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County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1960

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

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER





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

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The Annual Report of the Principal School Medical Officer follows page 82

ANNUAL REPORT, 1960

TO THE CHAIRMAN AND MEMBERS
OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1960, being my twelfth since I became your Medical Officer of Health.

It is interesting to observe a continued increase of population in the Registrar General's estimate for the year, which was confirmed by the census in 1961 and it would seem, therefore, that the drift away from the town has been halted. At the same time we have a long way to go before the minimal optimum size for a County Borough of 100,000 people is reached, nor can it be reasonably anticipated that such a figure is attainable under any likely circumstances. Unlike the small County Boroughs of similar size in, for instance, South Staffordshire, Darlington is not part of a conurbation and cannot achieve an increase by absorbing the adjacent non-county boroughs and urban districts. The relevance of these reflections will be very clear when the work of the Boundary Commissioners is remembered and if, as no doubt you do, you wish to retain the status and dignity of a local health authority your services will need to be irreproachable in scope and efficiency.

When a visit was made to London in the Autumn of 1960 to present to the Boundary Commissioners the modest claims for adjustment made by this authority, I ventured to state in my evidence that in my opinion a local health authority required the resources represented by a population of not much less than a quarter of a million to carry out its functions to the best advantage for all concerned. I went on to add, however, that, granted the possession of County Borough status by an authority of our size, the responsibilities of a local health authority were discharged at least adequately. In all sincerity I do not think that there is any section of the Health Department which does not meet the needs demanded of it, but there is very little opportunity, having regard to the stringency in staff and buildings, for expansion in any but the absolutely obligatory directions. Darlington for a long time has prided itself

on its low rates and, as ratepayers all, we congratulate ourselves on this feature. But one cannot have good services without paying for them and I am inclined to think that low rates and a small local health authority constitute what is in fact a contradiction in terms.

These sobering thoughts are, I think, a sufficient discourse for this year and I will conclude my letter by thanking you for your continued interest and refer you to the various sections of this Report for the detailed work of your department. The efficiency which has been and is maintained in the services discharged is due to the unflagging zeal of your staff, to whose loyalty and devotion I would like to pay the warmest possible tribute.

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, 1960)

Councillor Rev. M. A. Beaton (Chairman).

Alderman A. J. Best, O.B.E., J.P.	Councillor Mrs. G. W. Raine.
Councillor H. Carr, J.P.	„ A. W. Snaith.
„ L. E. Davies.	„ F. Stephenson.
„ J. J. Dauber.	(Vice-Chairman).
„ Mrs. M. Lyonette, J.P.	„ G. W. Welford, J.P.
„ A. M. Porter.	„ Mrs. M. Wilkinson.
„ A. L. Preston.	

Co-opted Members : Mr. K. Girgis, F.R.C.S.
Dr. V. G. Crowley.

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.
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)	... A. K. Chakravarty, M.B., D.G.O. (Calcutta).
Assistant Medical Officer for Child Welfare (part-time)	... Mrs. K. H. Odling-Smee, M.B., Ch.B., D.P.H. (till 17th March, 1960).
Assistant Medical Officer for Child Welfare (part-time)	... Mrs. Jean Dubberley, M.B., Ch.B. (from 18/3/60).
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. E. Hinds ¹ (from 4/7/60). R. Barras ¹ (till 31/7/60) R. Kelly ¹ (till 31/5/60)
Pupil Public Health Inspectors	... K. Dixon W. C. B. Robson (from 11/7/60)
Housing Inspector	... S. R. Blackburn
Superintendent Health Visitor and School Nurse	... Miss E. Winch ^{4a 5 6 7 8}
District Health Visitor	... 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 E. Jackson ^{4a 5 6} Miss M. D. Baldwin ^{4a 5} (Part I) ⁶ Mrs. C. H. Ellis ^{4a 5 6} (from 1/10/60)
Student Health Visitor ...	...	Miss M. Mossman ^{4a 5} (Part I) (from 12/9/60)
Temporary Assistant Health Visitor/ School Nurse		Mrs. A. Elliott ^{4a} (till 31/1/60) Miss M. Holbrough ^{4a} (till 31/1/60) Miss V. P. Maher ^{4a} (from 1/2/60 to 31/7/60) Mrs. B. Pinkney ^{4a} (from 1/2/60) Miss M. Mossman ^{4a 5} (Part I) (from 1/7/60 to 11/9/60)
Tuberculosis Health Visitor	...	Miss A. Thornton ^{4a 5 6}
Superintendent Midwife and District Nurse ...	...	Miss C. Beckett ^{4a 5 8}
Asst. Superintendent Midwife and District Nurse ...	...	Miss P. Oversby ^{4a 5 8}
District Midwives ...	...	Mrs. F. R. Hawley ⁵ Mrs. I. Wilson ⁵ Miss E. Shaw ⁵ Mrs. O. M. Johnston ^{4a 5} Miss D. Chapman ^{4a 5}
District Nurses : Full-time ...	...	Miss M. Gill ^{4a 8} Miss M. Rodber ^{4a 5 8} Miss A. Stephenson ^{4a 5} (till 31/10/60) Miss M. Quinn ^{4a} Miss M. Waller ^{4a} (till 31/8/60) Miss M. Mossman ^{4a} (till 30/6/60) Mrs. J. Beachim ^{4a 5} Mrs. A. Hill ^{4a} Mrs. A. Pottage ^{4a 4b} Mrs. J. Rutland ^{4a 5} Mrs. J. Taylor ^{4a} Miss J. Minikin (from 1/9/60) Mrs. N. Bennett (from 1/10/60) Mrs. M. T. Williamson (from 1/11/60)
Part-time ...	...	Mrs. G. Anderson ^{4a} Mrs. T. Smelt ⁹
Chief Clerk ...	...	Hugh R. Kirk

Clerical Staff	...	...	...	...	I. Burnley (Senior Clerk) K. Watson W. Brown Miss G. W. Ruecroft (Senior Female Clerk) Mrs. E. Ward Miss M. Spence Mrs. A. Craig Miss J. Cowing Mrs. D. Moore Miss J. Howatson Miss K. Noakes (from 18/3/60) Miss A. Lumb Mrs. M. Nicholson Miss C. Walker (till 29/2/60)
Mental Welfare 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.
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. Queen's Institute of District Nursing 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, 1960)—83,660

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

Percentage decrease on last census population—1.4%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1961) :

(a) Dwelling houses	...	...	...	...	...	26,726
(b) Dwelling houses and shops	...	...	...	...	...	558
(c) Licensed premises	...	...	...	...	...	63
Total ...						27,347

Rateable value (at 31st March, 1961)—£1,365,923.

Sum represented by 1d. rate (at 31st March, 1961)—£5,540 4s. 11d.

Relating to Mothers and Infants :

Live births—1,395 (Male—706, Female—689).

Live birth rate per 1,000 population—19.1.

Stillbirths—23.

