

[Report 1959] / Medical Officer of Health, Darlington County Borough.

Contributors

Darlington (England). County Borough Council.

Publication/Creation

1959

Persistent URL

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

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

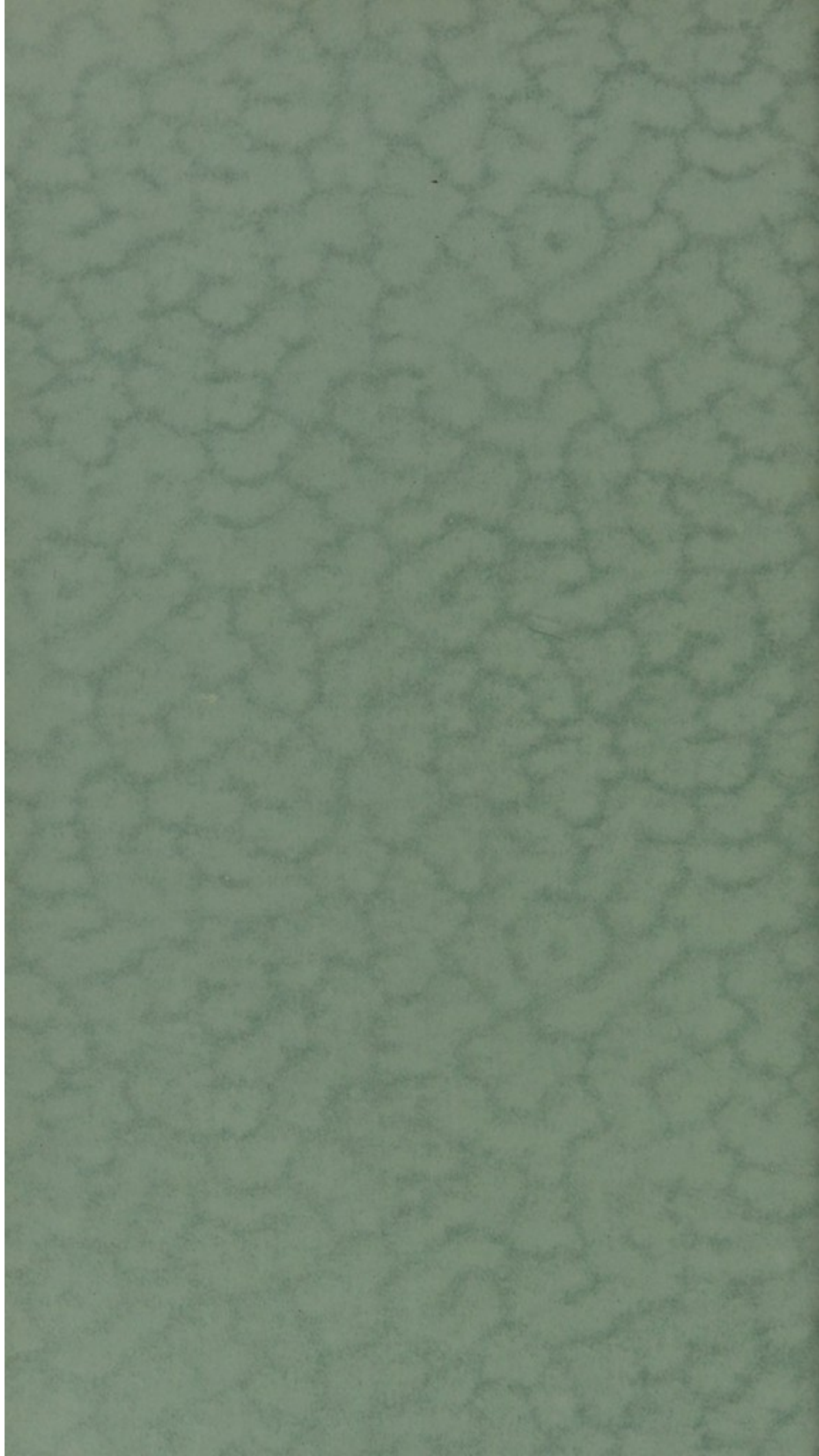
PRINCIPAL SCHOOL MEDICAL OFFICER

1959

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
1959

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	6
Staff	7
Part I—Vital Statistics	9
Part II—Prevalence and Control over Infectious Diseases—	
§ 1. General	17
§ 2. Tuberculosis and Mass Radiography	19
§ 3. Venereal Diseases	28
Part III—National Health Service Act, 1946—	
§ 1. Care of Mothers and Young Children (Section 22)—	
(a) Expectant and Nursing Mothers	29
(b) Child Welfare	29
(c) Care of Premature Infants	30
(d) Supply of Dried Milks, etc.... ..	30
(e) Dental Care	30
(f) Care of Unmarried Mothers and their Children	30
§ 2. Domiciliary Midwifery (Section 23)	31
§ 3. Health Visiting (Section 24)... ..	32
§ 4. Home Nursing (Section 25)	33
§ 5. Vaccination and Immunisation (Section 26)	36
§ 6. Ambulance Service (Section 27)	39
§ 7. Prevention of Illness, Care and After-Care (Section 28)... ..	40
§ 8. Domestic Help (Section 29)	43
§ 9. Mental Health Service (Section 51)	44
Part IV—National Assistance Act, 1948 (Part III)—	48
Part V—Growing Points—	
§ 1. Health Education	49
§ 2. Geriatrics	51
§ 3. Preservation of Family Life	54
§ 4. Accidents in the Home	55

Part VI—Other Services—

PAGE

§ 1. Housing	...	...	...	...	...	...	57
§ 2. Meteorology and Atmospheric Pollution	...	...	...	...	...	...	59
§ 3. Laboratory Service	...	...	...	...	...	...	62
§ 4. Medical Examinations	...	...	...	...	...	...	62
§ 5. Water Supply and Sewage Disposal	...	...	...	...	...	...	63
§ 6. Swimming Baths	...	...	...	...	...	...	65

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

§ 1. Introductory Letter and Analysis of Inspections	...	...	...	...	...	...	67
§ 2. Living Accommodation	...	...	...	...	...	...	69
§ 3. Food Hygiene	...	...	...	...	...	...	71
§ 4. Production and Distribution of Milk	...	...	...	...	...	...	72
§ 5. Food and Drugs Act, 1938-1955	...	...	...	...	...	...	74
§ 6. Inspection of Meat and Other Foods	...	...	...	...	...	...	75
§ 7. Offensive Trades	...	...	...	...	...	...	78
§ 8. Rodent Control	...	...	...	...	...	...	78
§ 9. Factories Acts, 1937-1959	...	...	...	...	...	...	79
§ 10. Miscellaneous Provisions	...	...	...	...	...	...	81

APPENDIX—Report on an enquiry into circumstances of applicants for Pensioners'

Bungalows	...	...	...	...	...	...	82
-----------	-----	-----	-----	-----	-----	-----	----

The Annual Report of the Principal School Medical Officer follows page	...	...	87
--	-----	-----	----

ANNUAL REPORT, 1959

TO THE CHAIRMAN AND MEMBERS
OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1959, being my eleventh since I became your Medical Officer of Health.

From the point of view of vital statistics, nothing occurred during the year to which attention needs to be directed in this introductory letter. The infant mortality rate remained higher than the national figure, to which further reference is made on the appropriate page. Attention is also drawn to two deaths in school children from infective hepatitis, a disease described in my own student days as catarrhal jaundice and regarded as being of complete triviality, but which is now known to be due to a virus infection and which seems to be increasing in severity.

The year was important for a number of matters, general and domestic. The Mental Health Act was passed and local health authorities were under the obligation at the end of the year to prepare proposals for their action under the appropriate sections. This involved a review of present conditions, to which again reference in greater detail is made in the body of the Report and which may justify the preliminary observation that the precise range of the responsibilities involved is difficult to estimate and may give rise to a good deal of expense and to an awkward series of problem situations. It is to be hoped that neither of these fears is realised, but it is just as well that their possibility should be clearly understood. However much one may regard mental illness and sub-normality as the same in kind as other diseases, the fact remains that certain differences in their expression require special provisions that must include an element of compulsion and in any case impose heavy responsibilities upon the officers who effect the disposal of such patients.

A welcome development during the year was a more immediate interest in the possibility of new municipal offices. Plans were under consideration and a beginning was made towards clearing the site enclosed between the Market Place, Feethams, Houndgate and Bull Wynd. I am glad to be assured that the Health and School Health Departments will be included in the first block to be constructed, and the matter of most urgent interest is how long we must wait before our new quarters are available. Everything that has been said in previous reports about the deplorable condition of our present office accommodation can be repeated and a rather important side-effect of these sub-standard premises needs to be remembered.

As I have already explained, comparison with staff establishments of other comparable County Boroughs, i.e., within the 75,000 to 100,000 range, shows that in almost every respect Darlington manages with a smaller establishment than the other authorities. Some branches are particularly short, for instance health visitors, where there is a chronic difficulty of finding and keeping personnel even for the small establishment allowed by the Council. The small establishment itself gives an impression of the second-rate, and when the conditions under which administrative work must be carried out are seen the suspicion becomes confirmed. Actually, as you know, this is a false estimate. The work carried out by the Darlington Health Department compares favourably in range and efficiency with that of any other comparable authority, but that is due to the zeal and devotion of your staff, who do not allow their environment to depress them nor to think that their services are as little valued as such inferior accommodation might lead them to suppose. There is, of course, in medicine and its ancillary services a certain vocational element, which teaches its votaries, in the words of St. Ignatius Loyola, "to fight and not to count the cost."

A new development in the establishment in 1959 was the appointment of a Deputy Medical Officer of Health and Deputy Principal School Medical Officer. When Dr. McGarrity retired on superannuation it was decided not to fill her vacancy but to create this new post which had been in abeyance since 1949. You were fortunate in securing the services of Dr. W. Mary Markham, hitherto a senior medical officer in the employment of the City of Nottingham. Dr. Markham has brought to your service experience from an enterprising and well-endowed local health authority.

In spite of these somewhat harsh comments, where accommodation is concerned, the relations between yourselves individually and collectively and the department remained as cordial as ever and I should like to thank you for your interest, recognising that some of the disabilities to which I have drawn attention cannot be remedied overnight.

To the staff, as ever, my fullest thanks are due for their loyal and devoted service.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

Health Department,

Feethams,

Darlington.

Tel. No. Darlington 5218.

MEMBERS OF THE HEALTH COMMITTEE

(at 31st December, 1959)

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

Councillor J. E. Angus, J.P.	Councillor A. L. Preston.
„ Rev. M. A. Beaton.	„ Mrs. G. W. Raine.
„ H. Carr.	„ A. W. Snaith.
„ L. E. Davies.	„ F. Stephenson.
„ J. J. Dauber.	„ J. W. Stokoe.
„ Mrs. M. Lyonette, J.P.	„ A. Summers
„ J. E. Picken.	(Vice-Chairman).
„ A. M. Porter.	

Co-opted Member : Mr. K. Girgis, F.R.C.S.

STAFF

Medical Officer of Health and Principal School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	Winifred Mary Markham, M.R.C.S., D.P.H. (from 26/10/59).
Assistant Medical Officer of Health and School Medical Officer	Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S. (till 19th July, 1959).
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)	... P. C. Bhattacharya, 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. McAra, L.D.S.
School Dental Officer	... P. Waterfall, L.D.S.
Public Analyst	... W. G. Carey, F.R.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 2a} J. E. Harris ^{1 2} R. Barras ¹ (from 1/7/59). P. J. Jemmeson ^{1 2} (till 31/7/59). R. Kelly ¹
Pupil Public Health Inspector	... K. Dixon
Housing Inspector	... S. R. Blackburn
Superintendent Health Visitor and School Nurse	... Miss E. Winch ^{4a 5 6 7}
District Health Visitors	... Miss M. Milestone ^{4a 5 6} (till 19/5/59) Miss F. E. Smith ^{4a 5 6}

Health Visitor/School Nurse ...	...	Mrs. E. Allan ^{4a 5 6} Miss D. Smith ^{4a 5 6} Mrs. D. Barry ^{4a 5 6} Miss B. Lambert ^{4a 5 6} (till 31/8/59) Miss E. Jackson ^{4a 5 6} Miss M. D. Baldwin ^{4a 5 6} (from 1/12/59)
Temporary Assistant Health Visitor/ School Nurse		Mrs. A. Elliott ^{4a} (from 12/10/59) Miss M. Holbrough ^{4a} (from 16/11/59)
Tuberculosis Health Visitor	...	Miss A. Thornton ^{4a 5 6}
Superintendent Midwife and District Nurse	... ..	Miss C. Beckett ^{4a 4d 5}
Asst. Superintendent Midwife and District Nurse	... ..	Miss P. Oversby ^{4a 4d 5}
District Midwives	... ..	Mrs. F. R. Hawley ⁵ Mrs. I. Wilson ⁵ Miss E. Shaw ⁵ Mrs. O. M. Johnston ^{4a 5} Mrs. W. Smith ^{4a 5} (till 31/5/59) Miss D. Chapman ^{4a 5} (from 1/8/59)
District Nurses : Full-time	... ..	Miss M. Gill ^{4a 4d} Miss M. Rodber ^{4a 4d 5} Miss A. Stephenson ^{4a 5} Miss M. Quinn ^{4a} Miss M. Waller ^{4a} Miss M. Mossman ^{4a} Mrs. J. Beachim ^{4a 5} Mrs. A. Hill ^{4a} Mrs. A. Pottage ^{4a 4b} Mrs. J. Rutland ^{4a 5} Mrs. J. Taylor ^{4a}
	Part-time ...	... Mrs. G. Anderson ^{4a} Mrs. T. Smelt ⁹
Chief Clerk	... ..	Hugh R. Kirk
Clerical Staff	... ..	I. Burnley (Senior Clerk) K. Watson (from 1/4/59) W. Brown Miss G. W. Ruecroft (Senior Female Clerk) Mrs. E. Ward Miss M. Spence Mrs. A. Craig Miss J. Cowing (from 1/4/59) Mrs. D. Moore Miss J. Howatson (from 23/11/59) Miss A. Lumb Miss M. Hipkiss Miss C. Walker Miss K. Glasper (till 30/11/59)

Mental Welfare Social Workers
and Duly Authorised Officers ...

C. W. Price
S. McAulay

Occupation Centre Supervisor ...

Mrs. J. Paxton

Mental Welfare Social Workers ...

Mrs. M. Kirk
Mrs. G. Sullivan

Handicraft Instructors ...

D. J. Whalley
Mrs. M. Hewson

Registrar of Births, etc. ...

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.
- 2a. Certificate of Royal Sanitary Institute for Smoke Inspection.
3. Associate of Royal Society for Health.
4. State Registered Nurse : (a) General, (b) Fever, (c) Sick Children, (d) Queen's Institute.
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.
9. State Enrolled Asst. Nurse.

PART I

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6463.

Resident population (Registrar General's estimate, 1959)—83,300.

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

Percentage decrease on last census population—1.8%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1960) :

(a) Dwelling houses	...	...	...	...	...	26,482
(b) Dwelling houses and shops	...	...	...	...	...	575
(c) Licensed premises	...	...	...	...	...	63
Total ...						27,120

Rateable value (at 31st March, 1960—£1,348,928.

Sum represented by 1d. rate (at 31st March, 1960)—£5,456 19s. 5d.

Relating to Mothers and Infants :

Live births—1,327 (Male—678, Female—649).

Live birth rate per 1,000 population—15.9.

Stillbirths—30.

Stillbirths rate per 1,000 live and stillbirths—22.6.

Total live and stillbirths—1,357.

Infant deaths—37.

Infant mortality rate per 1,000 live births—Total 27.9

„ „ „ „ „ „ „ —Legitimate 28.5

„ „ „ „ „ „ „ —Illegitimate 15.0

Neonatal mortality rate (first four weeks) per 1,000 live births—21.1.

Illegitimate live births per cent. of total live births—5.0%.

Maternal deaths (including abortion)—1.

Maternal mortality rate per 1,000 live and stillbirths—0.7.

Relating to Death

Deaths from notifiable infectious diseases (other than tuberculosis)—3.

Deaths from gastro-enteritis (under 2 years)—0.

„ „ respiratory tuberculosis—3.

„ „ non-respiratory tuberculosis—0.

„ „ cancer—166 (Cancer of the lung—39).

„ „ circulatory diseases—492 (Coronary thrombosis—92).

„ „ pneumonia and bronchitis—80.

„ „ violent causes—49.

Deaths of persons 65 years and over—68.2% of all deaths.

Deaths of persons 75 years and over—41.1% of all deaths.

Inquests held—56.

Uncertified deaths—24.

Deaths in institutions—419 (including 103 in institutions outside the Borough.

This is equivalent to 41.2% of all deaths compared with 38.0% in 1958).

Death rate per 1,000 population—12.2.

Total deaths—1,016 (Males—547, Females—469).

Natural increase of population—311.

TABLE I
Comparable Table of Vital Statistics, 1940—1959

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
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	84,880	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	25.4
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.6	11.9	11.7	34.0	23.7
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.1
1958	83,170	16.1	16.4	12.3	11.7	28.3	22.6
1959	83,300	15.9	16.5	12.2	11.6	27.9	22.0

* 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	Piermont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1 Tuberculosis, respiratory ...	...	...	...	...	1	...	1	...	...	...	...	...	2	1	3
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Syphilitic disease ...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1
4 Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	...	2	...	...	...	...	1	...	...	...	...	3	...	3
10 Malignant neoplasm, stomach ...	...	2	2	2	3	4	3	...	3	1	4	...	22	4	26
11 „ lung, bronchus ...	2	3	3	1	...	3	4	3	2	3	5	29	10	39	
12 „ breast... ..	2	...	1	2	3	...	1	...	1	1	...	11	2	13	
13 „ uterus... ..	...	...	...	1	1	...	...	...	...	1	1	4	...	4	
14 Other malignant and lymphatic neoplasms	5	5	10	3	12	5	5	5	5	10	7	72	12	84	
15 Leukaemia, aleukaemia	1	...	...	...	...	1	...	1	...	2	2	7	...	7	
16 Diabetes ...	2	1	...	1	1	...	...	...	1	...	1	7	...	7	
17 Vascular lesions of nervous system...	13	15	15	12	17	13	9	11	10	29	22	166	14	180	
18 Coronary disease, angina	4	9	9	6	10	4	3	6	11	12	8	82	10	92	
19 Hypertension with heart disease...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	
20 Other heart disease ...	3	1	2	2	7	6	4	4	3	11	13	56	5	61	
21 Other circulatory disease	7	11	11	13	17	14	9	11	8	15	16	132	26	158	
22 Influenza ...	...	1	...	...	1	...	1	2	2	1	...	8	...	8	
23 Pneumonia ...	2	1	2	3	2	1	...	1	4	3	4	23	10	33	
24 Bronchitis ...	5	4	3	7	3	2	4	3	...	3	9	43	4	47	
25 Other diseases of respiratory system...	1	1	...	1	...	...	1	...	...	...	...	4	...	4	
26 Ulceration of the stomach or duodenum	2	...	...	2	...	...	...	...	2	...	...	6	2	8	
27 Gastritis, enteritis and diarrhoea ...	2	...	...	...	...	1	1	...	2	1	...	7	...	7	
28 Nephritis and nephrosis	...	1	1	1	2	...	...	...	...	...	...	5	2	7	
29 Hyperplasia of prostate	...	...	...	1	...	1	...	...	...	1	...	3	2	5	
30 Pregnancy, childbirth, abortion ...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	
31 Congenital malformations	...	...	1	...	1	...	1	...	...	...	3	6	3	9	
32 Other defined and ill-defined diseases ...	7	15	17	13	7	13	9	11	6	16	30	144	15	159	
33 Motor vehicle accidents	1	1	1	...	...	...	1	...	1	1	1	7	6	13	
34 All other accidents	2	1	4	2	...	2	...	1	...	1	...	13	4	17	
35 Suicide ...	...	3	1	1	1	1	2	1	2	1	3	16	...	16	
36 Homicide and operations of war	...	2	...	...	...	...	...	...	1	...	...	3	...	3	
TOTALS	...	61	81	83	76	89	71	56	63	63	116	125	884	132	1016

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 ...	...	...	...	...	...	...	3	...	...
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...
3 Syphilitic disease ...	...	...	...	...	...	...	...	1	...
4 Diphtheria ...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases...	...	...	...	2	1	...	...	...	...
10 Malignant neoplasm, stomach...	...	...	...	...	...	...	7	11	8
11 „ „ lung, bronchus	...	...	...	...	1	1	18	13	6
12 „ „ breast	...	...	...	...	...	1	5	3	4
13 „ „ uterus	...	...	...	...	...	...	3	...	1
14 Other malignant and lymphatic neoplasms...	...	...	...	...	...	3	27	28	26
15 Leukaemia, aleukaemia ...	...	...	1	1	1	...	3	1	...
16 Diabetes ...	...	...	...	...	...	...	2	3	2
17 Vascular lesions of nervous system...	...	...	...	...	1	1	31	48	99
18 Coronary disease, angina ...	...	...	...	...	...	3	37	33	19
19 Hypertension with heart disease...	...	...	...	...	...	...	1	...	...
20 Other heart disease ...	...	...	...	...	...	1	11	16	33
21 Other circulatory disease...	...	...	...	...	...	3	27	50	78
22 Influenza ...	...	...	...	...	1	...	3	2	2
23 Pneumonia ...	4	1	...	...	...	1	5	10	12
24 Bronchitis ...	...	...	...	...	...	1	8	23	15
25 Other diseases of respiratory system...	...	...	...	...	...	...	3	...	1
26 Ulceration of the stomach or duodenum...	...	...	...	...	...	1	4	3	...
27 Gastritis, enteritis and diarrhoea...	...	...	...	...	...	1	2	2	2
28 Nephritis and nephrosis ...	...	...	...	...	...	2	3	1	1
29 Hyperplasia of prostate ...	...	...	...	...	...	...	1	1	3
30 Pregnancy, childbirth, abortion...	...	...	...	...	...	1	...	...	...
31 Congenital malformations	9	...	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases...	24	...	...	2	...	1	19	18	95
33 Motor vehicle accidents ...	...	...	1	1	4	...	3	1	3
34 All other accidents ...	...	...	...	...	1	4	3	3	6
35 Suicide ...	...	...	...	...	...	6	5	3	2
36 Homicide and operations of war...	...	...	1	...	...	1	...	1	...
TOTALS ...	37	1	3	6	10	32	234	275	418

