal figure for the time of year, and the epidemic as such may be said to have been over. The last death, however, from pneumonia complicating influenza took place in Hundens Unit during the week ending 26th October.

Geographical Spread.

Just as the main onslaught of the epidemic in Southern England was some weeks later than in Darlington and the North generally, so in Darlington itself there was a certain movement through the town of the maximum incidence of disease. My own impression was that the primary focus was in Albert Hill, or at least in the Eastern districts, but I am unfortunately unable to confirm this since the detailed figures of absence from various schools, which by courtesy of the Chief Education Officer were sent to me, did not support it. At St. Williams the rate of absence was indeed high at an earlier date than elsewhere; Gurney Pease School, which draws from the same neighbourhood, showed no undue incidence at the same time.

No clues are available as to how the infection spread. In a thickly populated area like Darlington, where moreover there is a constant stream of people through the town, the contacts of carriers are too numerous ever to be traced. No specific steps to limit the infection were officially recommended, since the outbreak was at its zenith before recommendations could be made, the best of which

would have been to avoid all unnecessary attendance at places of common resort. As prostration was an early and rapid feature of the illness, advice to go to bed at first symptoms was hardly necessary. A certain amount of information was conveyed through the news columns of the press, whose co-operation was as ever all that could be desired.

Policy with regard to Vaccination.

The Ministry of Health recommended the vaccination of personnel such as nurses, home helps, ambulance attendants, doctors and others whose work brought them into inevitable contact with infectious patients, and asked for lists of the numbers at risk in these various categories. Where Darlington was concerned, the availability of vaccine came after the maximum incidence of the epidemic. A number of personnel under the headings named above volunteered and received the appropriate two sub-cutaneous doses, but the waning of the infection prevented any conclusion at all as to the effectiveness of the vaccine. The procedure may not, however, have been wasted if there is a recurrence of influenza in 1958, an eventuality somewhat anticipated by the Ministry of Health having regard to events in 1918 and 1919, when a relatively mild summer outbreak in the former year heralded a very heavy and severe pandemic in the following winter.

Clinical Features.

In a general way, a short, sharp, febrile attack with severe prostration but early defervescence described the illness, but colleagues reported a number of fairly frequent complicating factors, apart altogether, that is to say, from the severe and sometimes fatal broncho-pneumonia. Epistaxis was reported by several, one practitioner remarking that he had seen cases severe enough to merit transfusion, though in fact no-one was transfused. Others called attention to otitis media of insidious onset and often showing itself by a ruptured tympanum and otorrhoea without preliminary pain. One case of acute mastoiditis was described. Loss of voice was frequent, together with a dry, painful pharynx and irritating cough. All these severer symptoms were described much more commonly towards the end of the outbreak, when the total number of cases was falling.

Fifteen patients were admitted to my care at Hundens Unit, all of them of course seriously ill and with complications. Two groups were distinguished, though the numbers are much too small to be significant. Five patients belonged to what may be called a neurotropic category, 4 of them admitted as presumptive meningitis and the fifth as suspected poliomyelitis. When 3 of the meningitic patients arrived they were in my opinion so clearly not suffering from the disease that lumbar puncture was omitted. In the fourth meningitic case, who subsequently died, and in the suspected sufferer from poliomyelitis, lumbar puncture was carried out, but tapped a fluid within normal cytological and chemical limits and

under only slightly increased pressure. The other category (9 patients) represented predominant infections of the respiratory system and among them inflammation of the mucosa of the upper part of the tract was outstanding. Several had the typically bloated, dusky flushed appearance of sinusitis, incidentally a feature quite distinct from the heliotrope cyanosis described in the 1918/19 outbreak and observed in two cases, one of them fatal. Among the respiratory patients three fatalities occurred. The fifteenth patient was a child with acute gastro-enteritis of short duration, from whose stool a staphylococcus was isolated. As this was found the secondary invader in the majority of respiratory complications, the initial attack was attributed to the influenza virus, perhaps on insufficient grounds as a specimen of blood was not taken to examine for antibodies.

Pathology and Treatment.

Only one post mortem examination was made among the 5 patients who died in hospital and intense congestion of the mucosa of the upper respiratory tract was found and extensive consolidation of both lungs with necrotic areas. *Staphylococcus pyogenes* was isolated in pure culture from the lungs. Dr. J. Tregillus, Pathologist to the Darlington Hospital Group, kindly supplied me with details of a post mortem carried out by order of the Coroner on a patient who died at home without medical attention. Very closely similar lesions were found and the same organism was isolated. Similar findings were to be anticipated from the physical signs in the 3 other patients who died with respiratory complications.

The general opinion with regard to treatment, which my own experience confirmed, was that penicillin was almost entirely inert. Several of my patients were treated with chloromycetin, who seemed to respond satisfactorily, and a similar experience was obtained by colleagues elsewhere. The influenza virus itself is, of course, insusceptible to antibiotic treatment and insofar as chloromycetin or any other substance was effective, it was against secondary invaders.

Some Points of Special Interest.