Stillbirths rate per 1,000 live and stillbirths—16.2.

Total live and stillbirths—1,418.

Infant deaths—37.

Infant mortality rate per 1,000 live births—Total 26.5

„ „ „ „ „ „ „ —Legitimate 26.7

„ „ „ „ „ „ „ —Illegitimate 23.5

Neonatal mortality rate (first four weeks) per 1,000 live births—18.0.

Early Neonatal mortality rate (under one week) per 1,000 live births—13.6

Perinatal mortality rate (stillbirths and deaths under one week combined
per 1,000 total live and stillbirths)—29.6

Illegitimate live births per cent. of total live births—6.1%.

Maternal deaths (including abortion)—0.

Maternal mortality rate per 1,000 live and stillbirths—0.

Relating to Death :

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

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

„ „ respiratory tuberculosis—11.

„ „ non-respiratory tuberculosis—0.

„ „ cancer—193 (Cancer of the lung—47).

„ „ circulatory diseases—520 (Coronary thrombosis—113).

„ „ pneumonia and bronchitis—94.

„ „ violent causes—40.

Deaths of persons 65 years and over—69.1% of all deaths.

Death of persons 75 years and over—41.9% of all deaths.

Inquests held—46.

Uncertified deaths—21.

Deaths in institutions—493 (including 101 in institutions outside the Borough.

This is equivalent to 46.2% of all deaths compared with 41.2% in 1959).

Death rate per 1,000 population—12.8.

Total deaths—1,068 (Males—542, Females—526).

Natural increase of population—327.

TABLE I
Comparable Table of Vital Statistics, 1940—1960

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	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.4
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
1960	83,660	19.1	17.1	12.8	11.5	26.5	21.9

* Rate per Thousand.

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

TABLE II

Deaths occurred from the following causes :—

CAUSE	WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1 Tuberculosis, respiratory ...	...	...	...	2	1	...	1	...	...	...	1	4	9	2	11
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 ...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
10 Malignant neoplasm, stomach	3	3	2	...	3	1	3	2	...	3	2	22	6	28	28
11 „ lung, bronchus	3	5	1	5	2	2	1	4	5	1	4	33	14	47	47
12 „ breast...	1	2	1	...	2	4	...	1	1	3	...	15	...	15	15
13 „ uterus...	1	...	...	...	...	1	1	...	...	...	...	3	...	3	3
14 Other malignant and lymphatic neoplasms	8	9	4	9	9	7	3	7	8	10	11	85	14	99	99
15 Leukaemia, aleukaemia	...	...	...	1	4	...	...	...	1	1	1	8	1	9	9
16 Diabetes ...	...	...	...	...	3	...	...	...	...	1	...	4	1	5	5
17 Vascular lesions of nervous system...	6	11	9	12	18	13	5	13	14	29	12	142	7	149	149
18 Coronary disease, angina	9	8	13	4	13	12	7	5	6	14	9	100	13	113	113
19 Hypertension with heart disease...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	1
20 Other heart disease ...	3	6	5	7	10	6	3	9	5	8	20	82	5	87	87
21 Other circulatory disease	8	8	11	15	22	13	7	13	13	11	29	150	20	170	170
22 Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Pneumonia ...	3	4	...	4	1	5	4	3	1	2	6	33	9	42	42
24 Bronchitis ...	6	5	...	4	9	6	7	1	2	4	5	49	3	52	52
25 Other diseases of respiratory system...	...	1	...	...	2	...	...	1	...	...	...	4	1	5	5
26 Ulceration of the stomach or duodenum	...	...	...	...	4	...	...	1	...	1	...	6	...	6	6
27 Gastritis, enteritis and diarrhoea ...	...	2	...	...	...	...	1	1	...	...	...	4	...	4	4
28 Nephritis and nephrosis	...	1	...	...	2	...	1	...	1	2	3	10	3	13	13
29 Hyperplasia of prostate	...	...	...	1	...	1	...	...	1	...	...	3	2	5	5
30 Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital malformations	...	1	1	1	1	1	2	2	...	1	1	11	1	12	12
32 Other defined and ill-defined diseases	14	15	4	17	17	8	12	10	10	14	20	141	9	150	150
33 Motor vehicle accidents	2	1	...	1	4	...	...	2	...	2	...	12	3	15	15
34 All other accidents	...	...	1	1	2	1	1	1	1	2	1	11	...	11	11
35 Suicide ...	1	...	2	3	3	...	...	...	...	4	...	13	1	14	14
36 Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	68	82	56	86	131	83	59	76	69	114	129	953	115	1068

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 ...	...	...	...	...	...	2	6	1	2
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...	...	...	...	...	...	...	...	...	1
10 Malignant neoplasm, stomach...	...	...	...	...	...	1	11	8	8
11 „ „ lung, bronchus	...	...	...	...	...	1	25	14	7
12 „ „ breast	...	...	...	...	...	2	8	3	2
13 „ „ uterus	...	...	...	...	...	...	2	...	1
14 Other malignant and lymphatic neoplasms...	...	...	...	...	2	3	33	29	32
15 Leukaemia, aleukaemia ...	...	...	...	1	...	1	4	2	1
16 Diabetes ...	...	...	...	...	...	...	3	1	1
17 Vascular lesions of nervous system...	...	...	...	...	...	3	17	40	89
18 Coronary disease, angina ...	...	...	...	...	...	5	37	47	24
19 Hypertension with heart disease...	...	...	...	...	...	...	...	...	1
20 Other heart disease ...	...	...	...	...	...	1	7	26	53
21 Other circulatory disease...	...	...	...	...	...	4	25	44	97
22 Influenza ...	...	...	...	...	...	...	...	...	...
23 Pneumonia ...	7	...	...	...	...	1	9	10	15
24 Bronchitis ...	...	...	...	...	...	3	14	15	20
25 Other diseases of respiratory system...	...	...	1	...	...	...	...	3	1
26 Ulceration of the stomach or duodenum...	...	...	...	...	...	...	2	3	1
27 Gastritis, enteritis and diarrhoea...	2	...	...	...	...	...	2	...	...
28 Nephritis and nephrosis ...	...	...	...	...	...	...	3	5	5
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	2	3
30 Pregnancy, childbirth, abortion...	...	...	...	...	...	...	...	...	...
31 Congenital malformations	10	...	...	2	...	...	...	...	...
32 Other defined and ill-defined diseases...	18	...	1	2	1	3	21	29	75
33 Motor vehicle accidents ...	...	...	...	...	5	3	2	2	3
34 All other accidents ...	...	...	...	...	...	...	3	3	5
35 Suicide ...	...	...	...	...	...	2	8	3	1
36 Homicide and operations of war...	...	...	...	...	...	...	...	...	...
TOTALS ...	37	...	2	5	8	35	243	290	448