TABLE IV

1959 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	...	2	...	4	1	...	...	7	1	5.0	
Gastro Intestinal	...	...	1	1	5	2	6	7	14	14	17	11	43	35	47.0	
Genito Urinary	...	...	...	...	...	3	1	4	3	2	3	1	7	10	10.2	
Breast	...	...	...	1	...	2	...	3	...	3	...	4	...	13	7.7	
Bones	...	...	...	...	...	...	2	1	...	...	3	...	5	1	3.6	
Glands	...	...	...	1	...	1	...	...	...	1	...	...	2	1	1.8	
Thorax	...	1	...	1	...	8	...	9	1	13	...	6	...	38	1	23.5
Skin, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brain	...	...	...	...	1	1	...	...	...	...	...	...	1	1	1.2	
TOTAL	1	...	3	2	16	8	20	16	34	21	29	16	103	63	100.0	

TABLE V

Seasonal Incidence of Deaths Under 1 Year, 1959

				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	...	...	...	12	8	8	9	37
Measles	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	1	2	1	...	4
Meningitis (not T.B.)	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	2	...	1	...	3
Atelectasis	...	...	...	...	1	...	1	2
{ Congenital Malformations	...	...	...	2	3	1	3	9
{ Premature Births	...	...	...	4	2	3	4	13
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	2	...	...	...	2
Other Causes	...	...	...	1	...	2	1	4

TABLE VI

Infant Mortality, 1959

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	... ..	26	...	2	...	28	4	2	2	1	37
		Uncertified	... ..	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	...	...	...	1	2	1	...	4
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	3	...	...	...	3	...	...	...	...	3
Atelectasis	...	...	...	2	...	...	...	2	...	...	...	...	2
{		Congenital Malformations	...	4	...	1	...	5	2	...	1	1	9
		Premature Birth	...	13	...	...	...	13	...	...	...	...	13
		Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia...	...	...	...	1	...	...	...	1	1	...	...	...	2
Other Causes	...	...	...	3	...	1	...	4	...	...	...	...	4
TOTAL				26	...	2	...	28	4	2	2	1	37

TABLE VII

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

Causes of Death					To'l 1-5											To'l 1-15
	1	2	3	4		5	6	7	8	9	10	11	12	13	14	
Road Accidents	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	2
Multiple Head Injuries	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Infective Hepatitis	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Lymphatic Leukaemia	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Myeloblastic Leukaemia	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Acute Peritonitis	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Staphylococcal Pneumonia	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Respiratory Collapse	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
	1	2	...	1	4	...	2	...	1	1	...	1	...	1	...	10

Commentary

At the end of the Report for 1958 was included an Appendix on the subject of infant mortality, and this matter, which remains statistically unsatisfactory, has continued to exercise the careful attention of your Health Department. It is to be noted that there were 37 deaths of infants under one year of age in 1959 as compared with 38 the year before and, as in previous recent experience, the majority of these deaths took place within the first four weeks after birth. Thus, while mortality during the next eleven months of the first year compares satisfactorily with conditions encountered elsewhere, neonatal deaths continue to remain above the national level, nor is this counter-balanced by an unusually low stillbirth rate. Arising from the interest shown in this subject last year, discussions were held with the consultant obstetricians and gynaecologists at Greenbank Maternity Hospital to find out if they had any views on the matter. Their opinion was particularly significant since the majority of neonatal deaths take place at Greenbank Hospital, simply, of course, because so high a proportion of Darlington confinements take place there. Your Medical Officer of Health was careful to point out in his review of the question last year that no blame or criticism of any sort attached or was imputed to Greenbank Maternity Hospital. Mr. K. Girgis, F.R.C.S., has suggested that one reason for the high local figure is the habit on the part of the staff at Greenbank Hospital to count as a live birth any premature delivery at however an early date of pregnancy where the conception shows signs of life after delivery. He has drawn up some figures for 1959 which show that 26 of the 36 neonatal fatalities observed were delivered under 34 weeks' duration of pregnancy, 9 of them under 28 weeks. He has also shown that 20 were under $3\frac{1}{2}$ lbs. and 29 under $5\frac{1}{2}$ lbs. The latter birth weight gives but slight chance of viability and the former hardly any at all. Your Medical Officer of Health agrees with the policy described by Mr. Girgis on the part of midwives at Greenbank Hospital, since he regards the conception as an individual in its own right from the beginning of its existence, but he also recognises the difficulty implied by his obstetrical friend and colleague, that if a foetus whose long-term viability is regarded as negligible is elsewhere counted as neither a premature live birth nor a stillbirth, then Darlington figures are not strictly comparable with those of areas where another policy is pursued. He is unable to comment authoritatively on this matter as he has not pursued the question of comparative statistics with Medical Officers of Health of other authorities. Early in 1960 a Medical Officer of the Ministry of Health visited Darlington to discuss among other things this particular matter and she wondered whether an element in the total situation might not be provided by a tendency of general practitioners and midwives to accept for home confinement mothers of high parity (i.e., more than four previous births) who would be better admitted to hospital. This possibility should submit to easy remedy and it has been brought to the notice of practitioners and midwives. The district health visitor makes a report on the family situation of every infant death, with particular reference to maternal employment, toxæmia or unusual stress and strain, and your Medical Officer of Health carefully scrutinises them. It has to be admitted, however, that no significant pattern has emerged so far.

Looking now at Table VII, it is apparent that 10 children died between the ages of 1 and 15 years. The normal hazards of life will no doubt prevent the attainment of a consistently zero return for this age group, but when the

causes of death of these 10 cases are examined some questions for further research present themselves. Three were due to accidents, 2 to leukaemia, a disease whose incidence is increasing and which may be correlated with radioactivity, and 2 liver atrophy following infective hepatitis. This last disease, which is due to a virus, would appear to be showing at the present time an increased severity, or at least a larger number of deaths are attributed to its consequences than was the case say thirty years ago. Infective hepatitis is a disease to which a good deal of epidemiological attention has been given without very much result to date. Possibly, as in poliomyelitis, the temporary symptomless carrier is a major factor in its spread. Continued scrutiny will certainly be required.

No further comment seems to be called for respecting mortality due to ischaemic disease of the heart (coronary thrombosis) and cancer of the lung, both of which have become within recent years outstanding causes of death. The association between cigarette smoking and the latter condition appears to be established by ordinary statistical evidence, but little difference in social habit seems to have taken place as a result. Your Medical Officer of Health is abstaining from further comment, as also upon the extremely important and complex subject of radiation hazards, not because he is indifferent to them but because they are already receiving a good deal of careful attention.

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 1959 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 VIII
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	44	...	...	...	3	...	...	...	5	...	...	...
Dysentery	...	...	...	...	...	...	...	...	1	...	...	...
Meningococcal Infection	...	...	...	...	...	...	...	...	1	...	...	...
Erysipelas	5	...	...	...	3	...	...	...	...	...	...	...
Ophthalmia Neonatorum	1	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia												
Babies with Mothers	1	...	...	...	...	...	...	...	1	...	...	...
Pneumonia	17	...	33	...	9	...	...	...	...	...	...	...
Measles	729	...	...	...	7	...	...	...	6	...	...	...
Respiratory Tuberculosis	45	...	3	...	34	...	1	...	11	...	1	...
Meningitis T.B.	2	...	...	...	2	...	...	...	...	...	...	...
Other forms of Tuberculosis	1	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	47	...	...	...	1	...	...	...	...	...	...	...
Para-typhoid	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	6	...	...	...	6	...	...	...	...	...	...	...
Dysentery	1	...	...	...	1	...	...	...	1	...	...	...
Food Poisoning	4	...	...	...	...	...	...	...	...	...	...	...
Encephalitis	1	...	...	...	1	...	...	...	...	...	...	...
Other Conditions	123	...	6	...	105	...	6	...	51	4	3	1
Totals ...	1027	...	42	...	172	...	7	...	77	4	4	1

Commentary

As far as patients admitted to hospital were concerned, 1959 was a quiet year. The total number of 249 was less than in the two previous years and

there was no incidence of any unusual disease, nor untoward outbreak of a disease such as poliomyelitis, most of whose sufferers need to be admitted to hospital. As will be seen above, there were 6 admissions to hospital of patients notified as suffering from poliomyelitis, but only 2 of these were confirmed, 1 of them without complete certainty. A considerable number of cases of measles were notified, but few of them required hospital treatment on account of complications (pneumonia). Some consideration was given by the Group Medical Advisory Committee to the possibility of making the beds in the cubicle block at Hundens Unit more widely available for other than the accepted number of infectious diseases and it was decided to recommend the Hospital Management Committee that patients suffering from pneumonia and children with pyrexia of unknown origin should be admitted in the first instance to the cubicle block. This project, however, was not realised during the remainder of 1959 as the cubicle block was undergoing redecoration and certain structural changes, and the patients admitted there were accommodated under considerable difficulties. It was as well, all things considered, that the year was a quiet one.

The remarks made in last year's Annual Report with regard to the category "Other Conditions," which was by far the largest single heading for cases admitted to hospital, remained true for 1959. A wide range of clinical conditions, many of them of small infectiousness, were admitted and appropriately treated. Thus the extension of the availability of beds to such conditions as pneumonia, and as yet undiagnosed fever in children, is not much more than an official acceptance of a situation already in being.

TABLE IX
1959—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever	3	7	5	3	5	1	4	4	5	5	2	44
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	1	10	...	...	6	2	15	8	1	4	47
Measles	64	73	75	74	31	66	50	108	83	41	64	729
Poliomyelitis	...	1	...	...	1	...	1	...	1	1	1	6
T.B. Meningitis	...	2	...	...	...	...	...	...	...	...	...	2
Meningococcal Infection	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	2	1	...	1	1	...	...	...	2	3	7	17
Encephalitis	...	...	...	...	...	...	1	...	...	...	...	1
Erysipelas	1	...	...	1	2	...	...	...	1	...	...	5
Puerperal Pyrexia	...	...	...	...	...	...	...	...	1	...	...	1
Ophthalmia Neonatorum	...	...	...	...	...	...	...	1	...	...	...	1
Dysentery	...	...	...	...	...	...	...	1	...	...	...	1
Food Poisoning	...	1	...	...	...	...	...	...	...	...	3	4
Others	13	5	10	18	10	10	3	15	11	18	10	123
Respiratory Tuberculosis	1	5	2	4	1	8	3	2	3	10	6	45
Non-Respiratory Tuberculosis	...	...	...	...	...	...	...	...	...	1	...	1
TOTAL	84	96	162	101	51	91	64	146	115	80	97	1027

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 1959 as follows :

First Quarter	...	...	—
Second Quarter	...	...	4
Third Quarter	...	...	—
Fourth Quarter	...	...	—

(These 4 single cases were all due to identified agents.)

The above figures represent the official residuum of confirmed cases from among a much larger number of notifications. A considerable difference of policy exists among the doctors of the town in this connection and if the same standard of notification as applies in some practices was adopted by all of them the total figures and confirmed cases would probably be larger. Your Medical Officer of Health is not, however, worried about the difference in policy among his colleagues, as he is quite confident that any outbreak of food poisoning on a substantial scale would very rapidly be brought to the notice of the Health Department in whoever's practice it occurred. However, a confirmed case illustrates a source of danger, since the infection must have been picked up elsewhere and could be spread to others.

§ 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 :

"In 1959, the general administrative and clinical arrangements for dealing with tuberculosis continued on the same lines as in previous years.

"Notifications of new cases of respiratory tuberculosis in the past five years were as follows :

1955	...	...	63
1956	...	...	93
1957	...	...	64
1958	...	...	61
1959	...	...	45

"The figure for 1959 shows a substantial reduction on previous years and it is tempting to think that this is due almost entirely to measures of control and treatment of the disease. It must be remembered, however, that the incidence of tuberculosis is quite a sensitive indicator of the prevailing social and economic status of the community and from this aspect of the problem it might be said that in Darlington in 1959 the tubercle bacillus 'never had it so bad.'

"When it is considered that in 1956 there were 100 new cases of tuberculosis in Darlington and 15 deaths, whereas in 1959 there were 45 new cases (all respiratory) and 3 deaths, it is obvious that real progress has been made in controlling this disease, irrespective of the exact influence of environmental, diagnostic and therapeutic factors.

"The age and sex distribution of the new cases follows the pattern of previous years, with females predominating in the young adult age groups and males greatly exceeding females in the older age groups. In the elderly person the disease tends to be chronic in type and less amenable to chemotherapy. Also it is more difficult to eradicate by surgical treatment of residual lesions either because the disease is bilateral or the general condition of the patient precludes surgery. It follows, therefore, that a number of patients leave hospital with tubercle bacilli still present in the sputum and in the 1958 report I mentioned the risk that strains of the organism which are resistant to one or more of the three standard drugs might become prevalent and give rise to new cases of the disease unresponsive to drugs in current use. At the end of 1959, out of a total register of 424 tuberculous persons only 5 (4 men and 1 woman) were known to be living at home and excreting tubercle bacilli which are resistant to one or more of the three drugs, namely streptomycin, P.A.S. and isoniazid.

"The risk of secondary cases arising from these patients must be small as all the new cases diagnosed in 1959 responded normally to treatment by chemotherapy and no organism was found to be resistant in an untreated case.

"Of the 40 new cases seen at the chest clinic in 1959, 17 were found to be sputum positive and therefore in urgent need of isolation and treatment to prevent the spread of the disease to persons in contact with them. As there was no waiting list for hospital beds during the year we were able to offer immediate admission to new cases and also deal with relapses in patients who broke down as a result of illness or some other factor. Owing to the diminishing incidence of pulmonary tuberculosis and the relatively short period of hospital treatment in most cases the demands made on available beds have decreased and it has been possible to admit certain non-tuberculous patients for investigation and treatment.

"The excellent co-operation of the general practitioners, to which I have referred in previous reports, continued throughout the year and patients with respiratory symptoms were freely referred either direct to the chest clinic or to the Mass Radiography Unit. All films taken by the latter were examined by the chest physician who arranged follow-up appointments at the clinic for all persons with abnormal radiographs.

"The outcome of treatment for tuberculosis of the lungs depends largely on adequate chemotherapy at the earliest possible stage of the disease and therefore admission to hospital was recommended immediately on diagnosis unless it was considered that the disease was minimal and could be controlled by domiciliary chemotherapy.

"Beds available to Darlington patients were as last year in Hundens Unit, Darlington, the Hospital of St. John of God, Scorton, the Friarage Hospital, Northallerton, and Poole Hospital, Nunthorpe, Middlesbrough.

"There were no new developments in the use of chemotherapy and streptomycin, isoniazid and P.A.S. were the chief drugs in use. Secondary tuberculostatics such as viomycin and cycloserine were used in a limited number of cases and corticosteroids were used also to a small extent. We still lack an effective substitute for P.A.S. as a companion drug with isoniazid.

"Major thoracic surgery was done at the thoracic surgical unit in Poole Hospital and close liaison was maintained between the chest clinic staff and our medical and surgical colleagues at Poole.

"Efforts were made to initiate a thoracic surgical out-patient consultative clinic in Darlington in order to spare the patients a journey to Middlesbrough and to improve the facilities for joint consultation between physicians and the thoracic surgeon. At the time of writing the Regional Hospital Board have not approved this proposal.

"Prophylactic immunisation with B.C.G. was used on the same lines as in previous years, the chest service dealing with contacts and hospital staff and the Health Department carrying out the scheme for school children.

"I should like to take this opportunity to thank the staff of the Health Department, and especially the Medical Officer of Health, for their continued interest and co-operation in all matters affecting the welfare of tuberculous persons."

The following paragraphs relate to the work of the chest service for Darlington in 1959.

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
General	10	10
Specialist	10	10
Emergency	10	10
Maternity	10	10
Paediatric	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10
Transplant	10	10
Intensive Care	10	10
Coronary Care	10	10
Stroke	10	10
Neurological	10	10
Psychiatric	10	10
Respiratory	10	10
Cardiac	10	10
Neurological	10	10
Orthopaedic	10	10
Urological	10	10
Gynaecological	10	10
Oncological	10	10
Renal	10	10
Endocrine	10	10
Immunological	10	10

Hundreds 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 1959.

TABLE X

[illegible]

Deaths

There were 3 deaths from respiratory tuberculosis compared with 9 in 1958, 12 in 1957, 13 in 1956, 10 in 1955 and 16 in 1954. There were no deaths from non-respiratory tuberculosis in 1959, none in 1958, 2 in 1957, 2 in 1956, 1 in 1955 and none in 1954. In addition 4 tuberculous persons died from causes other than tuberculosis.

Age and Sex incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures for 1958.

TABLE XI

	15—25	—45	—65	65+	Total
Male	1 (4)	6 (8)	15 (16)	1 (4)	23 (32)
Female	2 (4)	10 (7)	1 (2)	1 (2)	14 (15)
Children	—	—	—	—	3 (6)
Total	3 (8)	16 (15)	16 (18)	2 (6)	40 (53)

Of the 40 new cases, 17 were found to have T.B. in the sputum. The patients were drawn from a wide range of occupations; 11 were housewives, 7 in engineering and 4 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, shops, offices and other interested parties, and to organise publicity and the system of appointments.

Mr. J. J. Walsh, Secretary of the Middlesbrough Mass Radiography Unit, has written as follows of its work in Darlington during 1959.

“We put into service a new Mobile Caravan Unit, the advent of which made it necessary to review our previous policy and reorganise it so as to take advantage of the increased mobility of the Caravan Unit. As a result of this the larger towns in our area did not see so much of the Mass X-ray Unit last year but we were able to visit a large number of rural areas and factories which we had not been able to visit previously, i.e., 78 different sites as against 38 in 1958. This caused a reduction in the number of people X-rayed in the larger towns although there was a 12½% increase over the whole year. This reduction was not due to the time factor alone, but was partly due to the Unit no longer X-raying children and in some places where we annually X-rayed up to 2,000 children we now probably X-ray less than 100.

"In 1959 the Unit spent 38 working days in public sessions and factories in Darlington as compared with 64 days in 1958. A visit to all the factories annually is not contemplated as there is a recommendation from the Ministry of Health to the effect that we should only visit factories every three years, so that in the intervening years it will be possible to spend more time in public sessions.

"Last year the Unit was tried in one or two suburban districts in Darlington, but I am convinced that a good central site produces the best results. During our visit earlier this year I was able to use the new Car Park and we had a very successful week, so much so that I am hoping that your Council will agree to us using this site so long as it is available.

"No doubt you will notice the difference in the number of employees X-rayed at British Railways and Patons & Baldwins Ltd. as being much smaller than in 1958. In the case of British Railways it is due entirely to the fact that the Unit operated at Bank Top Station, the Goods Yard and the Motive Power Department where the previous Unit had not been able to visit and only a relatively small number of British Railway employees were available. It was decided last year at Patons & Baldwins that only new employees since our previous visit should be X-rayed and this, of course, resulted in a vast reduction in the number of examinees compared with previous years.

"The reduction in pathology is likely to be due to the decline in tuberculosis and the reduction in the number of persons examined.

"This year 5 days' public sessions and one factory visit has amounted to 3,459 people being examined so it may well be that we will again see quite a difference when we eventually review the Report for 1960."

Certain details of Mr. Walsh's report, relating to statistical returns from particular firms, have been deleted. These, while of great interest to the Health Department, are not appropriate for publication (See Tables pp. 26-28).

B.C.G. Vaccination at Contact Clinic

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 73 new contacts were tuberculin tested and 88 children were vaccinated with B.C.G., including 45 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 Darlington Tuberculosis Care Committee, which is a voluntary committee subsidised by the Corporation, has for long undertaken the care and after-care of tuberculous families and published annually a report of their activities. The changing pattern of tuberculosis and the large scope for preventive and care work in chest diseases other than tuberculosis have led the Committee to extend the scope of their work and we have at times called upon them for help in non-tuberculous cases.

Liaison with the Committee is maintained by the attendance of the Assistant Chest Physician at their meetings.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician with a view to appropriate action for securing priority in rehousing.

In suitable cases the help of the Disablement Resettlement Officers of the Ministry of Labour was enlisted to obtain vacancies for rehabilitation and vocational training of tuberculous persons.

Patients on the Register

On 31st December, 1959, there were 432 Darlington patients on the Chest Clinic register compared with 516 in 1958, and of these 424 were suffering from respiratory tuberculosis.

There were 114 respiratory and 3 non-respiratory patients written off as "recovered."

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 namely: (1) early, (2) moderately advanced and (3) advanced.