One patient, a girl of 18, showed a fulminating type of illness which ended fatally. From her first physical signs of prostration, pains in the limbs and dry mouth, to her death some seventy-two hours later with signs of extensive pneumonia in both lungs, she showed an uninterrupted downward course and from the very beginning of her illness she was convinced that she was going to die. Another at first sight fulminating case in a younger girl, where the virus had mainly affected the nervous system, showed an equally dramatic recovery and she left hospital in apparently the best of health. The most interesting patient from a clinical point of view was the man in his early thirties whose primary diagnosis was poliomyelitis. This was subsequently changed to transverse myelitis, but in view of the prevalence of influenza and its tendency to show neurotropic forms, a blood sample was sent to the Virus Research

Laboratory, Leeds, and antibodies against influenza were detected there. Unfortunately the sample was taken at a late stage of the illness and confirmation by rising titre of recent infection was not possible. The probability, however, is strongly in favour of an influenzal cause and he made a speedy recovery. As far as my very limited experience went, the patients of neurological interest showed hardly any or no involvement of the respiratory system.

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICES

OF THE YORKSHIRE EDUCATION BOARD

1937

Year ending 31st December, 1937.

Laboratory, Leeds and another against the
... the ... of the ...
... and ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...

... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...

... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...

... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...

... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...

... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...

... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...
... the ... of the ...



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, 1957.

ANNUAL REPORT, 1957.

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 1957.

It is very pleasant to be able to record that among 3,160 routine medical inspections only 28 or 0.9% were graded as Unsatisfactory. This is a figure lower than the 2% so graded in 1956. As I remarked, however, in my introductory letter last year, a school medical inspection is at best a superficial estimate of the child's condition and while with the clinical insight brought by training and experience this estimate will tend towards complete accuracy, a margin of uncertainty must remain. As a matter of fact some thought was given during the year to the problem of an alternative to the routine medical inspection. Some dissatisfaction has been felt over a long period by many Medical Officers, both at the Ministry of Education and serving Local Education Authorities with the adequacy and usefulness of the traditional approach and from time to time criticism is levelled against it on the grounds that even quite obvious defects are missed. On the other hand, in spite of the agreed nature of the criticisms and the thought given towards meeting them, no satisfactory alternative has been forthcoming and I have no suggestion for any better local method.

The high proportion of parents who attend with their children is a very satisfactory feature of Darlington experience but it is to be regretted that the numbers in this respect fall off in the leaver age group. Actually it is just as important for a parent to attend at the last as at the first routine medical inspection in school since valuable advice can be given on the latter occasion with regard to subsequent employment. In a few cases certain forms of occupation are definitely contra-indicated.

I should like to express my thanks to the Secretary of the Darlington and District Hospital Management Committee for continuing to supply a list of the school children treated in hospital with a diagnosis of the condition that took them there.

Turning to our own problems of staff and premises, I must comment upon the continued vacancy of a speech therapist and also that with the retirement of Mrs. Shepherd there is no one at present available for ascertaining deficient hearing and subsequent training. I understand that a teacher has been seconded to a course for this purpose and will no doubt be available at some future date. Meanwhile the School Nurses are on the look out for such cases but it has to be admitted that the tests normally applied for acuity of hearing at routine medical inspection are little more than a waste of time. A trained physiotherapist offered her services during the year on a part-time basis at the Open Air School and arrangements were underway to take advantage of them but unfortunately she withdrew her offer before any final decision was reached.

The premises occupied at Feethams continue to be a source of discomfort and annoyance in periods of heavy rain. In spite of efforts to remedy matters the roofs continue to leak and the boiler is also incapable of supplying satisfactory heating during the cold weather. Really these admittedly temporary buildings have reached their term of possible usefulness and any kind of rejuvenation upon them is quite impossible. This is a problem which I feel you should keep constantly in mind as inferior premises constitute a constant threat to morale and efficiency. The fact that your staff have continued to give devoted and enthusiastic service as in previous years is more attributable to their sense of vocation than to the amenities of their surroundings. I appreciate fully the peculiar difficulties of solving this problem but I should be neglectful of my responsibilities if I failed constantly to remind you of it.

I have 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. J. L. Shaw (Vice-Chairman from May, 1957).

Ald. A. J. Best, J.P.	Coun. J. W. Skinner.
Ald. H. Buckborough.	Coun. O. O'Brien.
Ald. N. R. Barker	Coun. J. E. Angus, J.P.
(Vice-Chairman till May, 1957).	Coun. W. N. Smithson
Coun. R. H. Loraine, J.P.	(till May, 1957).
Coun. Mrs. M. Lyonette, J.P.	Coun. J. R. Farrage
Coun. J. W. Stokoe.	(from February, 1957).
Coun. The Rev. M. A. Beaton.	Coun. T. Donnelly
Coun. A. Brown.	(from May, 1957).
Coun. H. Hannah.	Miss O. M. Stanton, M.A.
Coun. F. Thompson.	

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

A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time),

Educational Psychologist

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

Psychiatrist

L. W. Robinson, M.B., Ch.B., D.P.M. (part-time).

Social Worker

Mrs. C. M. Ruddock.

Superintendent Health Visitor/School Nurse

Miss E. Winch, 1a, 2, 3, 4.