TABLE IV

1960 Cancer Deaths—Parts of Body Affected

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		TOTAL		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	1	1	...	...	...	2	...	...	2	...	2	3	5	4.2
Gastro Intestinal	...	...	1	1	5	4	11	6	9	17	13	16	39	44	42.7
Genito Urinary	...	...	...	...	2	3	2	2	3	5	5	4	12	14	13.5
Breast	...	...	...	2	...	3	...	5	...	2	...	3	...	15	7.8
Bones	...	...	...	...	1	...	...	1	1	...	...	...	2	1	1.6
Glands	...	...	...	1	...	1	...	...	...	...	1	...	2	1	1.6
Thorax	...	...	...	1	...	8	1	17	...	10	3	6	42	5	25.0
Skin, etc.	...	...	...	...	...	...	1	...	...	...	1	...	2	...	1.0
Brain	...	1	...	...	1	2	1	...	...	...	...	...	3	2	2.6
TOTAL	1	1	4	3	17	14	34	14	23	29	26	26	105	87	100.0

TABLE V

Seasonal Incidence of Deaths Under 1 Year, 1960

				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	...	...	...	11	6	12	8	37
Measles	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	2	2	3	...	7
Meningitis (not T.B.)	...	...	...	...	...	...	1	1
Gastro-Enteritis	...	...	...	...	...	1	1	2
Injury at Birth	...	...	...	...	...	...	1	1
Atelectasis	...	...	...	1	1	1	2	5
{ Congenital Malformations	...	...	...	4	1	4	1	10
{ Premature Births	...	...	...	2	2	2	2	8
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	1	...	...	...	1
Other Causes	...	...	...	1	...	1	...	2

TABLE VI

Infant Mortality, 1960

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	...	...	19	3	3	...	25	7	2	3	...	37
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	1	...	1	...	2	2	2	1	...	7
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...	1	...	1
Gastro-Enteritis	...	...	...	...	...	...	...	...	1	...	1	...	2
Injury at Birth	...	...	...	1	...	...	...	1	...	...	...	...	1
Atelectasis	...	...	...	5	...	...	...	5	...	...	...	...	5
Congenital Malformations	...	...	...	4	2	1	...	7	3	...	...	...	10
Premature Birth	...	...	...	8	...	...	...	8	...	...	...	...	8
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	...	...	...	...	1	...	...	...	1
Other Causes	...	...	...	...	1	1	...	2	...	...	...	...	2
TOTAL				19	3	3	...	25	7	2	3	...	37

TABLE VII

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

Causes of Death	1	2	3	4	To'l 1-5	5	6	7	8	9	10	11	12	13	14	To'l 1-15
Acute Leukaemia	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Status Asthmaticus	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Bronchial Asthma	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Upper Respiratory Infection	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Cystic Disease of Lungs	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Polycystic Kidneys	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Muscular Dystrophy	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
TOTAL	...	...	1	1	2	...	...	...	...	1	1	2	1	...	...	7

Commentary

In the Annual Reports for both 1958 and 1959 a note was made on infant mortality and it must still be admitted with regret that the figure for Darlington is higher than for the country generally and higher than it should be for a town of our relative prosperity and averagely high standard of living. No fresh information has come to hand to throw light on the matter and the remarks published in the Report for 1959 are equally applicable to 1960. The matter continues to receive careful scrutiny.

In another part of the Report is a note on cross infection in hospital, with particular reference to incidents at Greenbank Maternity Hospital. Your Medical Officer of Health would like to make perfectly clear that he does not discern any association between the relatively high infant mortality rate in Darlington, where, as is well known, the majority of confinements take place in hospital, and the outbreak of cross infection.

Seven children aged 1 to 14 inclusive died during the year, but in our present state of knowledge one cannot pin-point any of these deaths as being preventable, except perhaps the child of 2 who died of upper respiratory infection. As in other years, coronary thrombosis and malignant disease of the lungs continued to take a heavy toll of adult life and it is noticeable that of the 47 deaths from the latter condition 26 occurred before the age of 65. Thus, cancer of the lung is cutting short lives in their effective wage-earning and family-supporting phase. In respect of coronary disease as well, out of 113 deaths 42 were before the age of 65, so that here again is a killing disorder during the productive years. These reflections should add zest to research towards prevention and towards the control of habits which, in respect of cancer of the lung at least, are known to have prejudicial effects (see page 52).

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 1960 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	34	...	...	...	...	...	...	...	2	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	1	...	...	...
Meningococcal Infection ...	1	...	...	...	1	...	...	...	1	...	...	...
Erysipelas	2	...	...	...	...	...	...	...	1	...	...	...
Ophthalmia Neonatorum ...	1	...	...	...	1	...	...	...	...	...	...	...
Puerperal Pyrexia												
Babies with Mothers ...	32	...	...	...	...	...	...	...	2	...	...	...
Pneumonia	14	...	42	...	3	...	...	...	3	...	...	...
Measles	35	...	...	...	...	...	...	...	...	...	...	...
Respiratory Tuberculosis ...	42	...	11	...	34	...	...	...	18	...	...	...
Meningitis T.B.	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	88	...	...	...	6	...	...	...	1	1	...	...
Para-typhoid	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	1	...	...	...
Dysentery	36	...	...	...	15	...	...	...	5	2	...	...
Food Poisoning	4	...	...	...	...	...	...	...	...	...	...	...
Infective Hepatitis	22	...	...	...	...	...	...	...	1	...	...	...
Other Conditions	197	...	12	...	184	...	12	...	50	4	2	1
TOTALS	508	...	65	...	244	...	12	...	86	7	2	1

TABLE IX

1960—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever ...	...	5	...	2	3	3	2	8	3	4	4	34
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	14	4	2	6	2	11	3	22	17	2	5	88
Measles ...	2	8	...	...	3	1	...	11	2	3	5	35
Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...
T.B. Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	...	1	...	...	...	...	...	...	...	...	...	1
Pneumonia ...	1	1	1	...	1	2	...	4	...	3	1	14
Infective Hepatitis ...	1	...	4	1	3	...	1	1	4	1	6	22
Erysipelas ...	...	...	...	...	...	...	...	...	...	1	1	2
Puerperal Pyrexia ...	...	...	...	29	...	1	...	1	...	...	1	32
Ophthalmia Neonatorum ...	...	...	...	...	...	...	...	1	...	...	...	1
Dysentery ...	7	...	1	6	4	2	3	1	7	4	1	36
Food Poisoning ...	...	2	...	...	...	...	2	...	...	...	...	4
Others ...	11	10	17	20	19	21	10	14	30	25	20	197
Respiratory Tuberculosis ...	6	8	4	2	1	6	2	3	4	4	2	42
Non-Respiratory Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	42	39	29	66	36	47	23	66	67	47	46	508

Commentary

Amidst a year that showed little of serious infectious disease within any part of the catchment area served by Hundens Unit of the Darlington Memorial Hospital, three matters are worthy of special annotation.