TABLE XII

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 ...	4	3	1	—	1	—	—	—	—	—	—	—	6	3
„ 15 ...	11	7	—	1	—	1	—	—	—	—	—	—	11	9
„ 45 ...	34	37	13	23	1	1	11	12	35	26	10	18	104	117
„ 65 ...	14	5	19	3	—	—	11	1	67	8	15	5	126	22
Over 65 ...	3	1	5	1	—	—	1	—	9	3	3	—	21	5
Totals ...	66	53	38	28	2	2	23	13	111	37	28	23	268	156

B.C.G. Vaccination for School Children

The scheme described in previous years was continued in 1959, 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 XIII

School		No. Skin Tested	Positive Reactors			Negative Reactors		
			No.	%	X-rayed	No.	%	Vaccinated
St. Augustine's	Girls	40	9	22.5	9	31	77.5	31
St. Augustine's	Boys	36	14	38.9	9	22	61.1	22
Eastbourne	Girls	124	66	53.2	54	58	46.8	57
Eastbourne	Boys	125	69	55.2	68	56	44.8	55
North Road	Girls	58	13	22.4	10	45	77.6	45
Albert Road	Boys	44	6	13.6	6	38	86.4	38
St. Mary's Grammar	Boys	32	16	50.0	14	16	50.0	16
Polam Hall	Girls	27	15	55.5	15	12	44.5	12
Technical	Mixed	58	35	60.4	34	23	39.6	23
Grammar	Boys	113	68	60.2	64	45	39.8	43
High	Girls	128	70	54.7	70	58	45.3	57
Gladstone Street	Boys	84	22	26.2	22	62	73.8	62
Reid Street	Girls	90	43	47.8	36	47	52.2	47
Haughton	Mixed	121	24	19.8	24	97	80.2	94
Immac. Conception	Girls	29	21	72.5	14	8	27.5	8
Open Air School	Mixed	5	2	40.0	2	3	60.0	3
Totals		1114	493	44.2	441	621	55.8	613

TABLE XIV
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					
			Treat- ment or close super- vision	Occas- ional super- vision	Healed no further action	Pleural abnor- malities	Bronch- itis	Bronch- iectasis	Cardiac abnor- malities	Thoracic Neo- plasm	Misc.
Doctors' Patients	52	7	—	1	—	—	2	—	1	1	1
T.B. Contacts	24	—	—	—	—	—	—	—	—	—	—
Schoolchildren	353	6	—	—	1	—	—	—	1	—	1
Adults working with children ...	30	—	—	—	—	—	—	—	—	—	—
General Public	1,076	24	3	2	—	4	2	—	5	2	5
Factory Surveys	2,044	50	1	9	6	5	1	1	3	—	15
TOTAL	3,579	87	4	12	7	9	5	1	10	3	22

TABLE XIV(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					
			Treat- ment or close super- vision	Occas- ional super- vision	Healed no further action	Pleural abnor- malities	Bronch- itis	Bronch- iectasis	Cardiac abnor- malities	Thoracic Neo- plasm	Misc.
Doctors' Patients	82	15	—	1	1	—	1	—	6	—	3
T.B. Contacts	51	—	—	—	—	—	—	—	—	—	—
Schoolchildren	212	3	—	1	1	—	—	—	—	—	1
Adults working with children ...	44	—	—	—	—	—	—	—	—	—	—
General Public	1,332	27	3	1	2	1	—	—	4	—	4
Factory Surveys	474	9	1	1	—	1	—	—	—	—	1
TOTAL	2,195	54	4	4	4	2	1	—	10	—	9

TABLE XV

Cases of Pulmonary Tuberculosis needing treatment or close supervision, 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	134	—	—	—	—
Contacts	75	—	—	—	—
Adults working with children ...	74	—	—	—	—
Schoolchildren... ..	565	—	—	—	—
Ante-Natal Patients	—	—	—	—	—
General Public	2,408	3	3	6	0.25%
Children under five years of age ...	—	—	—	—	—
Factories	2,518	1	1	2	0.08%
TOTAL	5,774	4	4	8	0.14%

§ 3. VENEREAL DISEASES

The number of patients treated for venereal diseases and other associated disorders which tend to be brought to the Special Clinic has shown the same tendency to increase during 1959 as was noted in the Annual Report for 1958. This is not, of course, a peculiarity to Darlington, but has been observed throughout the country at large. An undoubtedly sinister aspect of these latest figures is the increase among young people, i.e., under 20 years of age, and comparative figures at the Darlington Clinic show that whereas in 1958 the total number of patients seen at the Special Clinic in this age group was 11, 2 of them suffering from gonorrhoea, in 1959, the total number was 51, of whom 13 were suffering from gonorrhoea. The sex distribution showed a predominance of girls, 8 among the 11 in 1958 and 32 among the 51 in 1959. This may be, of course, because they more readily went for treatment. The teenager incidence is also a nation-wide phenomenon and has attracted attention on television and had devoted to it the section on health education at the 1960 Congress of the Royal Society for the Promotion of Health.

From the point of view of treatment; of available facilities, adequate ascertainment and follow up, no comment would seem to be called for as these services are as satisfactory in Darlington as could be wished, thanks to the zeal and efficiency of the Consultant Venereologist, Dr. E. Campbell. Much wider implications can be discerned in the figures quoted and the national trend of which they are an index than appertain to venereal diseases alone. Your Medical Officer of Health does not propose to comment upon them in the present context.

PART III

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

As in previous years, clinics continued to be conducted in improvised and for the most part unsatisfactory premises. It appears, however, that the material amenities are not of the first importance as the attendances both of expectant mothers and children of all ages increased somewhat.

(a) Expectant and Nursing Mothers

Co-operation between Greenbank Maternity Hospital and the Health Department continued, with the medical staff of the hospital attending ante-natal clinics on Corporation premises with the assistance of health visitors.

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 1959 was 691, and the total attendances made were 3,084.

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

As in previous years, medical officers attended one baby clinic session weekly at each of the centres. The remainder of the sessions were conducted by health visitors. A more efficient service could be

provided if medical officers were available to attend all the sessions. At present a considerable amount of time has to be given to routine immunisations, sometimes at the expense of advice for which there is too little time available.

(c) **Care of Premature Infants**

The majority of premature babies who were born at home were able to remain in the care of the domiciliary midwives. Ideally, the removal to hospital of premature babies should take place before birth, but where this was not possible it is satisfactory to find that the majority survived.

Total premature births	...	...	24
Nursed exclusively at home	...	...	22
Surviving at end of month	...	...	20

(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 Miss K. Glasper attended at the clinics until the end of November, when she was replaced by Miss J. Howatson. Mrs. D. Peden continued to give part-time service. Mr. H. R. Kirk continued to supervise this side of the work with his accustomed efficiency.

During the period 23,828 tins of dried milk, 46,064 bottles of orange juice, 6,248 bottles of cod liver oil and 4,274 packets of vitamin tablets have been distributed.

(e) **Dental Care**

As in previous years the Principal School Dental Officer and the School Dental Officer each gave one session per week to the care of mothers and young children. Although this amenity was not used to any extent by mothers, attendances of children under 5 years of age increased considerably, as is shown by the following figures :

Expectant and Nursing Mothers	...	...	5
Children under 5	...	...	117

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

Support was given to St. Agnes' Home, 45 Duke Street, in 1959 as in 1958 and there assistance was received by 84 cases. Forty-one of these passed through the Home, and of these 36 were unmarried expectant mothers, and 5 were married with illegitimate babies. Adoptions were arranged in 11 of these cases. In addition, 43 outside cases were dealt with, of whom 14 were unmarried expectant mothers, 1 was a married woman with an illegitimate baby, 1 was a married woman separated from her husband, 16 were prospective adoptions, 3 were seeking advice, 5 were putative fathers and 3 were temporarily accommodated.

The unmarried mothers in the care of St. Agnes' Home were not Darlington residents, as such girls usually prefer to have their babies elsewhere. The reciprocal arrangement, therefore, with other authorities continued,

In June, 1959, Mrs. E. Featherstone, Superintendent of the Home, retired and was replaced by Miss G. Johnston in August of that year, the Home being closed for the month of July.

§ 2. DOMICILIARY MIDWIFERY (Section 23)

The domiciliary midwifery service enjoyed an uneventful year.

The total number of domiciliary confinements was 282.

The establishment of 4 whole-time midwives and 1 relief midwife was maintained. Miss M. Sykes, the Deputy Superintendent, resigned in November and Miss M. Oversby was appointed to the post, but did not commence duty before the end of the year.

The Part II Training School continued and 13 pupils completed the course and all were successful in the examination.

In Circular 1/60 of the Ministry of Health, dated 8th January, 1960, a request was made for information regarding relief duty, with particular reference to night calls. In Darlington no special arrangements exist and each midwife attended her own cases, whether during the day or night. At need the relief midwife was available to deputise for the domiciliary midwives on any of their districts where her services were required.

The work carried out is summarised as follows :

Gas and Air Analgesia :

	1955	1956	1957	1958	1959
Number of patients using it	225	214	190	152	191
Percentage of total domiciliary confinements	64	66	56	55	69

Pethidine :

Number of patients using it	135	108	94	86	92
Percentage of total domiciliary confinements	38	22	28	31	33
Total domiciliary confinements	350	324	338	275	282

	Cases attended as Midwives	Cases attended as Maternity Nurses
1950	290	141
1951	254	139
1952	270	64
1953	299	48
1954	310	45
1955	319	31
1956	282	42
1957	298	40
1958	253	22
1959	255	27

§ 3. HEALTH VISITING (Section 24)

Your Superintendent Health Visitor has provided the following report on the work of the health visitors during 1959. Her comments on the lack of amenities on the housing estates have become more emphasised in the course of time. Undoubtedly many social problems are shelved or inadequately solved where the family is separated by a long distance from its source of advice and support. It is surprising how many mothers will push their prams a considerable distance, but it is inevitable that when the toddler stage is reached their attendance at the clinic ceases.

"The past year has been one of the most difficult due to shortage of staff in a very small establishment. Two assistant health visitors/school nurses were appointed, which relieved the situation a little, but unfortunately only certain duties can be delegated to them.

"The staff, however, worked exceedingly well and though hampered by lack of facilities at the clinics they have always endeavoured to impart enthusiasm and interest to all mothers who have attended them.

"The new housing estates are singularly lacking in buildings of any kind which could be used for clinics, and these are the areas in which the need is greatest. Each health visitor should have a centre in her own area where she could be easily contacted when necessary. The work of the health visitor will always be the promotion of health, and at the present time it would appear that the physical needs are being met. It is the social problems and the emotional stresses which the health visitor must be able to deal with in the families in her area. She should be in a position to be confidentially approached when the need arises.

"Three members of the staff have now attended refresher courses on modern methods of health education and during the year classes in home nursing and mothercraft were given in the evenings.

"During the year student health visitors came from Durham County for four weeks' training in County Borough work, and several student nurses from the Darlington Memorial Hospital were taken round the district to enable them to see some of the work of the health visitors.

"I am sorry not to be able to report any new schemes begun or any new clinics opened in the town, but I do feel that the staff are carrying out their work admirably in spite of inadequate premises and also keeping up to date with all new ideas which will benefit the families on their district."

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 18,786 which was the total number of visits in 1958 ;

TABLE XVI
Work of Health Visitors

				Total Visits
Expectant mothers	...	...	...	399
Infants under 1 year	...	...	...	4,372
Children 1 to 2 years	...	...	...	2,685
Children 2 to 5 years	...	...	...	7,879
Miscellaneous Visits	...	...	...	1,087
Tuberculous Patients	...	...	...	847
				17,269

§ 4. HOME NURSING (Section 25)

The year showed an important development in the history of this service, which, since the Appointed Day, had been administered on an agency basis by the Darlington Queen's Nurses' Association. During 1959 (the actual day was 1st April) the local health authority assumed direct responsibility for the service and the Queen's Nurses' Association ceased to play any administrative part in its organisation. The change involved as far as the people of Darlington were concerned was negligible since the same nurses continued to carry out the same tasks under the direction of general practitioners and under the supervision of Miss C. Beckett just as hitherto. Even financially no significant alteration was involved since prior to the takeover the local health authority had paid all the costs. Though possessed of funds subscribed in the past for the nursing of the people of Darlington, the Queen's Nurses' Association did not in fact contribute towards running expenses, though they had in recent years sunk a good deal of capital in the improvement of the nurses' home at 68/70 Woodland Road, which at the time of the takeover was a well adapted building in much less than full use. The tendency apparent among hospital nurses to prefer to live out rather than in a nurses' home in the grounds of the institution is equally found among district nurses, who also opt for the most part to make their own living arrangements. Hence the need for a hostel to accommodate them is very much less to-day than it was twenty or even ten years ago, and were it not for the amalgamation of the home nursing and midwifery services, and the consequential need to provide residence for pupil midwives, the only regular residents at the house upon which so much money was spent would have been the Superintendent and her Deputy. Certain functions of district nursing are, of course, carried out in the house itself, such as the replenishment and disinfection of nursing handbags and equipment. Though a pleasantly adapted room is available at the home for this purpose, many domiciliary nurses employed in country districts carry out this function in their own homes. Whether this is practicable or not depends a good deal upon the conditions under which the nurse is living; what is feasible in a home of one's own may be impossible in lodgings.

A staffing change took place during the year, when Miss M. Sykes resigned from her post as Deputy Superintendent and Miss P. M. Oversby was appointed. The latter did not, however, take up the appointment until 1960.

The work carried out during the year is shown in the following Tables, from which it will be noted that the total number of patients and visits paid to them were slightly less than in 1949 and considerably less than in 1954. As there is no reason whatever to suppose that any section of the community is not obtaining the home nursing care which it requires, these are satisfactory statistics since they show a decline, however slight, in the demand made on the service and hence an improvement in the health of the people. You should never lose sight of the fact that the aim of health services in the long run is not to extend but to eliminate themselves.

TABLE XVII

Analysis of Patients and Visits Paid, 1949, 1954 and 1959

	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
1959	18	488	27	51	854	17	97	1,725	18
	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
1959	230	7,452	32	632	18,834	30	1,028	29,353	29

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

TABLE XVIII

Analysis of Visits

	Under 5	5—25	25—45	45—65	Over 65	Total Cases	Total Visits
Infectious Diseases—							
All other than tuberculosis	—	—	1	5	3	9	116
Tuberculosis	—	2	8	9	—	19	1159
General Diseases—							
Cancer, all sites	1	4	4	31	30	70	2489
Diabetes	2	1	—	5	23	31	3989
Anaemia	—	—	11	21	71	103	2761
Diseases of the Alimentary system—							
Tonsillitis	—	—	1	2	—	3	12
Appendicitis	—	3	5	5	2	15	185
Constipation	7	12	9	24	80	132	715
Threadworms	—	—	—	—	—	—	—
Other diseases	4	6	10	17	28	65	2104
Diseases of the Circulatory system—							
Disorders of the heart, various	—	—	1	17	82	100	2756
After effects of Apoplexy	—	—	—	22	95	117	3621
Disease of Veins	—	—	1	5	8	14	689
Gangrene not due to Diabetes	—	—	—	—	—	—	—
Diseases of the Respiratory system—							
Bronchitis	—	1	3	17	34	55	631
Pneumonia	—	1	1	4	12	18	152
Pleurisy and Empyema	—	—	2	2	—	4	27
Asthma	—	—	—	2	2	4	33
Diseases of the Central Nervous System	—	—	4	9	13	26	1246
Diseases of Locomotor System—							
Arthritis Deformans ...	—	—	1	4	23	28	1793
Diseases of Genito-Urinary system—							
Diseases of the Kidneys	—	1	1	1	—	3	52
Diseases of the Bladder, including Lavage	—	—	—	1	5	6	80
Abortion	—	2	5	—	—	7	91
Various Dressings, including Mastitis ...	—	6	19	6	12	43	393
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections ...	1	7	2	12	12	34	731
Dermatitis and Eczema	—	—	1	—	2	3	36
Surgical Conditions—							
Burns and Scalds	3	1	1	2	8	15	278
Fractures and Injuries	—	2	3	2	11	18	482
Post-operative dressings	—	1	2	3	5	11	278
Minor Operations	—	—	—	1	3	4	648
Senility	—	—	—	—	68	68	1791
Unclassified	—	1	1	1	—	3	15
Total Cases	18	51	97	230	632	1028	—
Total Visits	488	854	1725	7452	18834	—	29353

One final point seems worthy of note, which is the disposal of the residual assets of the Darlington Queen's Nurses' Association. It is a question upon which your Medical Officer of Health feels strongly. After the transfer of functions to the local health authority the Association has remained in existence as a corporate body owning funds and property; in fact the premises from which the service operates, 68/70 Woodland Road, do not belong to the Corporation, but are rented from the Association, which has a theoretical, and apparently in law a real, right to dispose of them as they think fit, perhaps alienating them from the service altogether. To your Medical Officer of Health it would seem just that the assets, whether in real estate, stock or otherwise, raised by the contributions of Darlington people for the home nursing of the Darlington sick, should be made over without conditions to the agency at present carrying out this function; in other words to the Corporation. At the time of the National Health Service Act considerable and valuable properties throughout the country which the ratepayers of local authorities had provided over the years for hospital purposes were appropriated without compensation to the Crown. No objection was taken to this since it seemed a necessary step towards the integration of a National Health Service under the only terms and conditions acceptable to all parties. It seems unreasonable that when, as a natural development, the local authority absorbs the district nursing service a similar transfer of property should not occur. Your Medical Officer of Health wishes to make plain that this is a personal opinion and does not reflect the mind of the local health authority either collectively or individually.

§ 5. VACCINATION AND IMMUNISATION (Section 26)

The query has sometimes been raised by anxious parents whether there is not a tendency at the present time to turn children into pincushions, and indeed the number of protective injections that they are called upon to accept is already considerable and might become greater as methods of immunisation against other diseases are discovered. The ideal procedure accepted by the Darlington Health Department is as follows: vaccination against smallpox at three months old, immunisation against diphtheria and whooping cough with three inoculations spread by a four-weekly interval at four, five and six months, poliomyelitis vaccination at seven months, with a second inoculation three weeks later and a third in another seven months' time, booster doses against diphtheria and whooping cough at two and five years old, B.C.G. vaccination against tuberculosis at thirteen years. Unfortunately there is no such thing as universal immunity, so that protection against all infectious diseases cannot be conferred by a single process.

As has been remarked in previous years, the people of Darlington are relatively unresponsive to vaccination and immunisation of all kinds. How many among any community at risk need to be protected in order to create an effective "herd immunity" is as yet undetermined; it is not likely to be more than 50% and may be less. This, however is no excuse for inactivity. Conscientious parents should not look upon their children as likely to benefit by the protection conferred on others, but should desire them to be among the actively immune section of the community. They should also take this teaching to themselves personally, since poliomyelitis vaccination is now available up to forty years of age. Your Medical Officer of Health is unconvinced that poster and press publicity make a highly significant difference to

popular response to immunisation, but he is quite certain that propaganda efforts of health visitors in the homes of the people and at baby clinics have a considerable effect and this has a bearing upon the need for more health visitors to pursue this most valuable aspect of health education.

In some authorities protection against tetanus is included along with immunisation against diphtheria and whooping cough. There are a good many arguments in favour of this, but it has not yet been adopted here because of the difficulty of an effective record which the child could carry with him, and also the need to repeat the dose at relatively frequent intervals if protection against this hazard is to be maintained at an effective level. The question is rather a technical one and will not be further discussed in these pages, but reference has been made to it to show that it is receiving due consideration.

The following Tables summarise the work carried out during the year.

Primary Immunisation of Children under 15 years of age

			Local Authority Clinics	General Practitioners	Total
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
1958	...	...	683	205	888
1959	...	...	946	267	1,213

TABLE XIX

Immunisation against Diphtheria

		Full Course of Primary Immunisation			Reinforcing Injections		
		Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years	...	736	258	994	489	49	538
5 to 14 years	...	210	9	219	429	43	472
TOTALS	...	946	267	1213	918	92	1010

TABLE XX
Vaccination against Smallpox

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated ...	333	13	22	8	11	387
	Re-vaccinated ...	—	—	1	1	16	18
General Practitioners	Vaccinated ...	159	6	10	15	48	238
	Re-vaccinated ...	—	—	2	4	75	81
	TOTALS ...	492	19	35	28	150	724

TABLE XXI
Immunisation and Vaccination : Comparative Figures

	1952	1953	1954	1955	1956	1957	1958	1959
Immunisation, Children under 5 years ...	827	725	875	821	855	824	709	994
Immunisation, Children 5—14 years ...	251	299	257	213	178	212	179	219
Vaccination, Children under 5 years ...	219	304	264	221	297	392	454	546

TABLE XXII
Immunisation against Whooping Cough

	Age at date of final injection			Total
	Under 1 year.	1—4 years.	5—14 years.	
Health Department ...	554	174	151	879
General Practitioners ...	191	38	3	232
TOTAL ...	745	212	154	1,111

TABLE XXIII

Poliomyelitis Vaccination

Class	Local Authority Clinic	General Practitioners	Total
Children born 1943-1959	2,665	2,680	5,345
Young persons born 1933-1942 ...	1,941	1,336	3,277
Expectant Mothers	104	107	211
General Practitioners and their families	—	—	—
Ambulance Staff and families ...	—	—	—
Hospital Staff	—	8	8
TOTAL	4,710	4,131	8,841
Third Injections	2,880	1,581	4,461

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

Typhoid and Paratyphoid (T.A.B.)	34
Cholera	37
Tetanus	6

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 eleven 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
1958	...	...	28,135	132,558
1959	...	...	27,543	138,036

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.

Your Medical Officer of Health acknowledges that the above paragraphs are identical with those of last year except that the figures have been brought up to date. He does not, however, think that he can comment more aptly than this upon the matter in hand.

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

Tuberculosis

The community care commitments of the local health authority in respect of tuberculosis continued to be carried out by the Tuberculosis Care Committee, which, though originally a body of independent voluntary foundation, acts in effect as a Sub-Committee of the Health Committee and so fulfils the obligation laid upon the local health authority to provide a community care service for tuberculous patients as defined under the National Health Service

Act, 1946. The functions and structure of this Committee remained the same as in previous years and your Medical Officer of Health, who is titular Honorary Secretary, would like to acknowledge once more the invaluable service given by Mr. I. Burnley in carrying out its administrative functions.

The Darlington Tuberculosis Care Committee has been and is affiliated with the organisation that used to be known as the National Association for the Prevention of Tuberculosis. This has now changed its name to the National Chest and Heart Association, thereby indicating its enlarged terms of reference to include all chronic diseases of the chest and also of the heart. The reason for this shift of emphasis is twofold, partly because the problem of tuberculosis, though still a large one, is much less obtrusive than it was say twenty-five years ago, and partly because more attention is now attracted towards other forms of chronic sickness whose victims, though not more numerous than in the past except where lung cancer is concerned, prolong their lives within the community because of improved methods of treatment. The local Tuberculosis Care Committee has not yet seen its way to extend its scope to include sufferers from chronic diseases of the heart, though patients with non-tuberculous chest conditions are eligible at the discretion of the Chest Physicians. Your Medical Officer of Health is wondering whether the time may not be approaching when the Tuberculosis Care Committee as such was liquidated altogether, to be replaced by a Standing Sub-Committee of the Health Committee, with appropriate co-opted members, to be responsible for the community oversight of all chronic sick and handicapped patients. A similar system of ward visiting would remain, with wider responsibilities for each visitor. The number of visitors would almost certainly need to be increased, as the visiting lists in each ward would necessarily become a good deal longer. This is, of course, a tentative suggestion which, however, you may care to ponder.

Illness Generally

The handicraft centre remained in the premises hitherto occupied during the whole of the year, though this was in spite of your intention to find alternative accommodation for it. The urgent need behind this step, was, of course, to provide more room for the occupation centre for mentally sub-normal people and it seemed an easier matter to move the handicraft centre than the occupation centre itself. At the end of 1959, however, the impasse had not been resolved and some suggestions made by your Medical Officer of Health with regard to an alternative had been judged unsuitable.

One forward move, however, was under way at the end of the year, which was the conversion of premises in the Market Place made available free of charge by the courtesy of Messrs. Vaux & Associated Breweries Ltd. to a shop where the wares manufactured at the handicraft centre could be on show and sales undertaken. The aim here was twofold, to advertise the centre and the work done there to attract orders from the public and hence to provide for greater activity, and, secondly, to indicate the value of the centre to handicapped people in the town who are not already making use of it.

The following analysis summarises the work of the centre during the year.