Health Visitor/School Nurses

Mrs. E. Allan, 1a, 2, 3. Miss G. Horden, 1a, 2, 3 (from 1.4.57-30.9.57).
Miss D. Smith, 1a, 2, 3. Mrs. D. Barry, 1a, 1c, 2, 3.

School Nurses

Miss D. M. Goodinson, 1a, 2.

Mrs. D. Young, 1a, 1c.

Clerks

Miss A. C. Smith (Senior Clerk).

Miss M. Langhorne.

Mrs. P. Prest (née Harris).

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.

GENERAL INFORMATION

School Population

2 - 5 years	...	...	...	...	465
5 years and over	...	...	...	...	13,173
Total					13,638

School Meals and Milk

987,529 meals were distributed to school children, of these 64,855 were provided free. The average number of meals distributed per day was 5,038.

2,191,137 bottles of milk were supplied.

Immunisation

During the year 236 children completed a full course of immunisation against diphtheria and 449 were given re-inforcing injections. During the same period 528 children were given B.C.G. vaccination as a consequence of testing the thirteen year old children in the schools and 1,302 children of school age were vaccinated against poliomyelitis.

Work of School Nurses

Though visits paid by the School Nurses in connection with cleanliness inspections (during 1957, 681 such surprise visits were paid) seem to account for a good deal of their time, their actual presence in and out of the schools plays a great if undefinable part in the maintenance of the health of the school population. The good School Nurse should be the friend and confidant of the Head Teachers of the schools accredited to her and will be asked to advise on a number of problems, individual and communal.

The integration of the school nursing and health visiting services is proceeding satisfactorily under the joint Superintendent's post of Miss E. Winch and with four School Nurses who are also Health

Visitors. The advantages of this development in maintaining continuity between school and infant welfare are obvious. At the same time, those of your staff who are only School Nurses continue to give excellent service.

At the end of the year 351 children remained infested with nits representing a hard core whose elimination has so far proved impracticable.

1,335 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.

1,217 children were also examined in school for special conditions.

7,452 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
Meningococcal Meningitis	1	—
Scarlet Fever	19	—
Whooping Cough	16	—
Measles	322	—
Acute Pneumonia	5	—

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

Rheumatic Heart	1
Chronic Suppurative Otitis Media ...	1
Accidents	2

The two deaths due to accident (50% of the total) represent the great importance of this factor as a cause of morbidity and mortality at the present time. The immediate cause of death of the child with chronic suppurative otitis media was a cerebellar abscess, a complication now but rarely seen.

SCHOOL MEALS SERVICE

Since a concern with what others have to eat is a common human interest it has been customary for the past several years to include specimen menus of which the following is submitted as an example.

Specimen Menu

Monday

Baked Mince, Potatoes, Carrots.
Steamed Syrup Roll & Custard.

Tuesday

Roast Beef, Yorkshire Pudding,
Cabbage, Potatoes, Gravy.
Apple Tart and Custard.

Wednesday

Steak and Kidney Pie, Potatoes,
Turnip, Gravy. Rice Pudding
and Lemon Sauce.

Thursday

Soup. Boiled Bacon, Roast
Potatoes, Mixed Salad and
Dressing. Shortbread.

Friday

Braised Steak and Onions,
Potatoes, Peas. Baked Sponge
and Custard.

In respect of a full range of diet, calorific value and palatability these meals are to be commended. Children who abstain from meat on Friday are provided with an alternative main dish containing fish.

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 4,889.

As has been noted in previous reports, with a comprehensive medical service available through the National Health Service one would expect the use made of the Minor Ailment Clinic steadily to decline as children were taken more and more to their own practitioners.

Some figures have been extracted to discover whether this has in fact been the case and shows that a real decline in numbers has taken place over the years, for instance in 1936, 1,564 defects were treated with 9,848 attendances and in 1937 there were 1,561 defects and 10,315 attendances; in 1946 there were 2,669 defects with 14,046 attendances and in 1947, 1,751 defects with 8,304 attendances. These compare with 768 defects and 3,583 attendances in 1956 and 798 defects and 4,316 attendances in 1957.

Incidence of Ringworm

In 1957 there were 5 cases of ringworm treated (1 scalp, 4 body) as compared with 6 cases of ringworm (body) in 1956.

During the year a Wood's Lamp was obtained, to increase we hope the efficiency of the department.

SPECIAL SCHOOLS

Open Air School Nurse's Report

At the end of December, 1957, 91 children were in attendance at the Open Air School, suffering from much the same range of conditions as in the previous year. The physically handicapped numbered 19 and 72 were classified as delicate. The detailed diagnoses were as follows:—

Convalescence following Pulmonary Tuberculosis	...	...	2
Convalescence following Pneumonia	...	...	3
Convalescence following Tuberculous Meningitis	...	...	1
Healed Tuberculous Hip	...	...	3
Healed Tuberculous Spine	...	...	1
Healed Osteitis Left Knee	...	...	1
Bronchiectasis	...	...	3
Bronchitis	...	...	6
Asthma	...	...	12
Observation Chest	...	...	2
Observation Primary T.B. Infection of Lung	...	...	1