Shigella Sonnei Infection. From the latter part of September to the end of the year an abnormal number of cases of dysentery were notified among whom a significantly high proportion were bacteriologically positive for infection with *Shigella Sonnei*. Infection by this organism is liable to recurrent outbreaks and a much larger epidemic was investigated in Darlington at the same time of year ten years ago, in 1950. At that time diarrhoea was encountered widely among the children attending three schools in the town, the High School for Girls, the Immaculate Conception School and Polam School. This time nothing like the same extent or distribution was recorded by the end of 1960 and the only institutional outbreak, where however no more than 3 positively confirmed cases were found, was at St. Joseph's Home. Otherwise the incidence was sporadic, though there was a tendency for the infection to spread among each family unit where its presence was encountered. Except in respect of 2 such family incidents, no mutual contacts were discovered and indeed the pattern was so undefined that it seemed to support a conclusion made by other investigators in this field, for instance Professor F. Grundy, when Medical Officer of Health of Luton, that attempts to trace epidemiology by bacteriological enquiry are a waste of time. The situation can perhaps most aptly be demonstrated by means of the two following Tables. Table X shows incidence by time, with a number of other observations.

Family outbreaks are indicated by an initial letter, thus M's, and individual cases by the initials of the patient. The next column indicating the Wards, again by their initials, shows a generally widespread infection, but the third column contains a very interesting finding, to the effect that of the 17 incidents described, no less than 9 were reported by the same doctor. Since there is no reason to suppose that this practitioner has a relative monopoly of dysentery among his patients, it may be assumed that the real distribution of the disease among the population was much greater than its notifications described. This raises the interesting point that infection with *Shigella Sonnei* ranges from a hardly marked illness, or indeed from a completely sub-clinical carrier state to a severe malady that can be fatal at both extremes of age. As the 'Remarks' column in this Table shows, several patients were admitted to hospital, sometimes with another diagnosis than the final one of an intestinal infection. Although no such cases appear in this series, your Medical Officer of Health has treated patients admitted to him with suspected meningitis who proved on investigation to be suffering from the effects of *Shigella Sonnei*.

Incidence of Shigella Sonnei

TABLE X

Patients	Residence by Wards	Doctor Notifying	Date of Onset	Number in Family	Number with Symptoms	Number with + Stool	REMARKS
M's	P	Wd	26 Sep.	6	6	1	Indefinite illness before diarrhoea began. Positive case quite ill.
K.R.	H	Wd	12 Oct.	3	1	0	
H's	N	Wd	15 Oct.	6	3	3	Only one patient with both symptoms and a positive stool.
St. J's	W	Sn	19 Oct.	65+	15	3	One ill positive reactor and two late symptomless positive reactors at Orphanage.
K's	E	By	28 Oct.	10	4	1	Positive reactor removed to hospital.
J.F.	L	Wd	31 Oct.	3	1	0	
G's	E	Im	31 Oct.	8	8	3	One positive excreter removed to hospital. First diagnosis was pneumonic.
W.T.	P	Wd	31 Oct.	3	1	0	
S's	L	M-S	3 Nov.	5	2	3	First patient, also first positive excreter, originally diagnosed appendicitis.
J.N.	P	Dt	5 Nov.	(5)	1	0	Nurse at Darlington Memorial Hospital.
S.A.C.	E	Hn	15 Nov.	6	1	1	Patient removed to hospital.
R's	C	Dy	7 Nov.	7	5	4	One patient, an excreter, admitted to hospital.
C.B.	H	Gd	9 Dec.	3	1	1	
W's	H	Wd	18 Dec.	7	7	6	
C's	N	Wd	22 Dec.	5	4	4	Contacts with J's below.
J's	N	Wd	23 Dec.	8	4	5	Contacts with C's above.
C. & J.R.	W	Wd	27 Dec.	5	2	0	

The next Table shows distribution by age and sex. The numbers are significant enough to draw wide conclusions, though it may be worth noting that incidence in the toddler period and also in the first years at school is relatively high, corresponding to enlarged contacts within and outside the family circle. Females predominated, though the figures are less startling than might otherwise appear when it is remembered that 15 of the patients were at St. Joseph's Home, an orphanage for girls. All the same, this infection has generally shown a predominance of female cases and some observers have sought to find an explanation of this, for instance a spread through the splashing from lavatory pans, from which women are more frequently at risk than men. Your Medical Officer of Health is uncertain how much weight to put upon this theory, though it is worthy of consideration.

TABLE XI
Age and Sex Distribution

	Male	Female
Under 1 year ...	—	2
1—2 years	2	4
2—3 years	2	2
3—4 years ...	1	1
4—5 years ...	1	2
5—9 years ...	6	9
10—14 years ...	1	3
15—24 years ...	1	4
25— ...	7	8
Age unknown ...	—	10
TOTAL ...	21	45

Infective Hepatitis. Application was made to the Ministry of Health at the request of your Medical Officer to make infective hepatitis a notifiable infectious disease and consent was received for this to be done for an experimental period of three years, to begin with effect from 1st October, 1960. The reason for the request was a belief held by some observers that this disease is becoming both more widespread in its incidence and more serious in its effects. Probably by far the largest number of sufferers are only trivially affected and return to what is to all intents and purposes their status quo. Nevertheless, that some damage to the liver occurs in the mildest case may be taken as certain and in some, fortunately only a few, a fatal termination is rapidly reached through acute atrophy of that organ. In others chronic degenerative changes may be initiated leading finally to cirrhosis of the liver, with a consequent considerable shortening of the expectation of life. Various other authorities in the country have made infective hepatitis a notifiable

disease over a number of years and nothing significant has been learned to date about its epidemiology over and above what was first elucidated during the 1939-45 war, particularly in the North African campaign. The Chief Medical Officer of the Ministry of Health expressed some uncertainty as to whether, where several larger authorities had failed, Darlington would succeed in achieving any significant discovery. Even, however, if nothing more is learned, it is an advantage to your Health Department to know the pattern shown by this disease among the population and during the last three months of 1960 one could say that compulsory notification was fully justified by the high incidence of the malady shown from the returns made by practitioners. In all, 28 cases came to light, 26 of them by formal notification; 17 were in males and 11 in females. There were no patients under 5 years of age, 20 were in the school age range, 6 between 15 and 44, 2 between 45 and 64 and none over 65 years of age. None of these patients was ill enough to require hospitalisation. Nevertheless, during the nine months of the year before notification was instituted several patients with infective hepatitis were admitted to Huddens Unit and although they all recovered some cause for anxiety was given during the course of more than one case. This note is obviously by way of an interim report; nothing as yet is to hand from which any kind of significant conclusion can be drawn. At the same time, you will I am sure be interested in the returns to hand to date.

Cross Infection in Hospital. The Control of Infection Committee of the Darlington Hospital Management Committee continued to meet quarterly during 1960 and your Medical Officer of Health presented to each meeting a report on sickness among hospital patients due, or suspected to be due, to cross infection. As remarked in previous years, this Committee is in itself a pleasant example of the close co-operation that exists between the public health and hospital authorities in Darlington. The subject which it sits to investigate is of great and growing importance.