Attendance

Men	...	...	...	...	...	...	46
Women	...	...	...	...	...	...	36
Attending centre only	...	...	...	...	...	...	48
Assisted at home only	...	...	...	...	...	...	24
Both at centre and home	...	...	...	...	...	...	10

Disabilities of Patients

Suffering from pulmonary tuberculosis	...	...	...	...	...	...	17
Other diseases of chest	...	...	...	...	...	...	2
Arthritis deformans	...	...	...	...	...	...	8
Amputations and after-effects of operations and injuries	...	...	...	...	...	...	16
Diseases of heart and blood vessels	...	...	...	...	...	...	6
Diseases of central nervous system	...	...	...	...	...	...	14
Epilepsy	...	...	...	...	...	...	2
Psychosis	...	...	...	...	...	...	1
General debility	...	...	...	...	...	...	4
Diabetes	...	...	...	...	...	...	1
Congenital deformity	...	...	...	...	...	...	1
Mental deficiency	...	...	...	...	...	...	10

Handicrafts

Canework, basket and tray making, etc.	...	...	...	...	...	...	33
Chair and stool seating	...	...	...	...	...	...	11
Leather-work and shoe repairing	...	...	...	...	...	...	3
Woodwork and marquetry	...	...	...	...	...	...	3
Lampshade-making and plastics	...	...	...	...	...	...	1
Jewel making	...	...	...	...	...	...	1
Artificial flowers	...	...	...	...	...	...	2
Painting	...	...	...	...	...	...	2
Toy-making and felt-work	...	...	...	...	...	...	4
Tapestry and embroidery	...	...	...	...	...	...	7
Knitting, sewing and crochet	...	...	...	...	...	...	8
Dressmaking	...	...	...	...	...	...	3
Glovemaking	...	...	...	...	...	...	1
Rug-making and repairs to mats	...	...	...	...	...	...	6
Weaving	...	...	...	...	...	...	1
Various handicrafts and general interest	...	...	...	...	...	...	8

This year the handicrafts carried out by the mentally sub-normal patients are included in the above list. It will be observed that canework, including basket and tray making, is by far the most popular activity and work with plastics, which some years ago was quite a major feature, has almost entirely fallen out, this being, of course, because mass produced items in plastics are now on sale at a price with which it is impossible to compete. Your handicraft instructor is always on the look-out for new skills and new lines of development and, taking a still longer view into the future, your Medical Officer of Health hopes that the time may come when the handicraft service of the local health authority will be integrated more closely than at present with the occupational therapy provided at the Darlington hospitals.

The Health Committee continues to be associated with voluntary organisations, the Infantile Paralysis Fellowship and the Darlington Spastics Society, as described in previous years. Both of them carry out useful work and the former has quite a large population of clients, some of whom remain severely paralysed as a result of past poliomyelitis. The number of spastics properly so called in Darlington remains, fortunately, small. The sphere of activity of these voluntary societies does not in fact intersect with that of the handicraft centre to any appreciable extent.

§ 8. DOMESTIC HELP (Section 29)

The following Table shows the work carried out by the home helps during the year. The figures are comparable with other years and in themselves call for no special comment.

TABLE XXIV

Type of Case	1959		1958	1957	1956
	Number of Cases	Hours Worked	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	28	1,476½	37	38	32
Tuberculosis	5	565½	4	6	7
Chronic sick (including aged and infirm)	368	43,787½	387	360	350
Others	64	5,402½	61	75	52
Total ...	465	51,233	489	479	441

Your Medical Officer of Health has remarked in previous Reports about the possibility of unascertained need for the home help service as it at present exists and of an extension of the service itself. To deal with the latter aspect first, as you will be aware there is no provision in the service at the present time for attendance at week-ends or outside normal working hours. In many cases no such need arises, but with the greatly predominant use of the helps made by elderly people, such needs must from time to time exist and means to meet them would be gratefully accepted if they were available. To make an expansion in this way would require a careful review of the terms and conditions under which helps are employed and would undoubtedly increase expense to the ratepayer since the sort of user who would be benefited would be among the economic category to whom the smallest charge is made.

The question of greater use of the service as it exists at present appears to find a consistently negative answer, since every case of need reported to the Assistant Organiser is promptly met and no evidence of dissatisfaction has been brought to notice in years. Looked at from another angle, however, one finds that many of the relatively derelict aged invalids who are brought to the notice of your Superintendent Health Visitor (see Section on Geriatrics)

have received no home help, because, you may be sure, they have not asked for it. From a public health point of view some effort should perhaps be made to advertise the availability of home help to such persons who have never asked but who could make good use of it. Superficially this seems an uneconomical project from the ratepayer's point of view, but if it led to an eventual curtailment of admission to hospital it would represent to that extent a saving and would also contribute to home happiness, since the majority of old people prefer to stay in their own homes as long as possible.

As he has remarked on previous occasions, your Medical Officer of Health is not wholly satisfied with the structure of the home help service in that its day-to-day operation is undertaken by an Assistant Organiser who has never been given by the Council the title and status which the quality of the work requires. A review of the grading in this branch of your department would seem to be overdue.

§ 9. MENTAL HEALTH SERVICE (Section 51)

The year 1959 may be of historical interest on account of the passing of the Mental Health Act and the beginning of steps throughout the country to implement its principles. As is, of course, well known, the Act is in process of coming into operation in a piecemeal manner, the aim being to make as gradual a transition as possible from the order of things established by previous enactments and a 'new look' for the welfare of patients suffering from mental disorders of all kinds. A study of the figures of the year's work will show how the number of patients admitted on a voluntary or informal basis has increased when compared with previous years, while patients dealt with by certification have become less numerous. This is part of the policy which the Act's intention is to standardise whereby mental illness shall be regarded as of the same quality as any other kind of malady without stigma attached to it. However admirable and reasonable this principle may be, it must be remembered that a hard core of difficult cases will always remain which cannot be dealt with in the same way as other sorts of sickness because, by the nature of the disease, the patient's mind is disoriented and he is unable to make a rational decision with regard to his welfare, actions and effects. This is a point which in the opinion of your Medical Officer of Health has been somewhat overlooked by the framers of the Act and which increases the responsibility of the mental welfare officers to a disproportionate extent as compared with welfare workers in other spheres and with other officers of the Health Department. No-one else in your employment has the same residual responsibility for the disposal of the person of a sick patient who is at that time unable or not allowed to speak for himself, but who at a later time may resent the action taken on his behalf, no matter how sincerely, and institute proceedings accordingly. To a person of disordered mind the fact that his own practitioner has the agreement of a consultant psychiatrist for the treatment proposed, and that the latter has made a bed available, may be of no consequence whatever, the prestige even of a Fellow of the Royal College of Physicians being to him a negligible quantity. In spite, therefore, of legislation, the duty of the mental welfare officer will remain in some cases much the same under new as under old legislation, though he will now lack the moral and statutory support given to him by a Magistrate's Order.

Your mental welfare officers continued to develop the service to the best of their considerable abilities. It is very difficult to deal on a statistical basis with the work they carry out, since the case work required from them is of so close and intimate a nature. The best advertisement of the efficiency of the service is shown by the acceptability of your officers to all sorts and conditions of people, and the high regard in which they are held by the Medical Superintendent of Winterton Hospital and the consultant psychiatrist seconded to the Darlington area. The amount that could be done towards a completely integrated service between hospital and local health authority is, however, immensely greater than what to date has been achieved. One would like to see the mental welfare officers having the freest possible access to the mental hospital for case conferences and also to psychiatric out-patients at the Darlington Memorial Hospital. This project would be welcomed by the hospital psychiatrists themselves, but available time has not been sufficient to develop it. By the proposals under the Mental Health Act under discussion at the end of the year a larger establishment of mental health officers was envisaged, but this, of course, was something for the future. Thought had also been given to residential accommodation for the various categories foreseen under the Act for whom the local health authority would be responsible. These include older people with varying degrees of senile dementia, patients who would most appropriately be "home invalids" but for whom no home was available, those who were relieved or even cured of their disability and hence able to work in the open market, but for whom for one reason or another life at home or in lodgings was impossible, and, in rather a different category, persons of sub-normal mentality who were again without a home of their own. Various lines of development had been foreseen to meet these needs, but plans awaited further thought at the end of the year. One problem was to know the extent for which provision must be made and, though a helpful conference was held in December between the Medical Superintendent of Winterton Hospital and local consultant psychiatrist on the one hand, and your Medical Officer of Health, Deputy Medical Officer of Health and Mr. C. W. Price on the other, no firm figures were available. The excellent concord between all concerned was, however, once more exemplified.

Turning to the service for those of sub-normal mental development, under older legislation described as mental defectives, a problem was brought to your notice by the senior mental worker at the occupation centre, Mrs. J. Paxton, which has been to some extent foreboded in previous years. For the most part boys and girls, young men and young women of sub-normal mentality are little disturbed by sexual passion unless they are excited thereto. But when the sexes are mixed and opportunities exist, incidents of this nature are always a liability. As you are well aware, the age range at the occupation centre extends from 5 to 45 years and both sexes are considerably and inevitably mixed together there under the supervision of three women. On two afternoons a week your handicraft instructor holds a class for the men and he is available under the same roof at other times, but this is the only male supervision they receive. This year Mrs. Paxton indicated that two of her charges, boys in their middle 'teens, were showing a certain excitability in respect of the opposite sex and the possibility of untoward incidents was therefore brought much nearer. This led to two developments, both of which at the end of the year were still, it must be admitted with regret, merely paper schemes. One was to extend the space at the occupation centre by

finding alternative premises for the handicraft section, which would enable the second principle to be implemented, the appointment of a male instructor and also of another female worker, potentially a trainee, both of which appointments were agreed by the Establishment Sub-Committee, the Finance Committee and the Council. These appointments cannot be made, at least with any realistic usefulness, until there is more room. This is particularly so for the male instructor, who must have accommodation for his handicraft apparatus. The hinge of the problem lies, therefore, in finding new premises for the handicraft service for non-mental invalids and handicapped persons (see also page 41).

The work of the year is summarised in the following Tables.

Lunacy and Mental Treatment Acts, 1890-1930

	1956	1957	1958	1959
Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients) ...	98	118	135	125
Patients dealt with under Section 5, Mental Treatment Act (Temporary Patients) ...	3	5	13	9
Patients dealt with under Section 6, Lunacy Act (Petition) ...	—	—	—	—
Patients dealt with under Section 5, Mental Health Act ...	—	—	—	39
Patients dealt with under Section 11, Lunacy Act (Urgency Order) ...	2	1	1	2
Patients dealt with under Section 15, Lunacy Act (Certification) ...	—	1	—	—
Patients dealt with under Section 16, Lunacy Act (Certified Patients) ...	35	30	22	23
Patients dealt with under Section 20, Lunacy Act ...	5	10	21	10
Patients dealt with under Section 21, Lunacy Act ...	1	—	—	—
Patients dealt with under Section 55, Lunacy Act ...	—	2	—	2
Patients dealt with under Section 4, Criminal Justice Act ...	—	—	—	—
Patients dealt with under Section 24, Criminal Justice Act ...	—	1	—	—
Patients dealt with under Section 30, Magistrates Court Act ...	—	2	1	—
Other Patients (not certified, transferred, etc.) ...	26	24	54	36

Mental Deficiency Acts, 1913-1938

			1956	1957	1958	1959
Mentally Defective persons ascertained	...	...	25	19	20	14
Mentally Defective persons awaiting vacancies in institutions at end of year	...	...	14	14	13	11
Mentally Defective persons under guardianship	...		2	1	2	1
Mentally Defective persons under statutory supervision	...	...	101	106	114	121
In training :						
At Home	...	...	—	—	—	—
At Occupation Centre	...	...	39	43	45	49

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, 1959, your Assistant Medical Officer of Health made a recommendation in support of admissions while the applicants' own doctors made recommendations in other 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 1959.

TABLE XXV

Age Distribution of Blind Persons in Darlington

	Under 15	15—34	35—54	55—64	65—74	Over 75	TOTAL
Men	1	2	7	12	12	11	45
Women	1	3	3	9	21	35	72
TOTAL	2	5	10	21	33	46	117

PART V

Growing Points

§ 1. HEALTH EDUCATION

Your Medical Officer of Health can point to no fresh development under this heading during 1959 that can be recorded as particular to Darlington. The weekly bulletin letters continued to be sent to all medical practitioners, containing, as necessary, information that might be useful to them and giving them as a matter of course the number of notifications of infectious diseases in the County Borough during the previous week, and the aim of this particular operation, to maintain close and friendly relations with the practitioners, was achieved as in previous years.

No issue of outstanding urgency required circulation of the groups with whom, as described in previous Reports, your Medical Officer of Health has established communication by means of bulletin letters, and only two such bulletins were sent out.

A further course in "Home Nursing for Housewives" was given by Mrs. Allan and Miss D. Smith, commencing in April.

Members of staff were invited to give talks to groups as hitherto and they are duly listed as follows :

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 12	Darlington Round Table	Community Care of the Mentally Handicapped	Mr. Price
Jan. 21	Eastbourne Junior P.T.A.	Poliomyelitis	Dr. Walker
Jan. 27	Aycliffe Student Nurses	Training of the Mentally Handicapped	Mr. Price
Feb. 9	Harrowgate Hill Townswomen's Guild	The Work of the Health Department	Dr. Walker
Feb. 10	Haughton Mothers' Union	Poliomyelitis	Miss Winch
Mar. 4	St. John's Mothers' Union	Care of the Elderly	Miss Winch
Mar. 10	Young Farmers' Club	Milk Production	Mr. Ward
Mar. 11	Staff of Borough Surveyor's Department	The Work of the Health Department	Dr. Walker
Mar. 19	St. Augustine's Catholic Women's League	Health in Middle Age	Dr. Walker
Apr. 7	Hopetown Sisterhood	The Mentally Handicapped Child	Mr. Price
Apr. 20	Industrial Firms' Representatives	Medical Aspects of Civil Defence	Dr. Walker
Apr. 23	St. Thomas Aquinas' Catholic Women's League	Poliomyelitis	Dr. Walker
May 6	Darlington Property Owners' Association	The Rent Act, 1957	Mr. Ward
May 13	St. Matthews' Mothers' Union	Poliomyelitis	Miss Thornton
May 27	St. Teresa's Women's Guild	Poliomyelitis	Dr. Walker
July 20	Salvation Army	Community Care of the Mentally Handicapped	Mr. Price
Oct. 6	Young Farmers' Club	Diseases of Meat and Other Food	Mr. Ward

Date	Association	Subject	Speaker
Oct. 14	Congregational Women's Guild...	Child Care	Miss Winch
Oct. 29	Greenbank Fellowship	The New Look in Mental Health	Mr. Price
Nov. 18	Training College Students and Parents of Mentally Handicapped Children	Training Provisions under the Mental Health Act, 1959	Mr. Price

Bulletins

- No. 40 Jan. 20 Vaccination against Poliomyelitis
 No. 41 Dec. 14 Diphtheria Immunisation

Health education, though admittedly one of the most important functions of a department devoted to preventive medicine, presents by no means a simple problem. Even relatively straight-forward matters like immunisation and vaccination have their defects and present "sales resistance," perhaps greater in Darlington than in some other places. (A study in the comparative social persuadability of different communities on issues of public health is a subject that might be commended for a research thesis.) We all remember what happened where the fluoridation of public water supply was concerned and observers seem to find that to date the campaign against cigarette smoking has not been noticeably effective, nor for that matter is there reported any widespread craving to abandon the open coal fire. Admittedly, to change well-ingrained behaviour patterns is very difficult and some added factor of persuasion difficult to define and almost impossible to predict beforehand seems to be required to swing fashion from one attitude to another. During 1959 an episode of this kind occurred in connection with poliomyelitis and readers will remember the tragic death of the footballer Jeff Hall in the early part of the year. Curiously enough, very shortly before this incident a sales representative of a firm of manufacturing chemists had shown a film at the Darlington Memorial Hospital to members of the Health Department and other interested persons on the subject of commending vaccination against poliomyelitis to teenager audiences. He had remarked that this age group was the most difficult of all to approach, especially in these days when high wages earned by a good many at an early age allowed for a degree of independence only acquired by a few in previous generations. The film he showed covered possibilities of approach through the kind of shops specially patronised by teenagers, e.g., music shops, and appeal by poster containing the threat of chronic handicap and other means, indicating from actual experience that when a co-operative attitude was once engendered it tended to spread and increase by snowball effect. Hitherto, on a small scale, such an impact and result had been observed. With the death of Mr. Hall just such an impulse towards a change of fashion was provided, and this hitherto somewhat inaccessible age group in the population came to provide for a time the major demand for vaccination. The response in Darlington was less than elsewhere, as might have been predicted from the established pattern of behaviour in the town, but it was nevertheless very real and though the Health Department rose to the occasion without the need for any dislocation of other services, a matter in which some other authorities were not so fortunate, the new-found popularity of vaccination against polio was reflected in our returns. Unfortunately the interest aroused by the tragedy was short-lived and there does not seem to have been any continuing demand among teenagers, though this age group is still represented among those who apply for it.

The authority continues to subscribe to the Central Council for Health Education, howbeit on rather a small scale. Your Medical Officer of Health accepts that this is to some extent his own fault, as he has never advised you to increase the amount, and though he feels rather churlish in so doing, his relations with the Medical Director of the Central Council being on a personally friendly basis, he is still sure that he is right. A good deal of time and talent can be expended on projects that sound impressive and appear pleasing, but all commercial undertakings have a most careful stocktaking in respect of their expenditure on advertising, of which of course sales are the most sensitive index, and nothing like this is possible, or seems to be demonstrable, where health education is concerned. Another point is that the number of organisations whose aim is better health and which issue posters, pamphlets and magazines for exposure and distribution is too large. In addition to the Central Council for Health Education there are the Chest and Heart Association, the National Association for Maternal and Child Welfare, and others, to say nothing of the Central Office of Information of the Ministry of Health, which last, in the opinion of some, produces the best material of them all. A reduction of such divided effort and its concentration through one channel might be of benefit towards the end in view.

§ 2. GERIATRICS

The scheme described in previous years whereby the admissions clerk for the Darlington Hospital Group communicates with your Superintendent Health Visitor regarding the names and addresses of elderly and/or chronic sick patients on the waiting list for East Haven was continued in 1959 as in previous years and as hitherto it worked satisfactorily. Miss Winch makes a personal visit to all patients thus notified and estimates their circumstances, medical and social, from which she is able to decide whether there is an urgent need for admission to hospital, whether the need for admission will arise in due course or whether it is unlikely to arise at all. When recommendation for admission is made no promise is thereby entailed that the patient will in fact be admitted in the near future, since the issue is finally determined by the availability of a bed. At the same time, it can be said that the majority of patients recommended through this scheme are in fact admitted.

The figures for the year set out in the following Tables show similar incidences and distributions to previous years. The total number of patients visited was 114, to some of whom, of course, more than one visit was made. This compares with 135 in 1958, 78 in 1957 and 111 in 1956. Not all the patients visited were assessable in accordance with the accompanying Tables, whose totals in all cases are less than 114; in certain cases, for instance, the patient was found to be ineligible for any action to be taken. As in previous years, the number of women patients was in considerable excess of the number of men. This correlates with the longer expectation of life of the female sex and it also may reflect the principle laid several years ago by Dr. J. H. Sheldon in his "Social Medicine of Old Age" to the effect that whilst aged men are less numerous than aged women they tend to be in better health. A rather interesting point arose in connection with Table XXX, which shows the civil status of the patients. Of the 33 women aged 80 years and over (Table XXVII), 28 were widowed and 4 single, a reflection on the greater expectation of life among women. In Table XXVI, which shows the diagnosis of the patients,

a slightly misinforming convention has been made, to the effect that only one morbid condition has been allocated to each patient. This in every case has been the most important factor, but anyone familiar with geriatric medicine will know that among the elderly multiple pathology is the rule rather than the exception and many of the patients were found by Miss Winch to be suffering from more than one malady.

TABLE XXVI

Diagnoses	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents)	12	16	28
Myocardial degeneration	4	5	9
Chronic lung disease	3	3	6
Cancer, all sites	2	10	12
Diseases and injuries of bones and joints	1	8	9
Other conditions, including acute illnesses	3	10	13
Senility	8	23	31
Total Cases Investigated	33	75	108

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

TABLE XXVII

Age and Sex Distribution

	Under 60		60-70		70-80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (31 patients) ...	—	—	4	12.9	12	38.7	15	48.4
Women (70 patients)	7	10.9	8	11.4	22	31.4	33	47.2
Total persons (101 patients) ...	7	6.9	12	11.9	34	33.7	48	47.5

TABLE XXVIII

	1959	1953-1958 inclusive	Average for seven years
Living in very superior circumstances ...	2	17	3
Living in superior circumstances ...	21	144	24
Living in average circumstances ...	62	407	67
Living in below average housing conditions	18	159	25

TABLE XXIX

	Male	Female	Total
Care adequate but cannot be maintained ...	16	41	57
Care adequate except for nursing ability ...	—	10	10
Care generally inadequate ...	7	9	16
District nurse in attendance ...	7	23	30
Home help in attendance ...	3	5	8
Hospital priority recommended ...	22	46	68
Suitable for Part III Welfare accommodation ...	3	2	5

TABLE XXX

	Men	Women	Total
Married ...	17	11	28
Widowed or separated ...	13	52	65
Single ...	1	11	12
TOTAL ...	31	74	105

As in previous years, a number of hard cases came to light in this survey, but rather than to read details about them as in last year's Report it may be more interesting to consider possibilities of geriatric development in Darlington in the future. The Regional Hospital Board is considering the appointment at a future date of a physician whose major interest is geriatrics and who will be available for a certain number of notional sessions in the service of the local health authority. Your Medical Officer of Health would like to say how much he welcomes this prospect, which he hopes will be

acceptable to the authority and which will mean that a consultant in this important and growing speciality will be available under exactly the same terms and conditions as the Chest Physicians. It is to be hoped that in such circumstances a much wider concern with health in old age will be possible to the Health Department, that the already close and satisfactory links with the Welfare Department will be further strengthened and that a good deal will be done towards the rehabilitation of the aged sick and their restoration to home after illness in hospital. Too often in these days when an old person is admitted to hospital relations and others are quite prepared to wash their hands of her and to assume that she will remain an in-patient for the rest of her life. This is completely contrary to modern geriatric theory and practice, the aim of which is to regard a serious illness at 80 as no more necessarily implying chronic invalidism than, say, a serious illness at 18. If, however, the full scope of rehabilitation is to be carried out, the place at home of the old person must be maintained, or a place in a home found for her if she is no longer able to live alone. This will involve a good deal of work for welfare services (using the term widely to include health visitors as well as welfare workers more strictly defined) and considerable re-education of the public. Too often people assume that others should accept responsibility for their rightful dependants at both ends of life, and, just as no one has ultimate responsibility for children except their parents, so equally no one has a similar primary duty except their children, or failing them near relations, towards the old. This hard fact of life is too little appreciated in certain sections of the community at the present time.