Infantile Eczema and Debility	...	...	...	...	...	...	...	...	2
Chorea	...	...	...	...	...	...	...	...	1
General Debility	...	...	...	...	...	...	...	...	26
Heart Diseases	...	...	...	...	...	...	...	...	4
Rheumatism	...	...	...	...	...	...	...	...	2
Cervical Adenitis	...	...	...	...	...	...	...	...	1
Nervous Debility	...	...	...	...	...	...	...	...	7
Congenital Paralysis Right Foot	...	...	...	...	...	...	...	...	1
Muscular Dystrophy	...	...	...	...	...	...	...	...	1
Orthopaedic Defect Right Extremities	...	...	...	...	...	...	...	...	1
Osteomyelitis Left Tibia	...	...	...	...	...	...	...	...	1
Maladjustment	...	...	...	...	...	...	...	...	1
Spastic Paralysis	...	...	...	...	...	...	...	...	4
Old Poliomyelitis	...	...	...	...	...	...	...	...	1
Scoliosis	...	...	...	...	...	...	...	...	1
Anaemia	...	...	...	...	...	...	...	...	1
Spina Bifida	...	...	...	...	...	...	...	...	1

The standard of cleanliness and clothing improved during the year though one child for long showed low standards. Home visiting however and the support of the Superintendent Health Visitor/School Nurse eventually brought about an improvement.

Ultra Violet Light. This form of treatment has been continued and 466 exposures were given in the course of the year. Asthmatic children for whom provision was specially made seemed much improved by this treatment.

Vitamins Etc. Food supplements such as cod liver oil and minadex are given as a routine and in some cases fersolate, one tablet daily is given in addition.

Shower Baths. These are given daily after physical education and games and this year showers were also given after ultra violet light, much to the appreciation of their recipients.

Minor Ailments. A Minor Ailment Clinic is held every morning with a monthly average of 150 cases. A wide range of ailments are treated such as :—boils, multiple abrasions, septic conditions, sprains, sores, otorrhoea, infantile eczema, impetigo, eye complaints and minor burns. Breathing exercises and postural drainage are carried out twice daily by one child.

Beds with back rests are also available for children with breathing difficulties.

All in attendance at the Open Air School passed through the Mass Miniature Radiography Unit during the year but this time none of them were recalled for a full size X-ray plate.

Children are weighed every fortnight and a record of their weight kept.

Barnard School for Educationally Sub-Normal Pupils

At the end of the year, 59 children were in attendance. During the year 13 were newly admitted and 1 re-admitted and 10 left. Of those leaving, 6 left on attaining 16 years of age and 4 were withdrawn and notified to the Local Authority as ineducable.

54 routine, 12 special and 4 re-inspections were carried out.

Nursery Schools and Classes

298 routine inspections were carried out in the above schools. 98.3% were classified as Nutrition 'S' (Satisfactory) and 1.7% as 'U' (Unsatisfactory).

37 special and 10 re-inspections were also seen.

Miscellaneous Examinations

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

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

CHILDREN ADMITTED TO HOSPITAL

As in previous years an analysis of the cases of school children admitted to hospital is submitted as follows:—

Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids	...	...	...	...	133
Otitis Media etc.	...	...	...	...	7
Treatment of sinusitis	...	...	...	...	21
Treatment of other conditions	...	...	...	...	21

Diseases of the Eye

Operative correction of squint	...	...	...	...	3
Other conditions, including injuries	...	...	...	...	7

Acute Surgery

Appendicitis	...	...	...	...	...	53
Osteomyelitis	...	...	...	...	...	2
Other acute conditions	...	...	...	...	...	3

Non Acute ' Surgery

Orthopaedic procedures	...	...	...	...	...	7
Fractures	...	...	...	...	...	27
Hernia repairs	...	...	...	...	...	9
Excision of Glands including tuberculous	...	...	...	...	...	10
Dental operations	...	...	...	...	...	7
Circumcision	...	...	...	...	...	8
Other conditions	...	...	...	...	...	35

Various Medical Conditions

Diabetes Mellitus	...	...	...	...	...	...	...	3
Investigation and Observation	...	...	...	...	...	...	...	10
Adenitis	...	...	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	...	...	2
Pleurisy	...	...	...	...	...	...	...	3
Other conditions	...	...	...	...	...	...	...	13

Specific Infectious Diseases

Scarlet Fever	...	...	...	...	...	...	...	3
Rubella and Appendicitis	...	...	...	...	...	...	...	1
Measles and Pneumonia	...	...	...	...	...	...	...	4
Measles	...	...	...	...	...	...	...	1
Meningitis (non-tuberculous)	...	...	...	...	...	...	...	7
Pneumonia	...	...	...	...	...	...	...	15
Mumps	...	...	...	...	...	...	...	2

Injuries

Burns and Scalds	...	...	...	...	...	...	...	6
Other	...	...	...	...	...	...	...	66

HANDICAPPED CHILDREN

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

Deaf and Partially Deaf. 4 are in Residential Special Schools and 2 are awaiting admission and 3 travel daily to Middlesbrough School for the Deaf.

Delicate. 69 are in attendance at the Open Air School, 1 of whom is at present in hospital with burns, 1 is in a Sanatorium, 4 are excluded from school attendance, of whom 1 is receiving home tuition, 1 is in Hospital and 29 are in attendance at ordinary schools.