There was a time when admission to hospital was in itself a dangerous procedure. All kinds of illness were admitted to the same wards and infections brought in from outside could easily spread to other patients. In addition to this, in those days the causes of surgical infection were not understood and no wounds after operation healed cleanly. Surgeons even made use of the expression "laudable pus" when they saw a vigorous reaction in an infected wound, because it was an index to the vitality of the patient and omened well for eventual recovery. With improved techniques, both of diagnosis and treatment, this situation was radically changed and infection of patients from one of their number incorrectly admitted to a general ward because he was suffering from a transmissible disease became a rare event. With the introduction of antibiotics, penicillin and similar drugs, a new hazard has arisen because bacteria have, so to speak, their own point of view and are as determined to survive as any other natural species. Thus, faced by the menace of such powerful killing drugs, many of them have developed their own resistance and strains no longer susceptible to penicillin and similar preparations are today active and vigorous. Such strains are more likely to develop in hospitals than elsewhere, because it is in such circumstances that the major battles between bacteria and antibiotics are fought. The Control of Infection Committee is primarily concerned to keep an eye on this kind of infection, which, as in the old days, is especially liable to affect surgical wounds and also lying-in mothers and their babies. At the Memorial Hospital to date

the record is good and little in the way of surgical cross infection due to resistant strains of organisms, particularly the staphylococcus, is recorded. Unfortunately a somewhat different picture was seen during 1960 at Greenbank Maternity Hospital and very careful consideration was given to the not infrequent abscesses and other lesions brought about by infection from resistant staphylococci. It is to be understood that this is a problem by no means confined to any particular hospital and is encountered throughout the country, and indeed perhaps throughout the world, as a result of the situation already described. Your Medical Officer of Health would greatly deplore the publication in the general press of any extract from this Report that might seem to suggest a specially adverse situation at Greenbank Hospital and he can assure his readers that the matter has been and is receiving the fullest and gravest attention of all concerned.

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 1960 as follows :

First quarter	...	...	—	7
Second Quarter	...	...	—	—
Third Quarter	...	...	—	—
Fourth Quarter	...	...	—	2*

*(These 2 cases were due to identified agents.)

The above figures represent the official residuum of confirmed cases from among a much larger number of notifications. The comments on dysentery to be found on p. 17 are relevant also in this context.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY

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

“ During 1960 the changing pattern of the chest service called for modifications in the existing arrangements which are more fully discussed under the paragraph on administration later in this report.

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

1956	...	...	93
1957	...	...	64
1958	...	...	61
1959	...	...	45
1960	...	...	45

“ The figure for 1960 shows what is hoped will prove to be a temporary halt in the trend of decreasing incidence seen in the past five years, but it is a salutary reminder that the eradication of tuberculosis will not be easily attained.

"The age and sex distribution of patients notified in 1960 follows the familiar pattern and it is worthy of note that 21 out of 24 males were aged 35 or over, with a peak incidence in the 55-65 age group, whereas 10 out of 21 females were aged 35 or more and the peak incidence was in the 25-34 age group.

"It is apparent that for many years to come all the facilities available for the control of tuberculosis in the diagnostic, therapeutic and prophylactic fields must be employed on an increasingly intensive scale if eradication of the disease is to become a practicable proposition. Early diagnosis is of paramount importance and if it were possible to diagnose and treat every new case at a stage when the lesions were 'closed' and tubercle bacilli were not yet present in the sputum, eradication of the disease would quickly ensue. On the other hand every case which has sputum positive for T.B. when first diagnosed will have already distributed the seed which will give rise to a crop of new cases in future years. With the virtual elimination of the bovine type tubercle bacillus as a cause of disease in humans, it is obvious that every new case represents a failure to prevent spread of infection from one person to another. In practice, early diagnosis depends to a large extent on the general practitioners, who have the facilities of the hospitals and mass radiography services at their disposal for the investigation of any patient whose condition or symptoms are suggestive of respiratory disease.

"Of the 40 new cases seen at the chest clinic and diagnosed as suffering from pulmonary tuberculosis, 15 of them had T.B. in the sputum and were therefore urgently in need of isolation and treatment. Of the 15 positive cases, 2 were 'early,' 10 were 'moderately advanced' and 3 were far advanced in the disease. There was no waiting list for hospital beds during the year and it was possible to arrange early admission of patients requiring treatment. Beds were also available for patients suffering from relapse of pulmonary tuberculosis as a result of illness or some other factor. Certain non-tuberculous chest conditions were also investigated and treated in the chest wards.

"The prognosis in pulmonary tuberculosis depends to a large extent on adequate chemotherapy at the earliest stage of the disease and therefore admission to hospital was recommended immediately the diagnosis was made unless domiciliary chemotherapy was considered to be adequate where home circumstances were good and the disease minimal in extent. The patient in hospital can have close supervision during the important early months of treatment when side-effects of drugs are liable to arise. He also benefits by the regulated way of life in hospital and by gaining a better perspective on his personal misfortune in contracting the disease. After the initial course of treatment, which normally includes daily injections of streptomycin and lasts for three to five months the patient is usually discharged with a recommendation that oral chemotherapy should be continued for some months at home.

"The three standard drugs, namely isoniazid, streptomycin and P.A.S. still formed the mainstay of chemotherapy during the year. Other drugs in use were viomycin, cycloserine, pyrazinamide and ethionamide but none of these is safe and effective enough to be used as a routine companion drug for isoniazid in oral chemotherapy. In a certain number of cases chemotherapy fails for one reason or another to control the disease and the sputum from such patients may contain tubercle bacilli which are resistant to one or more of the tuberculostatic drugs. Reference was made to this problem and its

implications in the epidemiology of the disease in the Annual Report for 1959. At the end of the year 5 men and 1 woman were known to be sputum positive with organisms resistant to one or more of the three standard drugs. These patients were living at home and an additional 2 patients with resistant organisms were in hospital. These figures include the case of 1 male patient whose organism was 'atypical' and classified as an anonymous photochromogen type I. In recent years considerable attention has been given to the 'atypical' or 'anonymous' mycobacteria some of which give rise to lung disease indistinguishable from tuberculosis. The organisms are usually resistant to chemotherapy and the disease follows a protracted course. There is some evidence that the organisms in such cases may be tubercle bacilli modified by chemotherapy or some other factor in their environment.

"As in previous years the surgical treatment of Darlington patients was done at the thoracic surgical unit in Poole Hospital, Nunthorpe. An important development during the year was the establishment of a thoracic surgical out-patient clinic at Hundens Unit, Darlington, on the first Tuesday of each month. The consultant thoracic surgeon, Mr. E. Hoffman, attends each session to see patients referred to him and to follow up those who have previously had surgical treatment. This arrangement has greatly improved the service both from the point of view of the patients and the physicians concerned.