§ 3. PRESERVATION OF FAMILY LIFE

The Co-ordinating Committee continued to meet during the year, during the latter part at two-monthly instead of at monthly intervals. Some members were exercised by the fact that the same families and their problems were considered every time the Committee sat without any apparent change for the better to be recorded. Your Medical Officer of Health did not find himself so disturbed by this phenomenon as some of his colleagues, as he is well aware that most natural events conform in their distribution to what is called a normal curve, which may be briefly described as bell-shaped, showing a majority of observations in the middle and a small number tailing off at each end of extremes either above or below the average. Our problem family group, very much less in number than the "submerged tenth" spoken of in the nineteenth century, represents the lower end of this distribution, being below average in most if not all the attributes of citizenship, either by incapacity or by ill-will. Of the one it might be said that they cannot be helped and of the other that they will not be helped, and the best means of dealing with them has so far eluded the experts in social science in all civilised countries.

The question of employing a social service unit remained on the table during the year, but in December a Sub-Committee of chief officials and representatives of departments agreed that the best answer might be to recommend to the Welfare Committee that a special welfare worker, for which there was a place on the establishment, should be appointed to make problem families her main concern. That this worker should be a woman was accepted without much discussion. Your Medical Officer of Health is of the opinion,

in spite of the somewhat pessimistic principle he has enunciated above, that results might be obtained for a few families hitherto found to show negligible response if enough time could be given to their cultivation and the worker concerned was to be employed precisely to give such time, which is not available to health visitors or other welfare workers under present conditions. While on the one hand the sort of work in view might specially commend itself to a health visitor, in view of the very great demands made upon, and the short supply of this category of social worker, the appointment of a woman with such qualification would hardly seem an economic proposition.

One last point is worthy of consideration in this context. The aim of the Co-ordinating Committee and of the joint circular which originally engendered it is to preserve family life and to prevent the break-up of families. Your Medical Officer of Health has stated in the past, and states again, that he regards the decision to break up a family as of equal gravity with a death sentence. At the same time, it must be remembered that some still believe in capital punishment and there may be circumstances when the influence of the family is positively adverse to the best interests of its members, especially as yet undeveloped children. When these conditions maintain, and they will only be agreed after very grave thought by all concerned, the retention of children in care, either with foster parents or in voluntary or local authority homes, is the better of the two alternatives in order to ensure that the influences to which they are exposed are those whose aim is the integration of character and the cultivation of good citizenship. This is, of course, an extremely difficult and complicated question over which people whose ultimate views are the same may differ and where those whose ultimate views are opposed may agree. It is something about which all those concerned with family welfare would do well to ponder.

§ 4. ACCIDENTS IN THE HOME

Once again one cannot help feeling that a large number of relatively minor accidents take place that are never reported upon or investigated. Owing to the reports received by the courtesy of the Secretary of the Darlington Memorial Hospital on children of school and pre-school age admitted there as in-patients for whatever reason, accidents of sufficient severity to require such treatment are not likely to be overlooked where children are concerned. With regard to accidents at the other end of life, which directly or indirectly are common causes of chronic invalidism and fatality, your Health Department is not at all adequately informed and all the 23 incidents reported as follows occurred among children; in fact all of pre-school age, the majority of which were, certainly, not serious in effect.

Age and Sex Distribution

			Boys	Girls	Total
Under 1 year	...	...	—	2	2
1 to 2 years	...	...	6	5	11
2 to 5 years	...	...	5	5	10
Over 5 years	...	...	—	—	—

Nature of Injuries

Cuts, bruises and abrasions	7
Fractures, all treated as out-patients only ...	3
Scalds	6
Burns	4
Swallowed foreign body	1
Swallowed poisonous fluid	2

Preventable Factors

Accident with unsuitable toy	1
Accidents with hot fluids	5
Fireguard faults	4
Parental carelessness or lack of foresight ...	12
Faulty equipment	2
Living in overcrowded caravan	1
Mother away from home :	
grandmother in charge	2
father in charge	1
Limitation of movement due to old poliomyelitis	1

Home circumstances and mothercraft were described as good in 3 instances and were described as, or known to be, inferior in 5 others. By a rough assessment of living conditions none of the households concerned were in a superior economic environment, 7 were in good average, 10 in somewhat lower average and 6 in inferior residential areas. One health visitor reported on 15 cases, three other health visitors reported on 2 each and two others on 1 each. This unexpected distribution has been commented upon in previous years and gives confirmation to the probability expressed above that not all accidents are reported. This is particularly true as the health visitor reporting the largest number has the smallest of the districts. This also means that she has more time to pursue enquiries which all health visitors should make among the families committed to their care and which, on account of the low establishment authorised by the Council, they are unable to find time to make.

Preventable factors could be discerned in most incidents, but negligence was not necessarily involved. As will be noted, 4 accidents were attributed to what are called fireguard faults, but they were not all because fireguards were not in use, but occurred when, as is inevitable from time to time, the fireguard was off, or, in one instance, had been removed by the child himself. The accidents arising from hot fluids (scalds) were mostly related to cooking, showing the need for constant care on the part of the housewife when children are roaming about the kitchen when she is in action there. A certain number of accidents arise from the natural adventurousness of childhood ; a completely unpreventable element since life is impossible without taking some risks and would indeed hardly be desirable in such circumstances.

PART VI

Other Services**§ 1. HOUSING****Hard Cases**

The action under this heading for the year 1959 is not strictly comparable with that of recent years because it does not include any case of an elderly person or couple who had applied for a pensioner's bungalow. A socio-medical study of these applicants was undertaken during the year, of which a detailed account is to be found in an Appendix on p. 82. These cases apart, the circumstances of 23 households were investigated whose situation was deemed such as to merit a visit. A good many more than this number applied for and were granted an interview, usually on Saturday morning, and the circumstances of all such persons were given careful consideration. The residuum here described who were visited by your Medical Officer of Health may, therefore, be considered to illustrate some special difficulty or occasion for medical priority.

The Table which follows is on similar lines to those published in the last several Annual Reports and shows a breakdown of what was found at the visit, first of all in accordance with marks awarded and secondly in accordance with outstanding adverse factors. The award of marks, as has been described in previous years, is an attempt to express by a single figure a total appreciation of the situation. Medical factors independently classified as high or lower priority naturally play a large part in this award, but it is by no means solely made on medical grounds and the details following the Table illustrate very well how a family whose total medical priority is in the lower grade may yet acquire a high mark on account of overcrowding or other adverse elements. It may be necessary to explain once more the category of "Ineligible under Corporation Scheme" since in fact no one is excluded from filing their application. The accommodation of such a family may, however, be so good that under the points scheme there is no likely chance of their ever being considered for another house. Nevertheless, sufficiently high medical priority may even overrule this consideration and one such family was in fact accepted by the Committee for rehousing during 1959.

TABLE XXXI
Housing Analysis

	1959		Investigated 1955-1958		Total investigated since 1-1-49	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
2 marks & under	11	48	62	41	439	59
3 marks ...	8	35	69	46	223	30
4 and 5 marks ...	4	17	19	13	79	11
High medical priority...	7	30	42	28	122	16
Lower medical priority...	13	57	64	43	304	41
Overcrowding ...	7	30	51	34	355	48
House defective ...	12	52	93	62	305	41
Environment defective...	—	—	15	10	47	63
Psychological factor...	4	17	34	23	181	24
Unsatisfactory family...	—	—	2	1	21	3
Recommended for priority...	9	39	60	40	228	31
Ineligible under Corpn. scheme...	3	13	—	—	—	—
Total Households investigated...	23	100	150	100	741	100

The following further analysis is submitted as of possible socio-medical interest. Two marks were awarded to a total of 8 applicants, all of whom were graded as having less than highest medical priority. The medical factor related to the women of the house in 5 instances, when housewives had bronchitis, chronic osteomyelitis and agitated depression. Medical priority related to the husband in 2 instances, where both had asthma and 1 chronic bronchitis in addition. In the eighth case medical priority was occasioned by a severely mentally sub-normal child. Three marks were awarded also in 8 cases. In 4 of them medical priority related to the women of the house, individual disorders being varicose ulceration of leg with oedema, peptic ulcer with depression, anaemia with anxiety and the after-effects of operation for malignant disease. It related to a child in 3 instances, where there was respectively congenital deformity of spine and heart, spinal injury and asthma,

and in 1 case the priority related to the husband who was suffering from rheumatoid arthritis, probably of psychosomatic origin. Only 2 of these cases received, however, high medical priority as such. In the others, a not overwhelming disability was given a fairly high final award on account of other factors, as described above. The 4 households where 4 marks were awarded all had high-grade medical priority, relating to husbands in 2 examples who suffered from disseminated sclerosis and pulmonary tuberculosis, to the housewife in 1 case, who suffered from anaemia following severe surgical interference, though not apparently from malignant disease, and to 1 adult daughter with disseminated sclerosis. This last young woman was, in spite of her disability, the housekeeper to her widowed father.

Slum Clearance

During the year only two small clearance areas were represented to the Health Committee and by 31st December a ministerial enquiry had been begun in respect of neither of them. They were the Slaters Buildings and Four Riggs No. 1 Clearance Areas, with regard to 11 and 12 houses respectively. It is appreciated that so small a total represents an unfortunate deceleration of the slum clearance scheme, which, if it were to be contained within the five years originally proposed in 1954 should have been brought to an end in 1959. Further progress has been impeded by considerations of town planning because the large area remaining to be dealt with, which will comprise a number of separate but closely related clearance areas, is near the centre of the town and provides a number of problems for its appropriate re-development. Only at the end of the year had departmental agreement been reached as to how the whole question was to be approached and in fact the recommendations of your Medical Officer of Health and Chief Public Health Inspector, that the project should be begun in the East, working Westwards towards Greenbank Road, were agreed by all. It is to be hoped, therefore, that 1960 will show, if not the end, very nearly the end of the original slum clearance proposals. It needs perhaps to be emphasised in this connection that, comparatively speaking, housing conditions in Darlington are fairly good. By this it is not to be understood that a good deal of sub-standard property does not exist when considered with an eye to the amenities provided as a matter of course in contemporary houses. At the same time, your Medical Officer of Health and Chief Public Health Inspector are satisfied that the number of premises outside the original plan, as amended and extended somewhat in 1957, which can justly be condemned as unfit for human habitation is small and the properties concerned can best be dealt with as individual unfit houses.

§ 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, 1959

Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.40	28.50	46	18	2.41	.93	21	16
February	30.55	29.75	58	30	.64	.36	21	5
March ...	30.15	28.75	61	30	.83	.37	6	12
April ...	30.15	28.70	70	32	1.80	.32	16	12
May ...	30.25	29.45	80	30	.43	.25	18	4
June ...	30.65	29.35	85	43	1.70	.43	28	11
July ...	30.15	29.25	89	43	1.62	.58	26	9
August ...	30.25	29.20	88	40	.42	.40	13	2
September	30.20	29.55	87	35	1.14	.62	21	3
October	30.15	28.00	76	33	1.51	.45	18	14
November	30.05	28.65	58	24	3.41	.58	25	21
December	29.90	28.40	50	30	2.92	.54	19	21
Totals ...	—	—	—	—	18.83	—	—	130
Averages	—	—	—	—	1.57	—	—	11

Atmospheric Pollution

The check on local pollution has been continued throughout the year by the use of 4 standard deposit gauges and 1 lead peroxide instrument.

The report of the Tees-side Smoke Abatement Committee, of which Darlington is one of the 14 constituent member authorities, shows that there are now in use within the area 57 deposit gauges, 17 lead peroxide instruments and one volumetric smoke and SO₂ apparatus.

The average deposit on Tees-side area in tons per square mile per month is as follows :—

Industrial	—	41.12
Semi-Industrial	—	22.48
Residential	—	12.60

The average in Darlington is 9.34 tons per square mile per month.

TABLE XXXIII

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

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January	5.47	8.20	12.74	11.02	9.36
February	3.20	6.85	7.38	7.84	6.32
March	3.53	7.89	9.32	8.83	7.39
April	5.96	8.62	11.99	17.53	11.02
May	4.26	5.59	8.12	12.50	7.62
June	13.41	24.17	18.72	14.58	17.72
July	5.58	7.64	12.78	8.83	8.71
August	4.49	5.02	5.96	4.12	4.90
September	5.43	8.90	14.56	9.46	9.59
October	5.81	9.07	10.49	—	8.46
November	5.90	10.96	11.24	—	9.37
December	5.59	9.79	21.42	9.77	11.64
Monthly Average	5.72	9.39	12.06	10.45	9.34

Wind Records for the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	9.35	10.35	6.66	2.90	19.46	26.19	11.38	6.99	3.13	3.59

Smoke and pollution is not one of Darlington's major problems, but the fact that it is still evident in some parts of the town is not an indication that your officials are heedless of the problem. It must be remembered that two of the principal offenders are temporarily protected by Certificates of Exemption, and that other sources of apparently heavy pollution are the scheduled processes over which the Council has no jurisdiction. It is known, however, that the District Alkali Inspector is well aware of these problems.

It has not been necessary to resort to legal proceedings under the Clean Air Act, as a satisfactory measure of progress has been achieved during the year by informal discussions and correspondence.

National Society for Clean Air

The outstanding event in the calendar was the International Clean Air Conference held in London in October and attended by the Chairman of the Health Committee and your Chief Public Health Inspector. This marked the diamond jubilee of the Society, which has good reason to be proud of the achievements during its 60 years campaigning which culminated in the important legislation so recently enacted.

Clean Air Exhibition

In October, a six-day exhibition was staged in the old Corn Exchange building in Feethams. The exhibition was co-ordinated by the Solid Smokeless Fuels Federation, and the local arrangements were organised by your C.P.H.I.

The main object of the exhibition was to display the modern styles of domestic heating and cooking appliances designed for smokeless operation, and attractive displays were also arranged by the gas and electricity authorities.

A stand was also prepared by the Health Department, and the opportunity of improving public relations was not lost by the Public Health Inspector who was in daily attendance.

The exhibition was well attended, and all concerned were unanimous as to its success, and the obvious interest of certain sections of the public in the quest for clean air.

§ 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. W. G. Carey continued to act as Public Analyst and to carry out chemical examinations.

§ 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
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's	2	...	...	...	1	1	3	1	4
Civil Defence	...	...	...	...	...	...	...	...	...
Education	6	3	1	33	56	105	63	141	204
Fire	1	...	...	...	3	...	4	...	4
Health	1	8	...	3	...	1	1	12	13
Library and Museum ...	1	1	...	...	...	2	1	3	4
Markets	...	...	1	...	...	...	1	...	1
Parks, Cemeteries and Baths	3	1	13	1	5	1	21	3	24
District Nurses	...	3	...	2	...	...	...	5	5
Surveyor's (incl. Water)	38	1	52	2	35	1	125	4	129
Town Clerk's	1	...	...	...	...	1	1	1	2
Treasurer's	...	...	...	1	3	2	3	3	6
Transport	11	11	2	1	12	4	25	16	41
Weights & Measures ...	...	...	...	...	...	...	...	...	...
Welfare (incl. East Haven Hos.)	1	6	4	20	1	4	6	30	36
Others	...	...	...	...	...	...	...	...	...
Totals	65	34	73	63	116	122	254	219	473

§ 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 130 occasions and on tap water from different areas of the town on 86 occasions.

Details of the total water consumption per year since 1950 are given below. The water consumption, excluding the amount supplied to the Tees Valley and Cleveland Water Board increased by 1,820,000 gallons and this was due to an increase in consumption by domestic and small industrial users offset by a decrease in consumption by large industrial users. The Tees Valley and Cleveland Water Board were supplied with water from 21st October to 18th November, 1959, and a bulk supply of 31,930,000 gallons of treated water was delivered into the mains of the Tees Valley and Cleveland Water Board during that period,

Year ending 31st December	Gallons Pumped
1950	1,856,310,000
1951	2,112,170,000
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
1958	2,060,310,000
1959	1,991,720,000

There is sufficient water available in the River Tees to meet the Corporation's needs, there being no statutory limits to their powers of abstraction. The Tees Valley and Cleveland Water Act, 1959, which received Royal Assent on 29th July, gave powers to the Tees Valley and Cleveland Water Board to construct additional water works at Broken Scar in order to increase their take of water, but the powers of the Corporation as to abstraction are protected. During the drought the Corporation did not have to impose restrictions, but there was a voluntary saving by consumers of almost 10% per day.

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 27,120. The whole of these are supplied by water mains direct into the houses, except 25 which are served by stand pipes, i.e., out of a total population of 83,300, 88 are served by stand pipes.

Rivers and Streams—Work has now been completed on the culverting of the Cree Beck between the Fighting Cocks Branch of the British Railways and Burnside Road. This work has been carried out in conjunction with housing development on the Firth Moor Estate, stages II and III.

Sewerage and Sewage Disposal—A contract has been placed for the construction of the Cocker Beck Valley Sewer from the main outfall sewer near Leadenhall Street to Cockerton and the total estimated cost is £145,000. Work is proceeding on the design of the next stage of the main outfall sewer and also on a scheme for diversion of surface water from some foul sewers.

The whole of the sewage is treated at the Stressholme Sewage Works where one-third of the flow is treated by broad irrigation on the Stressholme Farm. The remaining two-thirds of the total flow is dealt with by the main Sewage Purification Works completed in 1942, which consists of detritus and sedimentation tanks, percolating filters, humus and storm water tanks. The sludge from the processes is dealt with on sludge drying beds during the summer and by distribution on adjacent farmlands during the winter.

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

A draft scheme for extending the existing sewage disposal works at an estimated cost of £240,000 has been approved in principle by the Ministry of Housing and Local Government. A contract has been placed for Stage 1B of the Sewage Disposal Works Extensions; this stage is estimated to cost £43,250. Further work will follow to complete the draft scheme.

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 of which 61 acres are laid out situated in different parts of the town provide adequate facilities for burial. These cemeteries are properly planned and are well maintained.

The Crematorium at the West Cemetery, the Chapel of which was recently destroyed by fire, is still in operation, the Cemetery Chapel being used for the Committal Services. The Corporation have agreed to take over the service from the Darlington Cremation Society and work of reconstruction is now in progress on the existing site.

§ 6. PUBLIC BATHS DEPARTMENT

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

The Gladstone Pool—100 ft. x 40 ft. ($3\frac{1}{2}$ ft. to $7\frac{1}{2}$ ft. depth), capacity 140,000 galls. Cubicles and clothes lockers provide accommodation for 250 persons each session. Pool fittings include graduated 3 metre diving stage, spring board and water chute. This pool opens for bathing between April and September each year and, during the 1958 summer a total of 99,633 persons attended.

The Kendrew Pool—100 ft. x 48 ft. ($2\frac{1}{2}$ ft. to $5\frac{3}{4}$ ft. depth), capacity 100,000 galls. fitted with 78 dressing cubicles. The overall shallowness of this pool provides ideal conditions for swimming teaching, and is largely used by the Education Committee for organised school classes who attend throughout the year. Total admissions for 1958/59 were 200,772.

There are also Ladies' and Gents' Hot Bath Suites, 14 baths in all, and 14,268 persons used these in 1958/59 thus, in the past year, a total of 314,673 persons enjoyed one or the other of the department's bathing facilities.

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

A new venture during the year 1956 was a weekly class for the rehabilitation of ex-poliomyelitis patients. Commencing with 18 patients, the class now registers a total of 35 from all parts of the district including Ferryhill, Bishop Auckland and Barnard Castle. During the 12 months' operation a total of 808 attendances were made under the supervision of a qualified physiotherapist.

Pool Water Filtration

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

PART VII

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

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report on the work carried out by my section of the Department during 1959.

Work under the various headings has progressed smoothly, and nothing of outstanding significance has occurred.

It is remarkable that there has been no spate of new legislation, and of those measures which have come into operation during the year, perhaps the most important has been the Slaughterhouses (Hygiene) Regulations and the House Purchase and Housing Act, 1959, although the Department has only an indirect concern in the latter statute.

A close liaison has developed with the Borough Architect's Department regarding the recommendations for discretionary Improvement Grants, and it has been our particular concern that houses during the course of grant-aided improvement will be put into a good state of repair and be made substantially free from damp.

Clearance Area survey work as usual has been well in advance of representation, but it was disappointing that no programme was finalised between various committees and departments for dealing with the King Street Area.

Under the heading of Milk Distribution I have made reference to samples of raw milk found to contain brucella abortus. The danger, however slight, to the public from the consumption of raw milk would appear to be sufficient justification for the introduction of a measure to make compulsory the heat treatment of all milk intended for human consumption.

I take this opportunity of placing on record my thanks to the staff, the Medical Officer of Health, and to the Chairman and members of the Health Committee for their loyal support and co-operation throughout the year.

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	878
Slum Clearance	396
Re-Inspections	1,124
Dirty and Verminous Premises	81
Overcrowding and re-housing investigations	73
Living Vans	466
Common Lodging Houses	14
Inspections re nuisances (other than dwellings)	192
Interviews with owners, builders, etc.	1,641
Total	4,865

Food Inspections

Abattoir	896
Private Slaughterhouses	956
Markets	170
Registered Food Premises	128
Food Shops (General Dealers), etc.	265
Unsound Food	251
Restaurant Kitchens	40
Works Canteens	16
Snack Bars and Canteens	35
Bakehouses	70
Fish Friers	61
Ice Cream Manufacturers	39
Ice Cream Vendors	135
Dairies and Milk Shops	99
Licensed Premises	12
Samplings	151
Total	3,324

Sundry Inspections

Rat Infestation	925
Infectious Diseases and Contacts	23
Factories, Outworkers and Workshops	220
Pharmacy and Poisons Act	40
Stables and Piggeries... ..	31
Offensive Trades	31
Smoke Abatement	248
Disinfections and Disinfestations	355
Pet Animals	16
Miscellaneous Inspections	190
Ineffective Visits	694
Total	2,772

Total Inspections

Housing Conditions	...	...	...	...	...	...	4,865
Food	...	...	...	...	...	...	3,324
Sundry	...	...	...	...	...	...	2,772
Total							10,961

Nuisances and Complaints

597 complaints were received and investigated during the year. The majority of complaints concerned housing defects, but it is believed that there would have been a far greater number had it not been for the beneficial effects of the Rent Act.