Physically Handicapped. 3 are in Residential Special Schools, 6 are in Orthopaedic Hospital Schools, 17 are in attendance at the Open Air School, 3 are excluded from school attendance, of whom 2 are receiving home tuition, 1 is in a Sanatorium and 35 are educated in ordinary schools.

Educationally Subnormal. 10 are in Residential Special Schools and 51 are in attendance at the Barnard School.

Epilepsy. 1 is receiving home tuition and 7 are in ordinary schools.

Maladjusted. 1 is in attendance at the Open Air School awaiting re-admission to a Residential School and 2 are awaiting admission to Residential Schools.

Multiple Defects. 8 are in the Barnard School, 4 at the Open Air School and 2 are in Residential Special Schools.

OPHTHALMIC CLINIC

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

Refractions were carried out in 476 children and spectacles were ordered in 421 of these. 28 squints were under review, occlusion of an eye being necessary in three instances. 3 cases of squint were referred to the Orthoptic Clinic and Ophthalmic Surgeon for exercises and/or operation.

One case of special interest was also referred to the hospital requiring operation for ptosis and epicanthus.

Cases seen at this Clinic are referred mostly from routine examinations in schools, from 7-8 year old vision tests and on request of parents and Head Teachers.

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:—

As this is the last Annual Report which I shall prepare, I wish to thank all those who have helped to make my task as Principal School Dental Officer a pleasant one.

The Committee have been generous and considerate and I thank them for the confidence they have always shown.

I have valued very highly the support and help I have always received from Dr. Walker and there has been a happy liaison between the Medical and Dental Staffs in the School Clinic.

I have had very cordial relations with Mr. Peter and his predecessors. I am grateful for the many ways in which they have shown their interest in the Dental Clinic, especially by obtaining new equipment to raise the standard of the service.

The Head Teachers have been of great help in my work and I am most grateful for their co-operation.

I have received splendid assistance and support from the Staff of the Dental Clinic. The enthusiasm which Mr. McAra, Miss Langhorne and Miss Allen have shown in their work has been greatly appreciated and I would like to pay tribute to the help given by Dr. Wright and the late Dr. Dingle.

I shall carry away into retirement many happy memories of my thirty-three years of service with the Darlington Education Committee.

As regards the work done during the year, there is very little on which to comment. The routine work has gone on as usual. There has been a large increase in orthodontic cases, the number of attendances being double that of the previous year. Mr. McAra has had excellent results in this branch of the service.

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 E. M. Rutherford.

In 1957, changes in personnel were confined entirely to the clerical side of the staff and it is pleasing to have to record that for the first time for several years, the clinic team comprising the psychiatrist, psychologist and social worker, worked together steadily and without interruption for a full twelve months. The changes referred to above were the departure of the secretary, Miss M. M. Frost, who, after 6 years' service, left to be married ; the occupation of the post for 4 months by Mrs. L. Foster and finally the appointment with effect from 1st December of Miss E. M. Rutherford. During the month of November, when the Clinic was without anyone to cope with the sizeable volume of shorthand and typing, the speed and efficiency of the Clinic routine was noticeably reduced.

A minor change relating to the hours of working of our Social Worker must also be mentioned. On her appointment on 1st May, 1956, Mrs. C. M. Ruddock accepted full-time employment but with effect from 1st April, 1957, this was reduced to three-quarter time at her request.

2. Case Work

TABLE I

Year Ending	No. of Cases opened			No. of interviews with Children	No. of interviews with Parents
	Boys	Girls	Total		
31-12-57 ...	80	57	137	1076	901
31-12-56 ...	86	58	144	1131	876

In 1957, the number of new referrals did not differ significantly from the number referred in the previous year. However, as the clinic team was able to work throughout 1957 unhindered by any staff changes, it must be made clear that the figures for interviews with parents and children are not really comparable

with those of the previous year as the time actually spent with children and parents was considerably greater than in 1956. Altogether, because of the unbroken attack on the work throughout the whole 12 months, it can be said that 1957 has been a good year for the Clinic.

Waiting List Situation

TABLE II

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Total
31.12.57	4	3	11	18
31.12.56	6	—	4	10

For the first time for several years the waiting list on 31st December was of appreciable proportions. This was mainly due to an unexpected number of referrals right at the end of the year and it hoped that this will be reduced early in 1958.

3. Sources of Referrals during 1957 compared with 1956

TABLE III

	1956	1957
Chief Education Officer	24	7
School Medical Officer	39	49
Headteachers	44	41
Parents	20	27
Family Doctors	12	2
Youth Employment Officer	1	3
Residential Children's Homes	1	1
Consultant Physicians	1	2
Juvenile Bench	2	4
Co-ordinating Committee	—	1
	<u>144</u>	<u>137</u>

In past annual reports, it has been the custom to record as sources of referrals the persons who actually first contact the Clinic. This has meant that in numerous cases, the administrative channels have been shown as sources rather than the actual persons seeking help with regard to child problems. This year an attempt has been made to give a more accurate picture by recording as sources the persons who initially make the request for Clinic investigation and possible treatment. This means that the figures are distributed in a slightly different fashion from previous years.