"Prophylactic use of B.C.G. Vaccination was continued on the same lines as in previous years, the chest physicians dealing with contacts and hospital staffs and the Health Department carrying out the scheme for school children. The value of vaccination as a preventive measure is difficult to assess, but it is noteworthy that in the past two years there have been no cases of non-respiratory tuberculosis notified to the local health authority.

"I should like again 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 1960.

Administration

The Darlington administrative area for the chest services comprises Darlington 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 diagnostic work at the Darlington and Northallerton clinics and the in-patient treatment of patients in the beds controlled by them. As a result of the decrease in the amount of work with tuberculous persons it was possible for the assistant chest physician to devote part of his time to clinical work in general medicine and a nominal four sessions per week was the agreed apportionment of his time to this work. This arrangement conforms to the policy of the Ministry of Health which calls for full integration of the chest service into the general hospitals, including the provision of chest beds, some of which are for treatment of tuberculosis, within the general hospital.

The contact clinic established by the Corporation in the clinic premises at Feethams is attended by the chest physicians 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.

Beds available to Darlington patients were sited as follows :

			<i>Male</i>	<i>Female</i>
Hundens Unit ...	...	...	14	11
Friarage Hospital ...	...	...	10	—
Poole Hospital ...	...	...	As required	

As a result of decreased demands for accommodation the beds previously used for male chest patients at the Hospital of St. John of God, Scorton, were closed during the year.

Notifications

The following Table shows the age and sex distribution of patients notified in 1960.

TABLE XII

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Respiratory ...	M.	—	1	1	1	4	4	8	5	24
	F.	—	2	3	6	4	4	1	1	21
Non-respiratory	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—

Deaths

There were 11 deaths from respiratory tuberculosis, compared with 3 in 1959, 9 in 1958, 12 in 1957 and 13 in 1956. There were no deaths from non-respiratory tuberculosis, none in 1959 and 1958 and 2 in 1957 and 1956. In addition, 4 notified cases of tuberculosis 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 in 1959.

TABLE XIII

	15-25	—45	—65	65+	Total
Male ...	1 (1)	3 (6)	12 (15)	2 (1)	18 (23)
Female ...	6 (2)	11 (10)	3 (1)	— (1)	20 (14)
Children...	—	—	—	—	3 (3)
TOTAL ...	7 (3)	14 (16)	15 (16)	2 (2)	41 (40)

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. Walsh has written as follows of the work of the Unit in Darlington during 1960 :

" We X-rayed approximately 2,000 people more than in 1959. This led to the discovery of 15 cases of respiratory tuberculosis requiring treatment and 19 cases requiring occasional supervision as against 8 and 16 in 1959. We X-rayed approximately the same number of people in the public sessions as in 1959 and found 4 cases of respiratory tuberculosis compared with 6 in 1959.

" Turning to the factory surveys, last year we X-rayed 4,127 as against 2,518 in 1959 and this led to a striking increase in the number of cases of active respiratory tuberculosis discovered, namely 11 cases last year as against 2 in 1959."

The following Table summarises the work of the Unit in Darlington in 1960.

TABLE XIV

Number of PERSONS 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							
			Treatment or close supervision	Occasional supervision	Healed no further action	Pleural abnormalities	Bronchitis	Bronchiectasis	Cardiac abnormalities	Thoracic Neoplasms	Misc.	Normal	Failed to attend Clinic
Public Sessions ...	M. 1,996	35	1	4	4	4	1	—	4	3	8	3	3
	F. 1,722	40	3	4	3	3	—	2	6	2	5	11	1
Factory Surveys ...	M. 2,433	52	6	5	10	—	3	2	4	1	4	15	2
	F. 1,694	23	5	6	3	—	—	—	2	—	—	5	2
TOTALS ...	7,845	150	15	19	20	7	4	4	16	6	17	34	8

B.C.G. Vaccination at Contact Clinic

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 104 new contacts were tuberculin tested and 101 children were vaccinated with B.C.G. including 38 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, 1960, there were 376 Darlington patients on the Chest Clinic register compared with 432 in 1959, and of these 372 were suffering from respiratory tuberculosis.

There were 59 respiratory and 2 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 XV

Age Group	A.1		A.2		A.3		B1.		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	5	3	1	—	1	—	—	—	—	—	—	—	7	3
„ 15 ...	8	5	—	1	—	—	—	—	—	1	—	—	8	7
„ 45 ...	24	33	10	20	1	1	8	11	31	18	8	15	82	98
„ 65 ...	16	3	18	5	—	—	10	3	55	13	9	5	108	29
Over 65 ...	4	1	6	—	—	—	2	—	8	3	6	—	26	4
TOTALS ...	57	45	35	26	2	1	20	14	94	35	23	20	231	141

B.C.G. Vaccination for School Children

The scheme described in previous years was continued in 1960, 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. In addition, in 1960, the scheme was extended to include students of Darlington Training College and the College of Further Education. The following Table summarises the findings and subsequent action. It will be noticed that while negative reactors were vaccinated, the positive reactors were asked to submit to mass miniature radiography. The reason for this was that the positive skin reaction indicated some previous experience of *mycobacterium tuberculosis*, which, though likely to be healed, may have been active and so discoverable at an early stage by radiological examination. Enquiries were also made as far as possible in the families of positive reactors, to discover unknown cases of open tuberculosis at large in the population from whom these young people had in the first place picked up the infection.

TABLE XVI
B.C.G. Vaccination Statistics, 1960
 (a) Children born in 1947 (b) Students of Training Colleges and Further Education Establishments

SCHOOL	Forms returned by Parents		% Consentors	Number Skin-tested	Positive Reactors			Negative Reactors		
	Consents	Refusals			No.	%	X-Rayed	No.	%	Vaccinated
(a) Albert Road (Boys) ...	38	16	70.4	38	13	34.2	12	25	65.8	25
Central (Boys) ...	85	24	78.0	85	29	34.1	28	56	65.9	56
Eastbourne (Boys) ...	151	29	83.9	151	68	45.0	63	83	55.0	83
Eastbourne (Girls) ...	158	35	81.9	158	70	44.3	59	88	55.7	88
Grammar (Boys) ...	124	28	81.6	124	47	37.9	42	77	62.1	77
Houghton (Mixed) ...	138	32	81.2	138	53	38.4	52	85	61.6	85
High (Girls) ...	137	17	89.0	137	57	41.6	52	80	58.4	79
North Road (Girls) ...	54	13	80.6	54	17	31.4	15	37	68.6	37
Reid Street (Girls) ...	91	25	78.4	91	29	31.8	25	62	68.2	61
St. Augustine's (Girls) ...	40	4	90.9	40	12	30.0	9	28	70.0	28
St. Mary's (Boys) ...	75	9	89.3	75	17	22.6	11	58	77.4	57
Technical (Mixed) ...	51	—	100.0	51	10	19.6	10	41	80.4	41
Barnard Special (Mixed) ...	10	5	66.7	10	5	50.0	4	5	50.0	5
Salters Lane Open Air (Mixed) ...	7	3	70.0	7	4	57.2	2	3	42.8	3
Immaculate Conception (Girls) ...	66	12	84.6	66	12	18.2	11	54	81.8	54
Polam Hall (Girls) ...	52	6	89.7	52	12	23.1	12	40	76.9	40
TOTALS ...	1,277	258	83.2	1,277	455	35.6	407	822	64.4	819
(b) Darlington T.C. (Girls) ...	—	—	—	124	93	75.0	—	31	25.0	28
C.O.F.E. (Mixed) ...	—	—	—	28	18	64.3	—	10	35.7	10

§ 3. VENEREAL DISEASES

Your Medical Officer of Health is very grateful to Dr. E. Campbell, Consultant Venereologist to the Tees-side area, for a copy of his report respecting venereal disease during 1960, of which two extracts follow. The first extract is a general introduction indicating the situation as it exists through Dr. Campbell's area.