Under the Rent Act, the majority of tenants have a remedy at hand against neglectful landlords, and one cannot help thinking that those tenants who complain are either ignorant of the provisions of the Act, or find it easier to make a complaint and ask for a Public Health Inspector to visit.

Complaints and other inspections frequently bring to light the insanitary conditions which arise from a defective dustbin. The procedure for securing the provision of a new bin is slow and cumbersome, and Darlington, which has been in the forefront with many other measures to improve environmental hygiene, would do well to consider the merits of a municipal dustbin scheme.

§ 2. LIVING ACCOMMODATION**Repairs**

Number of
Houses

Informal Action

- | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| (1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts | ... | ... | ... | ... | ... | 100 |
| (2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied | ... | ... | ... | ... | ... | 66 |

Action under Statutory Powers**(a) Proceedings under Section 9, Housing Act, 1957 :**

- | | | | | | |
|---|-----|-----|-----|-----|----|
| (1) Number of dwelling houses in respect of which notices were served requiring repairs | ... | ... | ... | ... | 30 |
| (2) Number of dwelling houses rendered fit after service of formal notices : | | | | | |
| (a) By Owners | ... | ... | ... | ... | 24 |
| (b) By Local Authority in default of owners | ... | ... | ... | ... | 3 |

<i>(b) Proceedings under the Public Health Acts :</i>		Number of Houses
(1) Number of dwelling houses in which defects were remedied after service of formal notices :		
(a) By Owners	... ..	32
(b) By Local Authority in default of owners	...	—
(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices		35
(3) Total number of defects remedied as a result of informal and formal action		982

Demolition and Closing Orders

Housing Act, 1957		Houses	Persons Displaced
(a) Houses closed in pursuance of an undertaking given by the owners under Section 16, and still in force	... ..	2	14
(b) Closing Orders made under Sections 17(1) and 18(1)	... ..	5	29

RENT ACT, 1957

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

(a) For Certificates of Disrepair	... ..	54
(b) Certificates refused or withdrawn	... ..	4
(c) Undertakings received	... ..	34
(d) Certificates issued	... ..	5

Clearance Areas

During the year, an official representation was made in respect of 11 houses in the Slater's Buildings area, and the Brunswick Street Compulsory Purchase Order, affecting 77 properties, was confirmed by the Minister of Housing and Local Government.

All houses included in the Cleveland Street area, most of those in Vulcan Street, and the remaining houses in Garden Row were demolished, as well as 49 Corporation owned houses on the R.O.F. estate for which Certificates of Unfitness had been issued by the Medical Officer of Health.

It is interesting to note that the national figure for people re-housed from slum areas topped 200,000 during the year, which was the target set by the Minister of Housing and Local Government.

House Purchase and Housing Act, 1959

This statute, which came into operation in June, contained provisions for the making of standard grants towards the installation of one or more of the five basic amenities for dwelling houses. Briefly, these amenities are bath, wash-hand basin, hot water supply, water closet and food-store.

Many Public Health Inspectors regard this Act as being the first move towards raising the standard of fitness at present defined in the Housing Act, 1957. The next move obviously would be one empowering local authorities to require owners to improve their properties.

Caravans

At the request of the Health Committee, I prepared a report on the number and situation of caravans in the town, and a census of the number of occupants. The investigation revealed no serious state of overcrowding of licensed caravans, and I pointed out that I had little to complain about concerning the conduct of the majority of residents or the manner in which their sites were kept.

I drew attention to certain unsatisfactory aspects of the Corporation owned site at Firth Moor, and the Committee, after considering the difficulties and expense involved in the provision of all the desirable amenities and site improvements, resolved that as individual standings were vacated, they would not again be re-let, and in this way the site would be gradually closed.

The Arton Wilson report on "Caravans as Homes" was presented to Parliament in November, and places on record the inadequacy of existing legislation for securing that caravans and sites are kept up to some generally acceptable standard of housing. It is hoped that the report will ultimately lead to the drafting of effective measures to regulate the problems as we know them, and particularly those arising from unauthorised parking.

Insect Pests and Disinfestation

Since the development of modern insecticides, I have believed that certain insects were fighting a losing battle, and that in Darlington, at any rate, the bed bug was virtually extinct. This happy illusion was abruptly terminated during a sweltering afternoon in mid-summer when a member of the staff brought in a jar full of bugs, collected within a few minutes at an old property. It is now rare to find bug infestation, especially of the degree indicated, and it is difficult to understand why an earlier approach had not been made to the Department. Needless to say, the infestation quickly responded to expert treatment.

The most difficult infestation to deal with is that by the Pharaoh's ant, and when we were approached to deal with such an infestation, which we knew to be widespread throughout a large public building, we realised it would take long and patient treatment. The latest scientific techniques were employed, and I am happy to report that the results so far have been most encouraging.

289 premises were treated with insecticides during the year, and generally with satisfactory results.

§ 3. FOOD HYGIENE

A glance at the inspection figures will reveal that complete inspection coverage of all classes of food premises has not been attained during the

year. I am not unduly alarmed by this, as I realise that inspections have been made where the necessity has been deemed to be greatest, but I would have greater satisfaction in reporting that all food premises had been regularly inspected.

The surest way of attaining this objective is to resort to a certain degree of specialisation, but under the present circumstances of staff shortage, and the frequent disruption occasioned by resignations and replacements, to say nothing of the amount of time spent on meat inspection, such a policy cannot yet be entertained.

I am satisfied that progress in the field of food hygiene is being maintained, and so far as the smaller trader is concerned now that he is faced with such fierce competition from the multiples, he realises he must either put on a good show at the right price or fail in the struggle for survival.

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.)						552	265
Markets						2	170
Catering Establishments						63	75
Works Canteens						29	16
Bakehouses						63	70
Fish Friers						55	61
Licensed Victuallers						65	12
Registered Food Premises						71	128
(For the manufacture of potted, pressed, pickled or preserved food)							
Ice Cream Manufacturers						8	39
Vendors of pre-packed Ice Cream						300	135
Vendors of unwrapped Ice Cream						47	
Dairies other than dairy farms						3	99
Milk Distribution premises (ready bottled milk)						167	

§ 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)						166
	(b) Producer/retailer (inside Borough)						1
	(c) Residing outside, but retailing inside the Borough						6

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

In pursuance of the above Regulations, licences are in force authorising the use of Special Designations, as follows :—

				Grade of Milk		
				Pasteurised	T.T.	Sterilised
Pasteuriser/Bottler/Retailer	...	...	...	2	2	—
Bottler/Retailer	...	...	...	—	1	—
Dealer	...	...	...	57	43	116
Supplementary/Retailer	...	...	...	1	6	—

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	21 24	0 1
T. T. Pasteurised	Methylene Blue Phosphatase	16 21	0 0
Tuberculin Tested	Methylene Blue	28	9
Sterilised	Turbidity	2	0
TOTAL		112	10

In connection with the unsatisfactory samples of Tuberculin Tested milk, the County Milk Production Officer was notified and further samples taken were reported to be satisfactory.

Biological Examination of Milk

A periodical check of milk supplies, 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 Tests	Number Examined	Number Unsatisfactory
Tuberculin Tested	Tubercle Bacilli	5	0
Tuberculin Tested	Brucella Abortus	12	3

In connection with the unsatisfactory samples, the offending animals were traced and removed from the herd, or slaughtered. Further samples taken were reported to be satisfactory.

The supply of milk from which brucella abortus was isolated was produced outside the Borough, and an approach was made to the Public Health Inspector for the area concerned to make a detailed investigation of the herd. A recommendation was made to the producer to divert his bulk milk supply to a pasteurising establishment.

Subsequent information revealed that several cows in the herd, having been found to be positive excretors of brucella abortus, were isolated and eventually slaughtered.

Undulant fever in human beings is caused by the consumption of raw milk containing brucella abortus, and this episode causes one to wonder how much infected milk goes undetected, and the extent of illness which is caused by its consumption.

Fortunately, the amount of raw milk retailed in Darlington is relatively small, and we should welcome any moves towards making the heat treatment of milk compulsory.

§ 5. FOOD AND DRUGS ACT, 1938 to 1955

54 samples of various foods and drugs were taken for chemical analysis and reported to be genuine.

1 sample of Chinese egg, 1 of European egg white, 1 meat pie, 3 cream cakes and buns, and 1 sample of synthetic cream were also taken for bacteriological examination. All the samples were reported to be satisfactory.

Milk Testing Equipment

Apparatus has been purchased on your authority for testing the compositional quality of informal samples of milk. The convenience of having an analytical laboratory almost on the door-step has been greatly missed, and it is hoped that the apparatus, when fully operative, will enable us to keep a reasonably accurate check on local milk supplies. Formal samples will continue to be taken of any milk suspected or adjudged to be below the prescribed standard.

Complaints from customers

Complaints reaching this office usually relate to the presence of foreign matter in food-stuffs (nails, metal, wood, glass, paper, insects, etc.) 20 such complaints being received during 1959.

Prosecutions are recommended when there is evidence of gross carelessness or neglect, but it is so often the case that these things happen in the best regulated businesses. All the complaints received were found upon investigation to be genuine, and warning letters to the firms concerned resulted in a stricter supervision being kept of operatives and plant.

Ice Cream—Production and Distribution

Registered premises or persons are as follows : —

Manufacturers (Hot mix)	6
Manufacturers (Cold mix)	2
Vendors (Pre-packed)	300
Vendors (Unwrapped)	47

It will be seen that the bulk of the Ice Cream sold within the town is pre-packed, and practically all of this is manufactured outside the Borough.

The premises of the local manufacturers are suitably equipped to comply with the Ice Cream (Heat Treatment) Regulations, and full co-operation with this Department has been given by all concerned to ensure the purity and wholesomeness of their products.

A number of mobile vendors come to the town from outside the Borough, and there is a tendency by local manufacturers to regard them as "pirates." Registration of these persons cannot reasonably be refused provided we are satisfied with their personal cleanliness and the condition of their vans. It is, however, sometimes necessary to ascertain from the Public Health Inspector of the area concerned that an applicant is suitable for registration, and that his Ice Cream is manufactured in registered premises. We insist that all vans are equipped with hand-washing facilities which shall include an adequate supply of hot water.

24 samples of Ice Cream were taken during the year and submitted for bacteriological examination. 7 of the samples were reported to be unsatisfactory and visits were made to the places of manufacture. Advice was given and further samples taken were reported to be satisfactory.

§ 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 1959

	Cattle.	Calves.	Sheep.	Pigs.	Total.
Abattoir	8,940	1,023	26,607	15,258	51,828
Private Slaughterhouses ...	2,311	50	8,264	4,292	14,917
Total ...	11,251	1,073	34,871	19,550	66,745

Carcases and Offal inspected and condemned in whole or in part.

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	8,185	3,066	1,073	34,871	19,550	—
Number inspected	8,185	3,066	1,073	34,871	19,550	—
All Diseases except Tuberculosis and Cysticerci.						
Whole carcasses condemned ...	15	50	46	212	83	—
Carcases of which some part or organ was condemned ...	365	1,303	7	611	773	—
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci	4.64	44.13	4.94	2.36	4.38	—
Tuberculosis only.						
Whole carcasses condemned ...	4	21	1	—	2	—
Carcases of which some part or organ was condemned ...	134	511	5	—	186	—
Percentage of the number inspected affected with Tuberculosis	1.68	17.03	0.56	—	0.96	—
Cysticercosis.						
Carcases of which some part or organ was condemned ...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Exchequer grants towards the cost of inspection of meat surplus to local requirements are based on a per caput figure of $1\frac{1}{2}$ inspection units per annum.

Using this basis of calculation, it may be assumed that there is sufficient surplus meat slaughtered and inspected in Darlington to satisfy the requirements of an additional population of 79,446.

The exchequer grant for 1959 amounted to £496.

Slaughterhouse Hygiene

Part of the Slaughterhouses (Hygiene) Regulations, 1958, came into operation on the 1st January, 1959, and the remaining clauses will be operative from a date yet to be appointed by the Minister.

Your Chief Public Health Inspector called a meeting of the owners of all private slaughterhouses to explain the purport of the regulations, and to answer queries on doubtful points. All the owners were anxious to retain their

slaughterhouses, and expressed a willingness to carry out all the necessary alterations and improvements that were required of them to comply with the regulations.

Some were apprehensive about a possible move to close the slaughterhouses, as all were aware of the proposals to extend the public abattoir, but despite the fact that official reassurance could not be given at that time, they made arrangements one by one for the necessary structural works to be carried out.

A visit of inspection to all slaughterhouses was made with the Minister's Inspector, who appeared to be satisfactorily impressed by the general conditions which he saw.

The new cooling hall at the public abattoir was opened towards the end of the year, and will solve the long-standing problem of congestion of the existing hanging space.

Several discussions took place with the General Manager of the Markets Department concerning the second phase of the extensions to the abattoir and the general upgrading of the existing premises, and although the former scheme has been put in abeyance, it is expected that the existing premises will be brought up to the required standard before the "appointed day."

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 52 tons 0 cwt. 7 stones 0 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 9 tons 1 cwt. 1 stone 13 lbs. were found to be unfit for human consumption.

What may appear to be a large quantity of meat condemned is largely accounted for at the abattoir where numerous casualty animals are admitted for slaughter, together with a fair proportion of low grade cows. Also to be taken into consideration is the slaughter of a large number of reactors under the Tuberculosis (Area Eradication) Order, 1950.

Condemnations of canned foods at the N.A.A.F.I. warehouse continue to account for the greater proportion of other foods condemned.

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, fertilisers 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 an employee opens out the larger tins and sorts out such food as is salvageable. This is placed in bins provided by a firm specialising in the processing for animal food of such waste material, and the bins are collected and replaced twice weekly.

Unsalvageable foods are still disposed of as before, that is, 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.
- 2 Rag and Bone Dealing.

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

One scrap metal and rag sorting business was discontinued during the year. This was situated in a busy thoroughfare, and the unsatisfactory practice of hawkers unloading their wares across the pavement is now ended.

§ 8. RODENT CONTROL

One full-time operative is employed to deal with the day-to-day business of extermination of rats and mice, but whenever the need arises, the disinfectors are at hand to give assistance.

Sewer treatments are carried out twice yearly, and on these occasions an additional four men are made available by the Works Department.

Business premises are charged with the cost of time and material, but no charge is made for the disinfection of private dwellings.

Of all the infestations dealt with, the majority have responded satisfactorily to the normally recommended procedure, but when peculiar difficulties have been encountered, advice has been sought from the technical experts of the Ministry.

It will be recalled that exchequer grants for rodent control ceased to be made on expenditure incurred after 31st March, 1959.

Two or three Workable Area Meetings were held during the year which your Chief Public Health Inspector attended. A workable area is made up of a number of local authorities whose areas are contiguous, and the meetings are held to ensure uniformity of action within the area, and are a useful medium for discussing problems of control, learning of new methods and apparatus, and to hear the views and experience of the Ministry's technical officers.

Sewer Maintenance Treatment

Two sewer maintenance treatments have been carried out, the first during the period 27th April to 16th May, 1959, and the second from 21st September to 10th October, 1959, details of which are as follows :—

	1st	2nd
Total number of manholes in foul and connected systems	1535	1535
Manholes baited	351	318
Manholes showing pre-bait take	147	114
Manholes showing complete pre-bait take (one or both days)	30	—
Schemes of baiting used	1st, 3rd, 6th, 10th	
Manholes test-baited	201	179
General :		
Premises dealt with		409
Visits made		840
Bodies seen—rats		1,008
—mice		292
Estimated number of rats killed (assessed Ministry of Food formula)		2,617
Estimated number of mice killed (assessed 1/5th oz. per mouse)		733

§ 9. FACTORIES ACTS, 1937 to 1959

Part 1 of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	33	49	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	312	163	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	30	24	—	—
TOTAL	375	236	4	—

2. Cases in which **Defects** were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	3	2	—	3	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	1	—	1	—
(b) Unsuitable or defective	4	8	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	—	—
TOTAL ...	10	12	—	5	—

Part VIII of the Act**Outwork**

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	3	—	—	—	—	—
TOTAL ...	3	—	—	—	—	—

§ 10 MISCELLANEOUS PROVISIONS

Slaughter of Animals Act, 1958

48 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses. The slaughtermen referred to have carried out their duties satisfactorily during the year.

Pharmacy and Poisons Act, 1933

There are 57 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

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

Common Lodging Houses

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

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

Shops Act, 1950

The Public Health Inspectors are responsible for the enforcement of Section 38 which relates to ventilation and temperature of shops, and to sanitary conveniences.

An amicable liaison exists between this department and that of the Shops Acts Inspector whereby the latter notifies me of any apparent contraventions of the section which come to his notice during the course of his inspections.

APPENDIX

REPORT ON AN ENQUIRY INTO CIRCUMSTANCES OF APPLICANTS FOR PENSIONERS' BUNGALOWS

During the years up to the end of 1958 I received from time to time requests to consider the priority on medical grounds of certain applicants for pensioners' bungalows and I was unable to give a fair assessment of the need of such individuals since I had no clear picture of the general circumstances of all applicants wherewith to compare their case. I therefore requested the Housing Committee to instruct me to make a survey of all current applicants so that I might be able to understand their background conditions. At the beginning of 1959 I received from the Borough Treasurer a list showing the names and addresses of all such applicants as they were known to him on 31st December, 1958, and during the course of the year I visited the majority, 150 households in all, though some were untraced on account of death, a permanent move from the town, a solution to their problem within their own family or removal to hospital or Part III accommodation. Among these 150 households 203 persons were contacted. Their social conditions were as follows :

(1) **Living as self-contained unit**

Widowed, separated or divorced	...	...	2 men, 65 women
Single persons	...	...	2 men, 7 women
Married couples	...	...	46 (92 persons)
Brother and sister forming family unit	...	...	2 (4 persons)
Sisters forming family unit	...	...	3 (6 persons)
Unrelated spinsters forming family unit	...	...	1 (2 persons)
Widows with defective relative forming family unit	...	...	2 (4 persons)

(2) **Living as members of relative's family**

Married couple living with offspring	...	...	1 (2 persons)
Widows living with offspring	...	...	12
Spinsters living with relations	...	...	2

(3) **Not classifiable above**

Widows acting as housekeepers to men of similar age	...	...	2
Widow keeping a boarding house	...	...	1

Age was noted in respect of 184 persons and divided as follows :

<i>Men</i>		<i>Women</i>	
65-69 years	17	60-69 years	67
70-79 years	32	70-79 years	59
80 years +	1	80 years +	8
Total	50	Total	134

It will be apparent from the above figures that men constituted just over 27% and women nearly 73% of the total applicants.

To obtain some estimate of economic background the applicants were classified in accordance with their housing environment and of the 150 households investigated the division was as follows :

Superior ...	...	...	14
Average +	...	...	35
Average —	...	...	49
Inferior ...	...	...	48
"Shabby genteel"	...	...	4

The last group represent, of course, persons whose original circumstances were superior, but who as a result of age, infirmity and economic distress have suffered a decline in fortune without seeking to adjust their place of residence to their actual means.

The standard of housekeeping was also assessed in respect of 133 households and divided as follows :

Excellent	...	...	18
Good	...	...	69
Adequate	...	...	40
Poor	...	...	6

I was particularly struck by the very high average standard of house-keeping found even among persons with quite severe medical handicaps. Those classified as "excellent" are obviously houseproud and spend a good deal of time in maintaining their home, or such part of it as they inhabit, at the level they desire. A comparison with young married people, for instance recently rehoused in Corporation premises, would almost certainly show a lower average standard, but the absence of young children in the households under present review makes a very big difference to possible attainments and such a comparison would not be really just. One may feel, however, that the great majority of applicants would make excellent Council tenants.

Medical Priority

The assessment of medical priority was, of course, the real object of the operation and in accordance with a principle adopted in connection with more general housing priorities I marked all households on a scale up to a maximum of 5, where 0 meant that no medical priority could be claimed and the maximum implied an overwhelmingly urgent situation. In fact, 5 marks was never awarded. An additional marking of $\frac{1}{2}$ was awarded to indicate real but minimal medical disability. The marking divided as follows :

0 mark	...	...	...	51
$\frac{1}{2}$..	...	...	...	17
1 ..	...	...	...	25
2 marks	...	...	...	33
3 ..	...	...	...	21
4 ..	...	...	...	3

Later in the year and following a discussion over the marking system with the Borough Treasurer, to which further reference is made below, an additional assessment of $1\frac{1}{2}$ marks was made, but for the purpose of the above table this award has been reassessed as either 1 or 2 marks.

A wide variety of disabilities was found. Crippling of various kinds was extensively reported and the following table represents a classification of complaints according to broad pathological categories. All relevant complaints from any individual patient are counted separately and in awarding a mark all the complaints, counted separately for the purpose of the following table, were assessed together. Thus the marks were awarded by household and not by person.

(1) Diseases of heart and blood vessels, including varicose veins, excluding hemiplegia	...	...	49 instances
(2) Rheumatism and arthritis, from minor complaint to major disability	...	...	31 ..
(3) Crippling due to hemiplegia and to all other causes apart from (1) and (2)	...	...	9 ..
(4) Blindness within the meaning of the Act	...	...	7 ..
(5) Deafened	...	...	7 ..
(6) Suspected psychosis or psycho-neurosis	...	...	6 ..
(7) All other complaints, including diseases of the respiratory and alimentary systems	...	...	36 ..

Among the last group were 3, and only 3, cases of cancer, which shows that this much dreaded complaint does not take very much part among the causes of day-to-day sickness and disability. A very frequent complaint, especially of course among patients suffering from their heart, but also among arthritics and other cripples, was that the stairs were too much for them. This led in many instances to a virtual neglect of the first floor in two or more storeyed houses.

Adjustment to Circumstances

Specific enquiries relating to adjustment to circumstances, including family, were not made in the earliest visits and information in this respect was only available from 118 record cards. Among these, in 18 specific maladjustment to present circumstances was noted and, in 40, good adjustment. The family, that is to say the applicant's offspring or nieces and nephews, was recorded as being in the picture in 60 instances, but whereas in the case of the well adjusted the family is for the most part concerned with their condition, in a few children are a source of maladjustment on account of family quarrels or because the applicants are unwanted or believe themselves to be so. Although the impression on making enquiries seemed to be that families were more often than not in the picture, when the relevant cards came to be analysed this situation was present in only half the number. A few applicants volunteered observations about financial embarrassment and in a few other cases a specific enquiry was directed to this matter, but the number of positive replies is insufficient for any kind of significant conclusion. A very considerable occasion for worry on the part of the applicants was the condition of the house where they were living. In 71 instances, out

of the total of 132 record cards of independently living applicants, the house was remarked upon as too large or inconvenient, or was obviously one or the other even without such comment. Quite apart from being a misfortune to the residents concerned, a good deal of wastage of living space is represented by the many several-roomed houses where only one or two rooms are effectively used. No doubt a certain number of older people prefer to continue to live in a home rich in associations, and these will not be represented in this enquiry as they would not have applied for a pensioner's bungalow.