Making allowances for this, one can definitely say that referrals by parents have again increased. This is almost certainly due to the continuous efforts at publicising in all sorts of ways, the service which the Clinic has to offer. For instance, a talk by the Educational Psychologist to a Parent-Teacher Association nearly always results in several parents seeking advice and guidance from the Clinic.

In 1956, probably as a result of a talk on the work of the Clinic to the local medical practitioners, there was a welcome increase in the referrals by family doctors. Unhappily this has not been maintained during the past year. From the beginning of 1958, however, a brief formal notification is to be sent to family doctors whenever one of their patients is taken on for clinic treatment. This may have the effect of stimulating a more active interest in the Child Guidance Clinic among our local medical men.

4. Causes of Referral

The six headings under which the referrals in 1957 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 fall 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 symptoms 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 1957—TABLE IV

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational Vocational (vi)	Totals
Boys ...	9	10	28	5	—	31	83
Girls ...	4	5	22	1	—	22	54
Totals	13	15	50	6	—	53	137

In the Educational and Vocational category, 27 of the 53 referrals involved assessments of educability. Of these 27 children, 4 were considered suitable to remain in the normal school, 9 were recommended for admission to Barnard Street Special School, 11 were considered to be ineducable and 2 were recommended for a residential special school.

The total Educational and Vocational referrals were somewhat lower than last year (53 as against 63) whereas the referrals in the other categories remained much the same. 13 out of the 15 "Habit" referrals were cases of enuresis

5. Action Taken on 1957 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 1957	Continued to 1958	Totals
Advice	71	11	82
Treatment	11	44	55
	—	—	—
Totals	82	55	137
	—	—	—

Treatment at the Child Guidance Clinic normally means regular attendance over a period rarely less than 12 months. It is to be expected, therefore, that a high proportion of the 1957 referrals requiring treatment should continue into 1958. Cases requiring advice on the other hand need only 2 or 3 visits to the Clinic.

The treatment figures are slightly lower than those of the previous year but the referrals requiring advice were a little higher.

6. Treatment Situation in 1957

As has been mentioned in the previous section, Child Guidance Clinic treatment requires almost always the willing co-operation of the parents of the child concerned. It is, therefore, somewhat permissive in nature and a mother who possesses or develops a

resentful or hostile attitude to the Clinic prejudices any attempt at successful treatment of her child. It must be appreciated that the parents of a child whose behaviour causes them anxiety generally come to the Clinic sensitively aware that they are in some way responsible. Therefore, an approach implying criticism or advice given in what appears to them to be a dictatorial or over-authoritative manner immediately produces a reaction of resentment and a strong reluctance to continue visits to the Clinic. Thus the attitude of the Clinic staff is of great importance and must always be directed towards establishing a friendly and sympathetic bond with both parents and children. This is, of course, not always possible no matter how hard the members of staff try to establish a good relationship and the result is that cases have to be closed because of lack of co-operation. It must also be realised too that a number of parents are either unable or unwilling, because of exceeding dullness, emotional instability or anti-social qualities, to follow any kind of guidance no matter how sympathetically given. In the year before last the treatment cases which had to be closed before being brought to a successful conclusion reached 11% of the total. It was hoped that this figure would be lower in 1957 but once again it reached 11%.

TABLE VI

	Cases Closed		Continuing to 1958	Totals
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	45	16	27	88
Opened in 1957 ...	8	3	44	55
Totals ...	53	19*	71	143

* 2 left district ; 17 non-co-operation parents.

Summary of case position on 31-12-57

Cases from Year	Closed in 1957	Continued to 1958
1952	1	—
1953	2	1
1954	5	2
1955	11	11
1956	58	15
1957	88	55
	165	84

8. Work Done in the Schools

The Educational Psychologist exercises something of a dual function, partly as a member of the psychiatric team working in the Clinic and partly as educational adviser working in the schools, his time being divided more or less equally between the two. The visits to schools are to check on the progress and behaviour in schools of numerous children attending the Clinic, to assess intellectual and educational levels of various children at the request of Head Teachers, to give talks to parent-teacher associations and to attend social functions connected with individual schools. In 1957, full mental and educational testing was carried out on School premises and detailed reports provided for Head and Class teachers in the case of 164 children (161 in 1956).

9. Research

The investigation mentioned last year into the use of the Moray House Space Test in the 13+ grading examination was completed and as a result of the recommendation made, the space test will not be used in the examinations from 1958 onwards.

Further work was also done in assisting with the development of the 11+ selection process to be put into operation in 1958.

10. N.A.M.H. Conference

The Annual Conference of the National Association for Mental Health in 1957 was held in April and the topic for discussion was the Underwood report on "The Maladjusted Child." It was followed immediately by the Annual Conference for staffs of Child Guidance Clinics. This arrangement was most convenient for delegates who wished to be present at both conferences. Dr. Mills attended as the representative from the Darlington Clinic.

In 1958 Dr. Mills is to attend only the Annual Conference of Child Guidance Clinic Staffs on 21st and 22nd of March. The topic will be "The Residential Care of Disturbed Children."