"Venereal diseases in the Tees-side area, i.e., Middlesbrough, Stockton, West Hartlepool and Darlington follow the same pattern observed in the whole of the country.

- (1) The total number of patients attending has increased.
- (2) The incidence of syphilis is almost identical with 1959.
- (3) Gonorrhoea is still increasing.
- (4) 'Other' venereal disease mainly non-gonococcal urethritis has also increased.
- (5) Of all new cases attending it is noteworthy that a third require no treatment—they are mainly individuals who have, with an increasing awareness of venereal disease, come for examination and in most cases reassurance.

"The break-down of gonorrhoea into age groups follows a similar pattern since 1957 and there is a slight increase in the under 19 years group but because of the relatively small numbers this is not statistically significant.

"Middlesbrough shows a marked increase since 1959; in fact the number has more than doubled in the preceding three years in respect of the indigenous population. Non-European residents, i.e., Pakistanis, Arabs, and other Asiatics, show no great increase, but remain a constant problem as noted before in their tendencies to default and to have second and third infections."

With regard to Darlington itself, Dr. Campbell's findings are not as unsatisfactory as elsewhere and he has written thus:

"Gonorrhoea in Darlington on a similar basis has shown a satisfactory decline back to the 1958 level. It must be realised of course that these figures are obtained from the area clinics, and no information of the number of cases treated by general practitioners are available for statistical purposes throughout the country. Of the male patients attending the Darlington Clinic suffering from fresh infection of gonorrhoea, 60% of the female contacts were brought under treatment by the agency of the original patient or by the efforts of the Departmental Sister. The remainder were either infected from outside the area or were unable to furnish sufficient information for follow-up purposes."

During the year you showed a natural interest in this question of venereal diseases, with special reference to incidence among teenagers. You will remember that at the request of Councillor Porter copies were obtained of the Journal of the Royal Society of Health where were published papers on this subject read at the Annual Congress of that Society at Torquay in April.

Dr. Campbell has not specifically referred to this aspect of the subject, which does not seem to be of striking import on Tees-side or in Darlington. Your Medical Officer of Health believes that in considering this question wide sociological and general factors must be borne in mind. Venereal diseases are a side-effect of sexual promiscuity, which is itself the result of boredom and an emotionally starved life. Expatriates and lodgers in a strange town will often find time hanging heavy on their hands and be inclined through boredom to seek casual sexual adventure. There is also a tendency to behave less well abroad than was customary at home, especially if the moral standards of the home were rather strict. Thus when the country offers work or at any rate hospitality to so many from foreign parts, with which in this context must be included the Republic of Ireland, an increase of venereal disease for the reasons given above cannot be regarded as unexpected. Among people in general may also be discerned a certain emotional flatness and even world weariness when the welfare state and the affluent society are found not in fact to satisfy their deepest needs. Hence also a tendency to escape by means of sex into a temporary illusion of heightened quality of living. Actually, however, when all these factors are duly weighed, it may be doubted whether standards of conduct in this respect are very different from what they have always been. During the nineteenth century, on account of certain local factors appearing in this and some other countries, the cult of respectability came to have an enhanced importance, but whether in fact the people who made so much of it were better in any sphere of morality than their predecessors and successors may be doubted. One element, however, may be taken as relatively new to our time as compared with earlier generations, and that is the free availability of contraceptives. The use of these devices, which your Medical Officer of Health regards as morally wrong, must predispose the promiscuously inclined to a much more indiscriminate indulgence and whatever your views may be of the use of contraception within marriage you are likely to regard the dissemination of information and appliances among the unmarried, especially adolescents, with grave suspicion.

PART III

National Health Service Act, 1946

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

Your Medical Officer of Health has nothing fresh to add under this heading as far as available amenities are concerned, a list of which is as follows :

(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 :

Wednesday, 2 p.m.	Greenbank Maternity Hospital.
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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 1960 was 714, and the total attendances made were 3,574.

(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 number of premature births was fewer this year than last, 13 as compared with 24, and once again the majority were nursed at home and survived at the end of a month.

Total premature births	...	...	...	13
Nursed exclusively at home	...	...	...	12
Surviving at end of month	...	...	...	1

(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 J. Howatson attended at the clinics. 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 26,289 tins of dried milk, 42,413 bottles of orange juice, 5,844 bottles of cod liver oil and 4,862 packets of vitamin tablets have been distributed.

(e) Dental Care

Rather more expectant and nursing mothers took advantage of the amenities available under this heading during 1960 as compared with the previous year, 12 as compared with 5. All the same your Medical Officer of Health is of the opinion that there is a good deal of work to be done here which may be going by default. There is certainly no failure on the part of your dental officers to be available and willing to do whatever work is brought to them and it may be that a greater drive should be given through ante-natal supervision.

Expectant and Nursing Mothers	...	...	12
Children under 5	...	...	106

(f) Care of Unmarried Mothers and their Children

Financial support as hitherto was given to St. Agnes' Home, 45 Duke Street, in 1960, and I am grateful to Miss G. Johnston, the Superintendent, for the following figures of the work carried out during the year :

Indoor work—Total number of residents was 33, consisting of :

(1) Unmarried mothers	...	...	...	29
(2) Married women with illegitimate babies	...	...	...	1
(3) Temporary residents	...	...	...	3
Girls who kept babies	...	...	...	5
Adoptions	...	...	...	18

(From the 33 residents, 6 were Darlington girls).

As you will know, St. Agnes' Home is administered by the Durham Diocesan Moral Welfare Society and as in previous years a few requests were received for acceptance of financial liability for unmarried mothers of Darlington address who were looked after by other moral welfare societies. On the grounds that all-comers, whatever their home address, are received at St. Agnes' Home, in accordance with the precedent of previous years you made no contributions elsewhere.