Action recommended

A preliminary report was made to the Housing Committee at the end of June, when an analysis of 96 cases comprising 124 persons was presented. These were separated into two groups, one where there was no need to rehouse at all, or no immediate need, and the other where rehousing was recommended, or was regarded as urgent. The total of 150 households investigated divided as follows :

No need to rehouse	16
No immediate need	46
Rehousing recommended	73
Rehousing urgently recommended...	15

This assessment was largely influenced by the degree of medical priority, but not exclusively so. The general appreciation of the whole situation, including state of house and personal relationships, entered into it. The Borough Treasurer, as primarily responsible for bringing the names of tenants to the Housing Committee for selection, wanted to devise a formula to reduce applicants to a final order in accordance with points awarded to them and he submitted a scheme as follows to the October meeting of the Committee :

- 5 points for each medical mark (i.e., my original marking in medical priority to be multiplied by 5)
- 10 points for those sharing house
- 1 point per room for sole occupiers
- 1 point for those living in Darlington since between 1930 and 1950
- 2 points for those who have lived in Darlington since before 1930.

As will be seen by this proposal, which the Committee accepted, the mark given for medical priority became by far the most important factor in the final assessment and this had made an effect upon my attitude to cases investigated since the scheme was adopted and my marking has been shaded where necessary by considerations additional to and apart from the strictly objective medical findings which hitherto had been my sole interest in this respect. The influence of environment, personal and physical, was now taken into consideration and this sometimes led to a higher mark than would otherwise have been given, strictly medical disabilities in such cases being relatively slight, and very occasionally to a lower mark, where the applicant was perfectly well adjusted to environment and content to remain in it, though perhaps quite severely handicapped. The scheme was not, of course, designed to be absolutely rigid and some reassessments have already been made because of changed circumstances. One of the untoward effects of any plan of

this kind is that some people are virtually excluded from ever obtaining a bungalow, but every method of grading, whatever its principles, leaves some at the bottom of the list and an arrangement that makes the largest determining factor the appreciation of the Medical Officer of Health, may be as good as any and better than some.

Subsequent Development

As in other socio-medical enquiries, which are not designed to illustrate some defined problem, methods of enquiry, of marking and of assessment change in accordance with experience. By the end of the year I had devised a uniform scheme of enquiry which gave the information I wanted to make my assessment of need and fortunately it was possible to look back at early cases and deal with them according to the same standard. The Housing Committee evidently had sufficient confidence in the enquiry to wish it continued and in 1960 and subsequent years it is proposed that I should visit and assess the need of all new applicants, beginning with those who enrolled during the first quarter of 1959. This plan will ensure that all are on the list for a year, the approved probationary period for all applicants for Corporation housing, before they become subject to be dealt with in this manner, but again rigidity will not be imposed and cases of special urgency will no doubt be dealt with more speedily. A continuation of the 1959 enquiry in this manner will ensure that all applicants are awarded points according to the same general principles.

Commentary

I am of the opinion that the enquiry has served and will serve a useful purpose, if only by introducing a uniform grading of priority. No sociological or medical features of outstanding interest were revealed or even implied by the investigation so far. If the population covered by this report may be taken as typical of its age group, the well known finding is confirmed that the majority of elderly people prefer to live independently rather than with their families or in a hostel. This may be truer for the older woman than for the older man, since the number of women among persons living alone was much greater than the number of men. As, however, the female expectation of life is greater than the male, one can say with confidence that there are more women alive in the age groups concerned than men.

With regard to medical disabilities, these showed an expected pattern. Diseases of the heart and blood vessels gave the largest occasion for infirmity, followed by rheumatism and arthritis of all kinds. Multiple pathology was common, i.e., one patient complaining of several disabilities. A few old people of both sexes were remarkably fit, without any complaint at all, and some others probably made light of quite considerable disabilities, of which I had an example in a particular household.

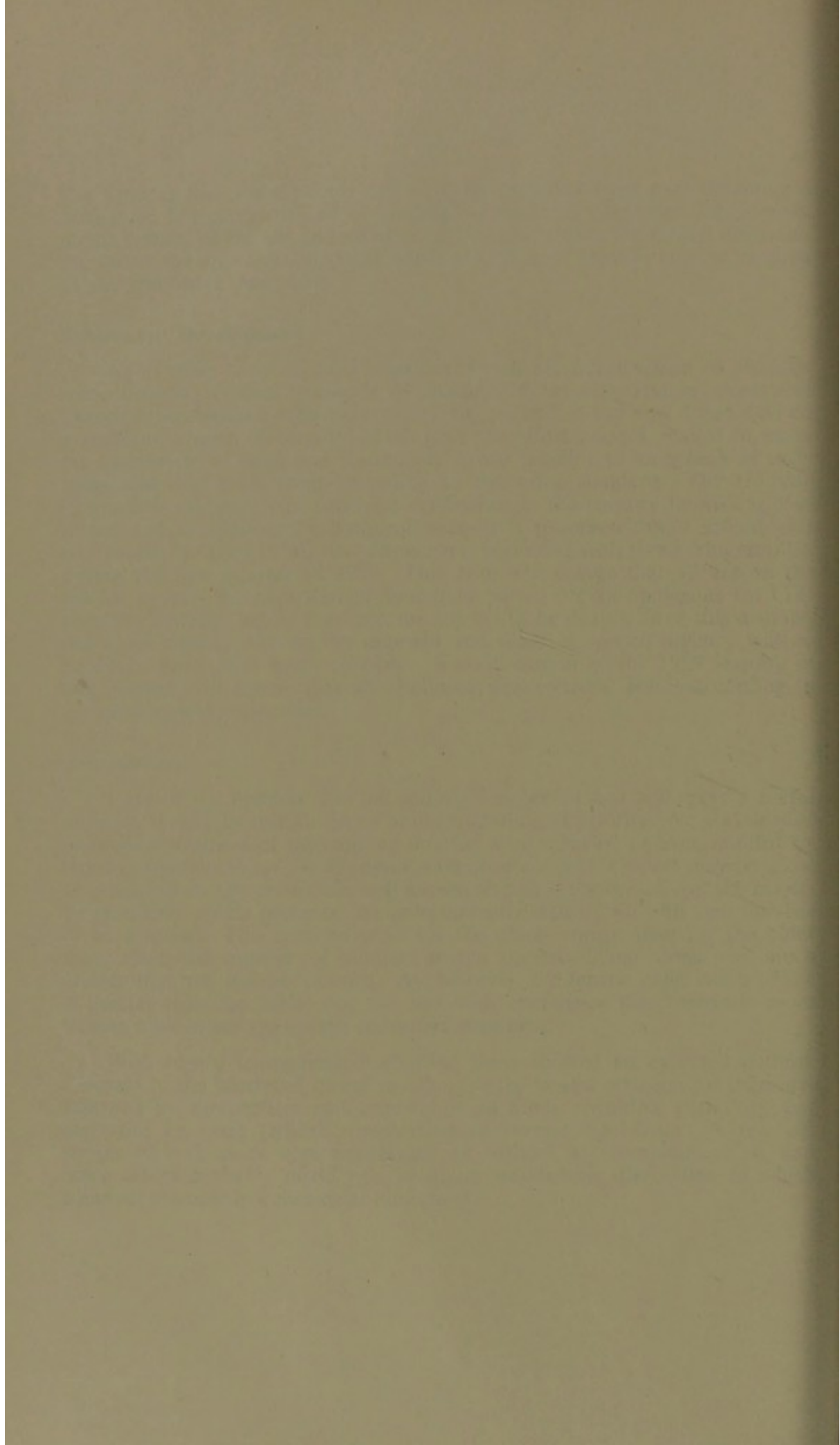
County Borough of Darlington

ANNUAL REPORT

FOR THE YEAR ENDING 31st DECEMBER 1959

By the Council of the County Borough of Darlington

Printed by the Darlington Press, Darlington





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, 1959

ANNUAL REPORT, 1959.

School Clinic,
Feethams,
Darlington.

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

Ladies and Gentlemen,

I have pleasure in presenting once more an Annual Report on the School Health Service, this time covering the year 1959.

Once again a good standard of general health was recorded among Darlington children of school age and from the health point of view not very many matters for special comment present themselves.

It is to be observed with regret that six children of school age died during the year, two of them from infective hepatitis. This disease in my opinion is becoming more severe in its effects. Unfortunately it is not notifiable and an exact estimate of its incidence within the community is not therefore possible but my colleagues in general practice have indicated that they encountered a considerable number of cases during the year. Another death was from leukaemia, a disease which has always been fatal and which is tending to become more common. Another was from a road accident, an always disastrous because preventable cause of mortality.

Turning to staff matters, Dr. A. McGarrity retired on superannuation with effect from 19th July, after fourteen years of devoted service to the School Health Department. Her unobtrusive but unflagging efficiency was best known by those who had occasion to observe it and at her departure it was realised how difficult she would be to replace. Fortunately you were successful in obtaining the service of Dr. W. M. Markham, previously a Senior Medical Officer with the City of Nottingham, who was appointed to the newly revived post of Deputy Principal School Medical Officer and Deputy Medical Officer of Health.

It was necessary to make other arrangements for ophthalmological services to school children, since Dr. McGarrity with her unusual possession of the Diploma in Ophthalmic Medicine and Surgery, was able to carry out on your behalf refractions and the prescribing of spectacles for school children who were found to require them. An arrangement was made whereby the Consultant Ophthalmologists, Mr. J. L. Wilkie and Mr. J. McClelland, held sessions on alternate Wednesdays to see the children referred to them who were hitherto dealt with by Dr. McGarrity. A Consultant's fee was of course paid for these sessional visits which began on 11th November.

It is perhaps tedious to refer yet again to the decrepit state of the School Health Department premises but I am determined to give you no opportunity of forgetting in what adverse conditions your staff carry on what they hope and believe is a reasonably efficient service.

I propose now to include a word on future policy upon which perhaps you will ponder during the rest of the year while I collect further information to illustrate the theme I am to broach. You will notice under the heading

'Minor Ailments' the considerable decline in numbers attending in 1959 as compared with previous years. This feature is to be observed under all headings, least in respect of Ear, Nose and Throat conditions and most substantially where the group Miscellaneous conditions is concerned. As more and more school children attend schools on the periphery of the town, it is natural that fewer will report to a Central Clinic for minor ailments which could equally receive attention by practitioners under the National Health Service or at need go to hospital. Perhaps the truly minor ailment can often be treated at home by the common sense of the parents.

On the other hand, I do not wish to imply that the surveillance of school children for minor ailments and their treatment at need are a waste of time and a policy I have in mind is to ask the School Nurses to visit as a morning routine the schools in their district (time would not permit for a visit each morning to each school but a rota of visits during the week could be arranged) when the Nurse would examine and advise upon children brought to her notice recommending if necessary medical attention, preferably to be given by the family practitioner. This would serve a useful purpose in bringing the School Health Service even more intimately into the schools than at present, a step necessary towards the project of reforming the whole pattern of Medical Inspection along lines already acceptable to the Ministry of Education, and would also serve as a means of increasing the association between School Nurses who are also Health Visitors and the practitioners.

In formulating this policy, as yet tentative, I have been much encouraged by the Annual Report of the Principal School Medical Officer of the City of Oxford for the year 1958, in which he stated that his Authority had abolished altogether the Minor Ailment Clinic Service. It is very important in all matters of Public Health and Preventive Medicine to move with the times to avoid the perpetuation of amenities which are prolonged by traditional usage after their real need has gone, and to be able to deploy available forces to meet new hazards of health. During the second half of 1960 it is my intention to give more careful scrutiny to our returns of minor ailments seen and treated at the School Clinic and I shall be able, I hope, to make a much firmer recommendation in the light of what I find.

In conclusion, I should like to thank all members of the Staff for their good work and enthusiastic co-operation throughout the year and the Members of the Committee for their continued interest in the work of the School Health Department.

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).

Ald. A. J. Best, J.P.

Ald. H. Buckborough.

Ald. N. R. Barker.

Coun. Mrs. M. Lyonette, J.P.

Coun. R. H. Loraine, J.P.

Coun. J. W. Stokoe.

Coun. The Rev. M. A. Beaton.

Coun. A. Brown.

Coun. H. Hannah.

Coun. F. Thompson.

Coun. J. W. Skinner.

Coun. O. O'Brien.

Coun. J. E. Angus, J.P.

Coun. T. Donnelly.

Coun. J. R. Farrage (dec. 29.3.59).

Coun. Mrs. G. W. Raine (from 25.5.59).

Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

Deputy Principal School Medical Officer

W. Mary Markham, M.R.C.S., L.R.C.P., D.P.H. (from 26.10.59).

School Medical Officers

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S. (Retired 19.7.59)

John F. Bishop, M.B., Ch.B., C.P.H.

Principal School Dental Officer

J. McAra, L.D.S., R.C.S.

School Dental Officer

P. Waterfall, 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).

Consultant Ophthalmologists

J. L. Wilkie, M.B., Ch.B., F.R.C.S.Ed. (from 18.11.59) (part-time).

J. McClelland, M.B., Ch.B., D.O.M.S. (from 11.11.59) (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.

Teacher of the Deaf

Miss T. Sproates.

Speech Therapist

Mrs. B. Strong (from 1.2.59).

Physiotherapists

Mrs. A. L. Hopper (till 26.3.59) (part-time).
Mrs. M. W. Walker (from 29.4.59) (part-time).

Superintendent Health Visitor/School Nurse

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

Health Visitors/School Nurses

Mrs. E. Allan, 1a, 2, 3.	Miss B. Lambert, 1a, 2 (part 1), 3 (Resigned 31.8.59).
Miss D. Smith, 1a, 2, 3.	Miss E. Jackson, 1a, 2, 3.
Mrs. D. Barry, 1a, 1c, 2, 3.	Miss M. D. Baldwin, 1a, 2 (part 1), 3 (from 1.12.59).

School Nurses

Miss D. M. Goodinson, 1a, 2.	Mrs. N. Harrison, 1a, 2 (Resigned 30.11.59).
------------------------------	---

Assistant Health Visitors/School Nurses

Mrs. A. Elliott, 1a (from 12.11.59).	Miss M. Holbrough, 1a (from 16.11.59).
--------------------------------------	--

Clerks

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

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	...	...	...	13,443
-------------------	-----	-----	-----	--------

School Meals and Milk

1,056,380 meals were distributed to school children, of these 84,267 were provided free. The average number of meals distributed per day was 5,308.

2,276,012 bottles of milk were supplied.

Immunisation

During the year, 256 children completed a full course of immunisation against diphtheria and 369 were given reinforcing injections. During the same period 614 children were given B.C.G. vaccination as a consequence of testing the thirteen-year-old children in the schools and 3,579 children of school age were vaccinated against poliomyelitis.

Work of School Nurses

It was hoped that during the year the number of School Nurses who are also Health Visitors would have increased but unfortunately no applications were received. The true purpose of the School Health Visitor to the Schools

is not only hygiene inspections; they are medico-social workers and the value of their knowledge of the children from 0-5 years and the home environment in which he/she has developed is of great benefit in helping the teachers to understand the behaviour problems of the children.

The teaching of mothercraft in Darlington Schools has elapsed. I should like to see this scheme revived in different form. The School Health Visitors should each be able to present in the Secondary Modern Schools in their own areas all aspects of Health Education to teenage girls. Apart from the knowledge given to the girls during these talks, I feel that the School Health Visitor would gain the confidence of the girls in their schools and would be able to help them with their personal problems.

1,620 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.

1,791 children were also examined in school for special conditions.

8,951 examinations were carried out in Nursery Schools and Classes. Treatments were done when necessary and heights and weights of children regularly taken.

MINOR AILMENTS CLINIC

The Minor Ailments Clinic is now held every morning from 9-10 a.m., at the School Health Department, Feethams.

The number of attendances for treatment during the year was 2,055.

Total number of attendances for treatment at the Minor Ailments Clinic during the past five years

1959	—	2,055
1958	—	4,235
1957	—	4,316
1956	—	3,583
1955	—	4,628

Defects Treated during the past five years

	<i>Skin conditions</i>	<i>Eye conditions</i>	<i>Ear, Nose and Throat conditions</i>	<i>Miscellaneous conditions</i>
1959 ...	42	25	55	439
1958 ...	74	40	58	645
1957 ...	70	36	64	628
1956 ...	54	39	55	620
1955 ...	73	41	57	672

Incidence of Ringworm

In 1959 there were 3 cases of ringworm (body) treated, the same figure being recorded for 1958.

Infectious Diseases and Deaths among School Children

	<i>Cases</i>	<i>Deaths</i>
Measles	244	—
Scarlet Fever	32	—
Paralytic Poliomyelitis	3	—
Acute Pneumonia... ..	2	—

	<i>Cases</i>	<i>Deaths</i>
Tuberculous Meningitis	1	—
Whooping Cough	21	—
Food Poisoning	2	—
Pulmonary Tuberculosis	2	—

The following Deaths amongst School Children were from Causes other than above

Infective Hepatitis	2
Acute Peritonitis	1
Acute Myeloblastic Leukaemia	1
Respiratory collapse resulting from operation and anaesthetic for Spinal Fusion	1
Road accident	1

SCHOOL MEALS SERVICE

Specimen Menu

Monday	Meat and Vegetable Casserole, Roast Potatoes, Cabbage. Steamed Apple Pudding and White Sauce.
Tuesday	Roast Beef, Yorkshire Pudding, Gravy, Carrots, Potatoes. Bakewell Tart and Custard.
Wednesday	Steak and Kidney Pie, Gravy, Turnip, Potatoes. Milk Pudding and Rose Hip Syrup.
Thursday	Liver and Onions, Potatoes, Peas and Carrots. Jelly Flan and Custard.
Friday	Soup. Boiled Bacon, Mixed Salad, Salad Dressing, Roast Potatoes. Shortbread.

SPECIAL SCHOOLS

Open Air School Nurse's Report

At the end of the year, 86 children were in attendance at the Open Air School, of these 22 were physically handicapped and 64 were classified as delicate. It was gratifying to note that the number of delicate children attending the school was less than last year.

Ultra Violet Light. This form of treatment continued to be given to the children who would most benefit by it although with the natural sunshine which the children had in 1959 the number requiring Artificial Sunlight was greatly reduced at the latter part of the year. Two children were given Ultra Violet Light for special conditions, (a) chilblains on the feet of a spastic child and (b) a wound on a child with spina bifida and good results were obtained.

Vitamins, Etc. Minadex was given to each child daily.

Shower Baths. Following Physical Education each child was given a shower bath.

Minor Ailments. Each morning a Clinic is held which the children attend for the following conditions: verruca, cuts, abrasions and septic lesions. Other children often come to this Clinic to see the Nurse when they are not suffering from any real minor ailment but only want to have a little reassurance and comfort over their little minor problems of personal hygiene.

A close check is kept on the weight of the delicate children.

Only children in whom the Tuberculin Test was positive attended the Mass Miniature Radiography Unit for chest X-ray.

A Physiotherapist is in attendance for one session per week for the treatment of orthopaedic and postural defects.

Barnard School for Educational Sub-Normal Pupils

At the end of the year, 60 children were in attendance. During the year, 7 were newly admitted and one was transferred from a residential school. Of those leaving, 6 left on attaining 16 years of age and 2 left the town.

Nursery Schools and Classes

220 routine inspections were carried out in the above schools. 99.5% were classified as Nutrition 'S' (Satisfactory) and 0.5% as 'U' (Unsatisfactory).

26 special and 2 re-inspections were also seen.

Miscellaneous Examinations

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

317 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 school children admitted to hospital is submitted as follows :—

Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids	...	...	...	...	138
Otitis Media	...	...	...	...	5
Treatment of other conditions	...	...	...	...	87

Diseases of the Eye

Operative correction of squint	...	...	...	...	24
Other conditions, including injuries	...	...	...	...	8

Acute Surgery

Appendicitis	...	...	...	...	75
Osteomyelitis	...	...	...	...	2
Other acute conditions	...	...	...	...	11

Non-Acute Surgery

Orthopaedic procedures	...	...	...	...	18
Fractures and dislocations	...	...	...	...	20
Hernia Repairs	...	...	...	...	2
Dental operations	...	...	...	...	4
Circumcision	...	...	...	...	1
Other conditions	...	...	...	...	32

Various Medical Conditions

Leukaemia	...	...	...	...	2
Diabetes	...	...	...	...	2
Other conditions	...	...	...	...	45

Specific Infectious Diseases

Scarlet Fever	...	...	...	...	...	...	...	3
Pneumonia	...	...	...	...	...	...	...	8
Poliomyelitis	...	...	...	...	...	...	...	3
Infective Hepatitis	...	...	...	...	...	...	...	3
Meningitis	...	...	...	...	...	...	...	1

Injuries

Burns and Scalds...	...	...	...	...	...	...	...	3
Other	...	...	...	...	...	...	...	56

Skin Infections ...	...	...	...	...	...	...	...	3
----------------------------	-----	-----	-----	-----	-----	-----	-----	---

HANDICAPPED CHILDREN

Blind and Partially Sighted. 4 are in Residential Special Schools.

Deaf and Partially Deaf. 5 are in Residential Special Schools and 4 travel daily to Middlesbrough School for the Deaf.

Delicate. 54 are in attendance at the Open Air School, 3 are in Residential Special Schools, 3 are in Sanatoria, one is receiving home tuition and 10 are in attendance at ordinary schools.

Physically Handicapped. 2 are in Residential Special Schools, 1 is in a Hospital Special School, 20 are in attendance at the Open Air School, 9 are excluded from school attendance, 4 of whom are receiving home tuition and 33 are educated in ordinary schools.

Educationally Subnormal. 8 are in Residential Special Schools and 46 are in attendance at the Barnard School.

Epilepsy. 11 are in attendance at ordinary schools.

Maladjusted. 5 are in Residential Homes, 1 is awaiting admission into a residential establishment and 1 is receiving home tuition.

Multiple Defects. 14 are in attendance at the Barnard School, 12 at the Open Air School, 1 is in a Residential Special School and 1 is receiving home tuition.

DENTAL REPORT

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

The routine work of the Centre has again proceeded on normal lines during the year, Schools being inspected and treated in rotation.