11. Conclusion

Throughout the year, all who have had contact with the Clinic have been most kind and helpful and in particular, thanks are due to the Chief Education Officer and his staff, the School Medical Officer, Head Teachers, and the various school services caring for children in Darlington, who, by their continued support and co-operation, have contributed much to the completion of another successful year's work.

PHYSICAL EDUCATION

The Organiser of Physical Education, Mr. A. I. Cameron, reports as follows:—

General

During the year under review every effort has been made to maintain the normal cycle of work in schools and much steady work

has been evident in all branches of the subject. The Education Committee has continued to supply schools with a wide range of equipment, both for indoor and outdoor use. For several years improvement of facilities has been gathering pace and the year has seen several important additions, both actual and in plan, to facilities which will undoubtedly make a considerable impact on the work.

Indoor accommodation remains a problem. Many schools do not have suitable indoor facilities, while others, due to overcrowding, are required to use halls as classrooms. The demand on halls for dining facilities and for music and drama classes has seriously curtailed the time available for physical education. It is inevitable that these restrictions will prevent the achievement of desirable standards of work.

The maintenance of equipment has been made difficult by the continuing high cost of repairs. It is still a source of anxiety that the purchase of new equipment is limited by the amount of Purchase Tax on sports goods. It may be worthwhile to point out that with Purchase Tax at 30%, £1,000 only purchases £770 worth of goods.

Changing methods in the teaching of Physical Education have caused some uncertainty in schools. The passing of years will inevitably ring the changes in ideas, equipment and facilities. It is satisfying to note that, while some teachers have accepted the changes enthusiastically, most have achieved a happy medium between old and new.

Scope of the Work

Schools are now undertaking fairly comprehensive programmes of physical education. Activities include gymnastics, swimming, dancing and training in indoor and outdoor games and athletics. In addition some schools undertake other outdoor activities such as cross country running, hiking, hill climbing and camping.

Health Education is being brought more to the fore front, and teachers of physical education are co-operating with other departments in the schools, such as domestic science, and science, where certain aspects of hygiene and biology are taught, to make the teaching of health education more comprehensive.

Swimming

The year has shown an increased active participation in swimming. 34 primary and secondary schools attend for swimming instruction. Unfortunately many primary schools are confined to summer swimming only, when two pools are available. The gap thus caused between Summer and Easter when swimming facilities are denied is a great source of anxiety, showing an obvious need for additional swimming facilities. This is further illustrated by the fact that at present only 20% of possible pupils over 7 years are having the opportunity to swim during school hours.

The secondary schools have held successful galas, and the inter-schools gala has brought to the fore-front many capable swimmers.

Playing Fields, Games and Athletics

Facilities continue to improve. The addition of new ground at Glebe Road, and improvements to existing fields, with the prospect of the fields attached to new schools, augurs well for the future. The Parks Department are to be congratulated on their efforts at maintaining playing fields at such a high standard in spite of obvious difficulties in many places.

It is pleasing to note that schools are widening the range of activities carried out on the playing fields. The interests and capabilities of children are diverse, and the character of activities being offered enables every child to find an interest and outlet for his energies in some way.

The standard of achievement in school, inter-school, district and national competitions has risen considerably during the year, and it is evident from the performances shown in games and athletic events that the Borough has considerable talent.

The inter-school sports were held at the Rolling Mills Field in June. The Borough was well represented at the Durham County Sports, and at the All England Schools Athletic Championships at Southampton in July.

The Secondary football team have exceeded their expectations in the English Championships, and are still in the later stages of the competition.

Courses

Many teachers elect to spend some of their holiday time attending courses of various natures, and the Education Committee continues to support this attitude by helping financially. There is no doubt that the work in schools benefits immensely as a direct result.

A week-end course was held in November at Eastbourne Secondary Boys' School. Courses were successfully run on Basketball and Gymnastics which 36 people attended. A lecture on the New Netball Rules was given, also in November, to an appreciative audience of 80 teachers.

Staffing

An acute shortage of qualified teachers of Physical Education continues to prevail. Only a few schools have reaped the benefits which normally accrue when a teacher has given continuous service for three years. It is pleasing to note, however, that many non-specialist teachers are teaching, with enthusiasm, the various branches of Physical Education and achieving most satisfying results.

The various sporting associations, organised by the teachers, continue to serve the town most enthusiastically, and the immense quantity of work undertaken in their spare time can never be calculated. It is a service of which the town should be proud, and which the Education Committee wishes to place on record. It is only due to this voluntary service that the town can take its place so worthily in County and National Sporting Events.