Total inspection of the children has again been instituted, any treatment found necessary being notified. The high percentage accepting treatment offered remains very satisfactory.

I am again indebted to Mr. Waterfall, Dr. Wright, Miss Langhorne and Miss Allen for their co-operation.

CHILD GUIDANCE

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

1. Establishment and Present Staff

Consultant Psychiatrist : Dr. L. W. Robinson, M.B., Ch.B., D.P.M.

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

Psychiatric Social Worker : Mrs. C. M. Ruddock, A.M.I.A.

Secretary : Miss E. M. Rutherford.

In 1959, the efficient running of the Clinic has been unfortunately interfered with by the long absence, through illness, of our Consultant Psychiatrist, Dr. Robinson.

2. New Cases referred in 1959

TABLE I

Year Ending	New cases opened		
	Boys	Girls	Total
31.12.59	91	49	140
31.12.58	97	55	152

The number of cases referred to the Clinic showed a slight decrease over the 1958 total which was the highest recorded. The number of referrals naturally fluctuates from year to year, and the decrease this year is not considered to have any special significance.

3. Case Work

TABLE II

Year Ending	Number of interviews	
	with children	with parents
31.12.59	894	791
31.12.58	1276	1039

The reduction in the number of interviews with both children and parents is, of course, due to the absence, for nearly half the year, of our psychiatrist.

Waiting List Situation

TABLE III

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Total
31.12.59	10	9	2	21
31.12.58	9	8	8	25

The above table shows that on 31st December there were 10 children on the waiting list who at that time had not been seen. At the usual rate at which we see new patients, this number could expect to be cleared in about 2½ weeks.

4. Sources of Referrals during 1959 compared with 1958

TABLE IV

	1958	1959
Chief Education Officer	10	11
School Medical Officer	51	44
Headteachers	36	41
Speech Therapist	—	3
Teacher of the Deaf... ..	—	2
Children's Officer's Department	—	2
Parents	37	19
Family Doctor	11	11
Youth Employment Officer	2	—
Residential Children's Homes	—	2
Consultant Physicians	1	—
Juvenile Bench	4	5
	152	140

A comparison of the figures for 1958 with those of 1959 shows that the sources of referrals remained steady except in the single instance of the direct approach of parents to the Clinic. Although the figure of 37 in 1958 was exceptionally high, it had been hoped that this desirable trend would be maintained. The figure for 1959, although showing a significant drop, is nevertheless comparable with the average of several years prior to 1958.

This year, for the first time, the Speech Therapist and Teacher of the Deaf are shown as sources of referrals.

5. Causes of Referral

The six headings under which the referrals in 1959 are grouped are those suggested in the "Report of the Committee on Maladjusted Children" (S.O. 1955). A few words of explanation of the headings are given below.

(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 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 cord. 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 generally already 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 1959—TABLE V

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational Vocational (vi)	Totals
Boys ...	7	13	36	1	—	34	91
Girls ...	6	7	15	—	—	21	49
Totals	13	20	51	1	—	55	140

In category (vi), Educational and Vocational, 28 of the 55 referrals related to determining the appropriate schooling for the children concerned. Of these 28 children, it was thought that 10 could remain in the ordinary schools, 13 required special educational treatment at Barnard Street School, and 1 needed a residential special school. The remaining 4 children were thought to be ineducable.

The number of children referred as behaviour problems, which showed

a significant drop in 1958, is now back to the more usual level of about 35% of the total number of referrals.

6. Action taken on 1959 Referrals

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

(i) Advice

This is generally a report of assessment to the Chief Education Officer, the School Medical Officer, 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 VI

	Closed in 1959	Continued to 1960	Totals
Advice	68	9	77
Treatment	15	48	63
Totals	83	57	140

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 1959 referrals requiring treatment should continue into 1960. Cases requiring advice on the other hand need only two or three visits to the Clinic.

The proportion of cases requiring treatment, which increased noticeably in 1958, remained in 1959 at the same level which is about 45% of the total referrals.

7. The Treatment Situation in 1959

It has been mentioned in previous reports that the success of treatment depends very largely on the willing co-operation of parents. Where this

is not forthcoming, we have very often to close the case without a satisfactory result being achieved. Past records show that the proportion of cases where this has to be done has varied between 8 and 11% of the total number of children taken on for treatment. In 1959 the figure was 10%.

TABLE VII

	Cases Closed in 1959		Continuing to 1960	Total
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	41	10	41	92
Opened in 1959 ...	7	8	48	63
Totals ...	48	18*	89	155

* 1 organic cause ; 1 committed to approved school ; 16 lack of co-operation of parent.

8. Summary of case position at the end of 1959

The statistics below include all referrals whether for advice or treatment.

TABLE VIII

	'53	'54	'55	'56	'57	'58	'59	Totals
Cases opened in the years shown which were still open on 31.12.59 ...	1	1	4	2	1	26	58	93

9. 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 normally 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 1959, the long absence of the Consultant Psychiatrist through illness, necessitated the Educational Psychologist taking over his treatment sessions. This curtailed severely the time available for visiting schools. Nevertheless, full mental and educational assessments were made on school premises and detailed reports provided for head teachers in the case of 61 children (104 in 1958).

10. Conferences

The Annual Conference of Child Guidance Clinic Staffs on 10th and 11th of April, 1959, was attended by Dr. Mills.

11. Conclusion

Once again, the Staff of the Child Guidance Clinic wishes to acknowledge the kindness and support of all who have had contact with the Clinic during 1959. In particular, thanks are due to the Chief Education Officer and his staff, the Principal School Medical Officer and his staff, Head Teachers, and the various organisations, both statutory and voluntary, caring for children in Darlington, who, by their co-operation, have contributed much to the completion of a successful year's work.

DEAF CHILDREN

Miss T. Sproates, Teacher of the Deaf, reports as follows :—

Three days per week are spent testing in schools, or carrying out re-tests and testing children referred by the Chief Education Officer and Principal School Medical Officer, Health Visitors, Head Teachers, the Speech Therapist, the Child Psychologist and Parents.

No. of children tested in schools throughout the year	...	2,589
No. of re-tests (children who failed the Sweep Frequency Test at school)	... ..	188
No. of children who passed the re-test (several of these had received medical and in some cases surgical treatment, for the removal of tonsils or adenoids, in the time lapse between testing in school and the re-test at the clinic)	... ..	32
No. of children who received treatment through the School Clinic or their own family doctor which has improved their hearing	... ..	120
No. suffering from slight defects but not sufficient to warrant special treatment. Most of these cases suffer from varying degrees of catarrh	... ..	126
No. of children who have received treatment with little or no improvement in hearing	... ..	10

Classes for Partially Deaf Children

Ten children have been attending for instruction in lipreading and where necessary speech improvement, since classes commenced in July this year; these are held at the Hearing Clinic on Mondays and Fridays. With this help the children are able to continue their education in ordinary schools.

Examination of Dull and Backward Children

In October it was arranged that in future all children suspected of educational subnormality should be referred for audiometric testing.

SPEECH CLINIC

The Speech Therapist, Mrs. B. Strong, reports as follows :—

A preliminary survey was carried out in February and March. All the schools were visited and the children whom the Head Teachers considered to have any sort of speech defect were interviewed. 300 children (188 boys and 112 girls) were found to need speech therapy, though only 20% of these required treatment urgently.

Incidence of speech defects in different schools :—

Grammar	...	...	9 or 3%
---------	-----	-----	---------

Secondary Modern	...	35 or 11.7%
Primary	...	238 or 79.3%
Nursery	...	18 or 6%

A further 12 pre-school children have been referred by Miss Winch. Advice and guidance at this early age can either completely check or greatly reduce the severity of a speech defect which may otherwise develop within the following 2—3 years. Many thanks to Miss Winch and her nurses for their co-operation in this respect.

The speech clinic was opened on June 1st in the re-decorated room in East Street. Treatments are carried on here throughout the week except for Tuesday mornings and Thursday afternoons when sessions are held at Barnard School and the Open Air School respectively.

Schools are revisited from time to time for further interviews and to discuss and help children already receiving treatment. The co-operation of the Head Teachers and their staff is most helpful and greatly appreciated.

Children are also referred to the clinic from—the Chief Education Officer, the School Doctors, the Child Guidance Clinic, the Teacher for the Deaf, and Family Doctors. Once again their assistance is of tremendous value in the treatment of speech defects.

Work carried out at the clinic since June is as follows :—

No. of children interviewed	...	92
No. not requiring treatment	...	7
No. who received regular treatment	...	70
Total No. of treatments	...	779
Children under review	...	15
No. of children discharged	...	22

In the latter group 11 children completed treatment and 11 were discharged for varying reasons : 2 left school ; 4 made no progress due to extremely low intelligence ; in 2 cases the parents were not willing to bring their children each week ; 4 children failed to attend after a few weeks. It is regrettable that these last 4 children failed to continue treatment, but the waiting list of children requiring therapy and whose parents are only too anxious to attend regularly, is so great, that there was no further object in sending them appointments which they would have failed to keep. Apart from these few the parents have been very pleased for their children to receive help.

Treatments at Barnard School.

No. of children	...	7
No. of treatments	...	125

Treatments at the Open Air School.

No. of children	...	8
No. of treatments	...	148

Table of the types of speech defects found at the three centres.

	Boys	Girls
Dyslalia	28	10
Stammer	12	7
Sigmatism	7	10
Articulatory Dyspraxia	2	4
Cleft Palate	2	1

Dysarthria	...	...	...	—	2
Alalia	...	...	...	—	1

PHYSICAL EDUCATION

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

General

The gradual improvements and innovations of recent years in accommodation, equipment, and method are slowly being rewarded by the development and mastery of higher standards of physical achievement. It is significant that most progress has been made in schools where good facilities are available and staffing adequate. The latter is mainly a problem in the Secondary Schools.

The problems of indoor accommodation for many schools still remain, and where halls are required for use as classrooms and for other activities, and where schools with large rolls have only one hall, low standards of achievement are evident. In some schools where these conditions exist, a genuine effort has been made to overcome the difficulties in one way or another. The introduction of agility and clambering apparatus in Primary Schools during the past few years has enabled much work to be done out-of-doors during dry weather.

Scope of the Work

Physical Education has developed in the past twenty years into a most comprehensive subject, in which children are given the opportunity to participate in numerous types of physical activity. It could be said that there are as many activities in this one subject as there are in the rest of the school subjects added together. Activities include training in Gymnastics, Swimming, Dancing, Indoor and Outdoor Games, Athletics, Health Education, and Outdoor activities such as Cross Country Running, Hiking, Hill Climbing and Camping. While women and mainly non-athletic men are required to undertake supervision of many of these activities in the Primary Schools and make a reasonable job of it, it is imperative that the subject should have specialist teachers in the Secondary Schools.

Staffing

An acute local and national shortage of qualified teachers of Physical Education still prevails. Much of the work in schools is covered by semi-specialists, and as standards rise it becomes increasingly necessary to recruit more of the former. The variety of subjects to be covered requires teachers with special training. Generally these are attracted to the better equipped schools, but the introduction of the third year courses at more of the training colleges gives hope that the position may be improved in the future.

Swimming

All Primary and Secondary Schools continue to participate in swimming instruction. Attendance is mainly confined to senior pupils in Primary Schools and junior pupils in Secondary Schools. It is hoped that, in this way, all children will have swimming instruction for at least two years of their school careers.

Every week approximately 3,000 children attend during the winter months and 3,700 during the summer months. Nearly half of these numbers have to be transported to and from the Swimming Baths. The co-operation of the Transport Committee in this task is greatly appreciated.

Secondary Schools continued to enter pupils for the Royal Life Saving Society's Examinations, and 132 pupils gained awards ranging from the Intermediate Certificate to the Scholar's Instructors' Award. Swimming galas were held by most Secondary Schools, including Haughton Secondary School's first and successful gala.

A survey of the improvement in the pupils' swimming capabilities was made during the summer term. It was most satisfying to note that over 75% of the non-swimmers had learned to swim at least one breadth of the bath after one term, and a few had managed a length or more. There is no doubt that there is a tremendous interest in swimming and that the results show that the instruction is proving satisfactory. The case for the extension of swimming facilities in the shape of more swimming baths is strong.

Playing Fields, Games and Athletics

The new playing fields at Haughton Secondary and St. Teresa's R.C. Primary Schools are still in the process of consolidation, but it is hoped to bring them into light use in the summer of 1960.

The Committee has been able to arrange for all Primary and Secondary Schools to have some playing field facilities, even though in many cases the use is restricted. Conditions are better in the Secondary Schools, but in both cases several schools are involved in considerable travelling.

Schools continue to offer a wide variety of activities to cater for the diverse interests and capabilities of the children. Netball, soccer, cricket and athletics dominate the outdoor activities, and most schools participate in inter-school competitive leagues. Other activities such as tennis, rounders, shinty and basketball are also given a fair amount of attention.

The majority of schools held their own 'Sports Day,' and the inter-school sports days held at Feethams and the Rolling Mills track proved most successful.

A few schools participate in outdoor activities beyond the Darlington boundary, generally in holiday time. It is regrettable that only three Secondary Schools and one Primary School undertook school camps. The advantages to be derived from the organisation and participation in camping are many and for most children the guiding hand of the school teacher in their introduction to outdoor life is essential.

Courses and Lectures

The Committee continues to support financially many teachers who elect to spend some of their holiday time attending courses of various kinds. Undoubtedly the work shown in schools by these teachers has benefited immensely as a direct result.

Local courses and lectures on various topics have been well attended. In January a Course in Athletics was taken by D. C. V. Watts, the A.A.A. National Coach. In February an interesting talk on "International Swimming and Diving" was given by N. W. Sarsefield, M.C., British Team Coach. In March Mr. T. Taylor, H.M.I., was enthusiastically received for his lecture on "Physical Education for the Non-Specialist Teacher." In September,

Mr. R. Hardisty took a course on Soccer and a course in Hockey was held in conjunction with the Central Council of Physical Recreation. In October and November A. L. Colbeck, M.B.E., of the C.C.P.R., took charge of an eight weeks course in Basketball.

In July the Darlington Association of Physical Education Teachers arranged for the visit to Darlington of the Swedish Men's Gymnastic Team. Displays were given in the Hippodrome Theatre and at Haughton Secondary School. This was a very successful venture and the standard of gymnastics seen, being very high, should prove an incentive to "up and coming" gymnasts.

Conclusion

It has been a successful year generally, and satisfying results are being achieved. The enthusiasm and amount of work carried out by teachers during and after school hours can never be calculated. The willingness to try is as important as successful achievement, and this has been evident throughout all the schools.

There is still much to be done. Perhaps the day will come when a Physical Education "Utopia" will be a reality. Then we will have sufficient teachers, gymnasias, sports halls, athletic arenas, playing fields, permanent camping sites, sailing and canoeing facilities and indoor and open air swimming pools.

APPENDIX TABLES

PART I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).**TABLE A. Periodic Medical Inspections.**

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	136	136	100.	—	—
1954	341	340	99.7	1	0.3
1953	635	630	99.2	5	0.8
1952	56	54	96.4	2	3.6
1951	40	37	92.5	3	7.5
1950	20	20	100.	—	—
1949	344	341	99.1	3	0.9
1948	601	597	99.3	4	0.7
1947	244	242	99.2	2	0.8
1946	14	12	85.7	2	14.3
1945	27	25	92.6	2	7.4
1944 and earlier	1,209	1,208	99.9	1	0.1
Total	3,667	3,642	99.3	25	0.7

TABLE B. Pupils found to require Treatment.

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

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	—	2	2
1954	2	23	24
1953	—	37	37
1952	1	9	9
1951	2	13	14
1950	3	9	9
1949	15	22	33
1948	34	30	61
1947	14	16	28
1946	—	8	8
1945	2	10	10
1944 and earlier	67	26	89
Total	140	205	324

TABLE C. Other Inspections.

Special Inspections	...	...	...	...	...	1,099
Re-Inspections	...	...	...	...	...	53
Total						1,152

TABLE D. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons...	32,449
(b) Total number of individual pupils found to be infested	965
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

PART II. Defects found by Medical Inspection during the Year.**TABLE A. Periodic Inspections.**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		Treat-ment	Observ-ation	Treat-ment	Observ-ation	Treat-ment	Observ-ation	Treat-ment	Observ-ation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin ...	2	1	—	—	5	3	7	4
5	Eyes—								
	a. Vision ...	1	—	65	—	74	2	140	2
	b. Squint ...	22	1	—	—	4	2	26	3
	c. Other ...	6	1	—	—	3	—	9	1
6	Ears—								
	a. Hearing	1	1	1	1	3	1	5	3
	b. Otitis Media ...	1	—	—	—	—	—	1	—
	c. Other ...	2	—	3	—	2	1	7	1
7	Nose and Throat ...	7	20	—	—	11	6	18	26
8	Speech ...	3	6	1	—	8	3	12	9
9	Lymphatic Glands ...	—	—	—	—	2	—	2	—
10	Heart ...	2	1	4	4	11	3	17	8
11	Lungs ...	4	6	3	—	25	6	32	12
12	Develop-mental—								
	a. Hernia ...	1	1	—	—	—	—	1	1
	b. Other ...	3	1	—	—	2	3	5	4
13	Orthopaedic—								
	a. Posture ...	—	—	—	—	3	2	3	2
	b. Feet ...	—	2	—	2	2	9	2	13
	c. Other ...	1	4	6	1	16	2	23	7
14	Nervous System—								
	a. Epilepsy	—	—	—	—	1	—	1	—
	b. Other ...	—	—	—	—	10	1	10	1
15	Psychological								
	a. Develop-ment ...	—	—	—	—	—	5	—	5
	b. Stability	6	5	2	—	4	4	12	9
16	Abdomen ...	—	—	—	—	3	—	3	—
17	Other... ...	2	4	2	—	37	1	41	5

TABLE B. Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	12	2
5	Eyes a. Vision	15	1
	b. Squint	2	1
	c. Other	7	—
6	Ears a. Hearing	18	18
	b. Otitis Media	2	—
	c. Other	24	1
7	Nose and Throat	46	10
8	Speech	195	5
9	Lymphatic Glands... ..	—	—
10	Heart	10	8
11	Lungs	13	15
12	Developmental :—		
	a. Hernia	1	—
	b. Other	2	4
13	Orthopaedic :—		
	a. Posture	—	3
	b. Feet	2	17
	c. Other	12	10
14	Nervous System :—		
	a. Epilepsy	2	2
	b. Other	—	4
15	Psychological :—		
	a. Development	25	12
	b. Stability	29	7
16	Abdomen	2	—
17	Other	83	8

PART III. Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	36
Errors of refraction (including squint)	405
Total ...	441
Number of pupils for whom spectacles were prescribed	355

TABLE B. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	138
(c) for other nose and throat conditions	79
Received other forms of treatment	71
Total ...	291
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	—
(b) in previous years	7

TABLE C. Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	41
(b) Pupils treated at school for postural defects ...	9
Total ...	50

TABLE D. Diseases of the Skin (excluding uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	3
Scabies	—
Impetigo	26
Other skin diseases	18
Total ...	47

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	181

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	79

TABLE G. Other Treatment given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	440
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	614
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds	3
Injuries	56
Various Surgical Repairs and Procedures	161
Total	1,274

PART IV. Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:—

(a) Periodic	2,774
(b) Specials	703
Total (1)	3,477

(2) Number found to require treatment 1,438

(3) Number offered treatment 1,438

(4) Number actually treated 1,111

(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	5,433
(6) Half days devoted to :	
(a) Periodic (School) Inspection	23
(b) Treatment	838
Total (6) ...	<u>861</u>
(7) Fillings :	
(a) Permanent Teeth	2,404
(b) Temporary Teeth	25
Total (7) ...	<u>2,429</u>
(8) Number of Teeth filled :	
(a) Permanent Teeth	2,404
(b) Temporary Teeth	25
Total (8) ...	<u>2,429</u>
(9) Extractions :	
(a) Permanent Teeth	872
(b) Temporary Teeth	1,857
Total (9) ...	<u>2,729</u>
(10) Administration of general anaesthetics for extraction ...	1,118
(11) Orthodontics :	
(a) Cases commenced during the year	42
(b) Cases brought forward from previous year ...	34
(c) Cases completed during the year	29
(d) Cases discontinued during the year	5
(e) Pupils treated with appliances	42
(f) Removable appliances fitted	57
(g) Fixed appliances fitted	—
(h) Total attendances	1,230
(12) Number of pupils supplied with artificial teeth ...	6
(13) Other operations :	
(a) Permanent Teeth	1,681
(b) Temporary Teeth	8
Total (13) ...	<u>1,689</u>

1770	1770
1771	1771
1772	1772
1773	1773
1774	1774
1775	1775
1776	1776
1777	1777
1778	1778
1779	1779
1780	1780
1781	1781
1782	1782
1783	1783
1784	1784
1785	1785
1786	1786
1787	1787
1788	1788
1789	1789
1790	1790
1791	1791
1792	1792
1793	1793
1794	1794
1795	1795
1796	1796
1797	1797
1798	1798
1799	1799
1800	1800
1801	1801
1802	1802
1803	1803
1804	1804
1805	1805
1806	1806
1807	1807
1808	1808
1809	1809
1810	1810
1811	1811
1812	1812
1813	1813
1814	1814
1815	1815
1816	1816
1817	1817
1818	1818
1819	1819
1820	1820
1821	1821
1822	1822
1823	1823
1824	1824
1825	1825
1826	1826
1827	1827
1828	1828
1829	1829
1830	1830
1831	1831
1832	1832
1833	1833
1834	1834
1835	1835
1836	1836
1837	1837
1838	1838
1839	1839
1840	1840
1841	1841
1842	1842
1843	1843
1844	1844
1845	1845
1846	1846
1847	1847
1848	1848
1849	1849
1850	1850
1851	1851
1852	1852
1853	1853
1854	1854
1855	1855
1856	1856
1857	1857
1858	1858
1859	1859
1860	1860
1861	1861
1862	1862
1863	1863
1864	1864
1865	1865
1866	1866
1867	1867
1868	1868
1869	1869
1870	1870
1871	1871
1872	1872
1873	1873
1874	1874
1875	1875
1876	1876
1877	1877
1878	1878
1879	1879
1880	1880
1881	1881
1882	1882
1883	1883
1884	1884
1885	1885
1886	1886
1887	1887
1888	1888
1889	1889
1890	1890
1891	1891
1892	1892
1893	1893
1894	1894
1895	1895
1896	1896
1897	1897
1898	1898
1899	1899
1900	1900