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 ...	...	...	...	...	...	809
10—11 years ...	...	...	...	...	...	1,262
Leavers ...	...	...	...	...	...	905

Total ... 2,976

Additional Periodic Inspections ... 184

Grand Total ... 3,160

B. OTHER INSPECTIONS

Special Inspections ...	...	...	...	...	...	1,242
Re-Inspections ...	...	...	...	...	...	140

Total ... 1,382

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 (exclud- ing squint). (2)	For any of the other conditions recorded in Table III. (3)	Total individual pupils. (4)
Entrants ...	2	32	34
10—11 years ...	88	49	131
Leavers ...	66	18	81
Total ...	156	99	246
Additional Periodic Inspections...	20	118	120
Grand Total ...	176	217	366

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

Age Groups (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants ...	809	806	99.6	3	0.4
10—11 years ...	1,262	1,255	99.4	7	0.6
Leavers ...	905	905	100.	—	—
Additional Periodic Inspections ...	184	166	90.2	18	9.8
Total ...	3,160	3,132	99.1	28	0.9

TABLE II. Infestation with Vermin

(i)	Examinations in the schools by the school nurses or other authorised persons ...	29,224
(ii)	Individual pupils found to be infested ...	662
(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

De- fect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		ENTRANTS		LEAVERS		Requiring treatment (7)	Requiring observat'n (8)
		Requiring treatment (3)	Requiring observat'n (4)	Requiring treatment (5)	Requiring observat'n (6)		
4	Skin ...	—	—	—	—	2	1
5	Eyes—						
	a. Vision ...	2	—	66	1	176	5
	b. Squint ...	10	1	1	—	13	2
	c. Other ...	1	—	1	—	5	—
6	Ears—						
	a. Hearing	2	1	2	—	8	7
	b. Otitis						
	Media	2	—	—	—	5	—
	c. Other ...	1	1	1	—	3	1
7	Nose and						
	Throat ...	4	6	1	2	10	13
8	Speech ...	2	10	—	1	9	13
9	Lymphatic						
	Glands ...	—	—	—	—	1	—
10	Heart ...	1	—	1	2	17	3
11	Lungs ...	4	10	1	2	30	19
12	Develop- mental						
	a. Hernia...	—	—	—	—	1	—
	b. Other ...	—	1	—	—	1	1
13	Orthopaedic						
	a. Posture	—	—	—	1	—	2
	b. Feet ...	1	6	—	2	1	15
	c. Other ...	3	4	3	1	22	9
14	Nervous System						
	a. Epilepsy	—	—	—	1	—	2
	b. Other ...	—	2	—	—	7	2
15	Psychological						
	a. Develop- ment ...	—	2	3	—	54	4
	b. Stability	1	7	1	—	6	12
16	Abdomen ...	—	—	—	—	2	—
17	Other ...	—	—	3	2	41	4

TABLE IIIB. Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	15	6
5	Eyes a. Vision	20	1
	b. Squint	12	3
	c. Other	14	1
6	Ears a. Hearing	2	6
	b. Otitis Media	2	—
	c. Other	20	1
7	Nose and Throat	19	29
8	Speech	13	24
9	Lymphatic Glands	—	5
10	Heart	19	10
11	Lungs	20	27
12	Developmental :—		
	a. Hernia	—	—
	b. Other	3	6
13	Orthopaedic :—		
	a. Posture	1	7
	b. Feet	1	43
	c. Other	20	20
14	Nervous System :—		
	a. Epilepsy	2	2
	b. Other	—	2
15	Psychological :—		
	a. Development	28	13
	b. Stability	32	23
16	Abdomen	2	1
17	Other... ..	135	13

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	36	7
Errors of refraction (including squint) ...	476	—
Total ...	512	7
Number of pupils for whom spectacles were prescribed	421	—

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	—	7
(b) for adenoids and chronic tonsillitis ...	—	133
(c) for other nose and throat conditions ...	—	} 49
Received other forms of treatment	64	
Total ...	64	189
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	—	—
(b) in previous years	—	7

GROUP 3. Orthopædic and Postural Defects.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	—	37

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	1
(ii) Body	4
Scabies	4
Impetigo	51
Other skin diseases	10
Total ...	70

GROUP 5. Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	204
--	-----

GROUP 6. Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	14
---	----

GROUP 7. Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	628
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	528
(d) Other than (a), (b) and (c) above (specify)	—
Total	1,156

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

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic	3,860
(b) Specials	602
Total (1)	4,462
(2) Number found to require treatment	2,009
(3) Number offered treatment	2,009
(4) Number actually treated	1,916
(5) Number of attendances made by pupils for treatment, including those recorded at heading II (h)	4,018
(6) Half days devoted to :	
Periodic (School) Inspection	32
Treatment	576
Total (6)	608
(7) Fillings :—Permanent Teeth	1,843
Temporary Teeth	—
Total (7)	1,843

(8)	Number of teeth filled :—Permanent Teeth					...	1,843
	Temporary Teeth					...	—
	Total (8)					...	1,843
(9)	Extractions :—Permanent Teeth					...	729
	Temporary Teeth					...	1,732
	Total (9)					...	2,461
(10)	Administration of general anæsthetics for extraction					...	954
(11)	Orthodontics :—						
	(a)	Cases commenced during the year					64
	(b)	Cases carried forward from previous year...					19
	(c)	Cases completed during the year					54
	(d)	Cases discontinued during the year					—
	(e)	Pupils treated with appliances					35
	(f)	Removal appliances fitted					48
	(g)	Fixed appliances fitted					—
	(h)	Total attendances					641
(12)	Number of pupils supplied with artificial dentures					...	—
(13)	Other operations :—Permanent Teeth					...	916
	Temporary Teeth					...	—
	Total (13)					...	916