§ 2. DOMICILIARY MIDWIFERY (Section 23)

The structure and work of the domiciliary midwifery service remained during 1960 as described in previous years. Miss C. Beckett continued to act as Superintendent of the service, sharing this responsibility with that of Superintendent of the district nursing service, an arrangement that worked satisfactorily. Miss P. M. Oversby continued as her Deputy in both capacities and the Part II Midwives' Training School operated as hitherto, 6 pupils being there during the year, of whom 3 completed their training. A Part II Midwives' Training School was also established a few years ago at Greenbank Maternity Hospital, whose pupils carry out the contemporary pattern of Part II training whereby they spend three months in hospital and three months on the district, as distinct from the six months on the district fulfilled by your own pupils. For their district work it has been possible to integrate them with your own school to the mutual advantage of all concerned, and during the year 5 pupils in this category were accepted for training. The presence of two Part II Training Schools in a town of moderate size where domiciliary midwifery is not, comparatively speaking, a prominent feature, may well be a cause of astonishment, and indeed has been the occasion for surprised comment by at least one medical officer of the Ministry of Health. Among possible future projects might be envisaged an amalgamation of these two schools into a single entity, and a closer integration of the domiciliary and hospital midwifery services might seem to be implied by such a step. Meanwhile the two schemes work in parallel and with reasonable efficiency.

You will remember that the house originally purchased and adapted as a midwives' home, No. 72 Woodland Road, has lain derelict since the summer of 1957 and the pupil midwives have been accommodated at the district nurses' headquarters next door. Fortunately good use is now foreseen for No. 72 Woodland Road and in this context it is worth pointing out that the premises 68/70 Woodland Road, adapted at great expense as a really first-class hostel by the Darlington Queen's Nurses' Association some years before the transfer of its functions to your direct control, now gives accommodation only to the Superintendent, her Deputy and the 4 pupils. In addition to this it provides very acceptable administrative and rest room accommodation for the district nurses, but these ladies, like your domiciliary midwives, prefer to live out in accommodation of their own finding.

There were no staff changes during the year, but Mrs. F. R. Hawley, who has been a district midwife in the Western part of the town since August, 1939, was due to retire on superannuation with effect from 1st January, 1961. Hence, to all intents and purposes, 1960 was her last year on duty and your Medical Officer of Health would like to pay tribute to her devoted service.

Co-operation with Greenbank Hospital continues on a satisfactory footing, though there is one point in this connection upon which your Medical

Officer of Health would like to comment. There are certain categories of expectant mothers who in modern obstetric usage are invariably recommended for hospital confinement whenever this is available. These are all mothers having their first baby, all mothers having a second and subsequent baby over 35 years of age, all mothers of any age having their fifth and subsequent baby, in addition of course to those who, on account of detected complications or because of adverse social circumstances, need hospitalisation. In order to be able to take such patients and to retain them in hospital for ten days, a rather strict scrutiny needs to be made of all applicants for hospital confinement in respect of their real need. Your Medical Officer of Health is not altogether certain that this rigorous exclusion of all who could with safety be confined at home, but who for their convenience prefer the amenities of hospital, is always maintained. Most women at the present time prefer to have their baby in hospital because it is cheaper to do so and from many points of view less wearing to them. If, however, hospital accommodation is strained by the admission of persons not in priority classes it must inevitably follow that early discharge, i.e., before the tenth day, and perhaps even as early as the third or fourth day after confinement, will become the rule rather than the exception. This means that responsibility for care during the later puerperium must devolve upon your domiciliary midwives and it is at least somewhat frustrating to be expected to accept a patient for whom the major service has been undertaken by someone else. Your domiciliary midwives have in fact accepted patients referred to them in these circumstances by the hospital without demur, but they have a certain cause for complaint which should in justice be made known.

The work carried out during the year is summarised as follows :

Gas and Air Analgesia :

	1956	1957	1958	1959	1960
Number of patients using it	214	190	152	191	207
Percentage of total domiciliary confinements	66	56	55	69	67

Pethidine :

Number of patients using it	108	94	86	92	105
Percentage of total domiciliary confinements	22	28	31	33	34

Total domiciliary confinements 324 338 275 282 311

	Cases attended as Midwives	Cases attended as Maternity Nurses
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
1960	288	23

§ 3. HEALTH VISITING (Section 24)

The routine work of health visiting went on during 1960 as in previous years. The possible expansion of this service has always been very much in the mind of your Superintendent Health Visitor and of your Medical Officer of Health and it is pleasant to report that the Council increased the establishment of health visitors by three, one extra appointment to be made yearly for the next three years, when the situation will be reviewed. This expansion, very necessary in view of the wide fields of medico-social work recommended to health visitors, correlated with a student training scheme which came into operation also during the year under review. The plan of this scheme is much the same as with other authorities; the approved pupil, after a preliminary three months or longer period as nursing assistant in the department is sent to a training school where her fees and incidental expenses are paid by the authority and she receives three-quarters of the commencing salary of a health visitor. She is under obligation to give at least one year's service to this authority after qualification, under a penalty of having to repay all the money expended upon her. By this means it is hoped to train and maintain not merely the present permitted but a still more extended establishment.

The question may be asked where it is proposed to deploy health visitors in the future. Your Medical Officer of Health sees very great potentialities in their co-operation with general practitioners and in geriatrics. He would like to remind you that the City of Oxford, a slightly larger but still comparable authority, has for some years been developing the co-operation between general practitioners and health visitors with very satisfactory results according to the Medical Officer of Health, Dr. J. F. Warin. Where health visiting is concerned, however, the adage to do the one without leaving the other undone must be maintained and in spite of the high standard of child health shown by the majority at the present time, to neglect child welfare services is to court disaster. In every community there are families who fail to make the grade of adequate care and these fully occupy the time of your staff.

The following Table shows the work of the health visitors during the year.

TABLE XVII
Work of Health Visitors

				<i>Total Visits</i>
Expectant mothers	...	...	...	340
Infants under 1 year	...	...	...	5,101
Children 1 to 2 years	...	...	...	2,829
Children 2 to 5 years	...	...	...	7,830
Miscellaneous Visits	...	...	...	1,030
Tuberculous Patients	...	...	...	807
				17,937

§ 4. HOME NURSING (Section 25)

The Minister of Health in his Circular letter 1/61 of 31st January, 1961, has requested a special note upon what he calls liaison arrangements, these being with hospitals and general practitioners and so designed to avoid unnecessary hospital admissions and out-patient attendances and to facilitate

early discharge, with particular reference to the nursing of sick children at home and the after-care of sick children discharged from hospital.

It has to be admitted that no special steps have been taken to use the home nursing service towards the specific end of easing the burden upon the hospitals, either from the angle of in-patient or out-patient treatment. It may be taken as certain that every efficient home nursing service does in fact contribute towards this end, since patients who would otherwise have to be admitted to the wards can be treated at home, either exclusively or by out-patient assistance. In respect of diseases of children, the lack of a paediatrician and a paediatric department within the Darlington Hospitals Group must be regarded as a serious deficiency and were they available it is possible that a greater use of the district nursing service for ill children might be made. All the same, as the figures in Table XVIII show, the number of patients under 5 years of age remains small and there is no suggestion from any source that any default exists in the services available for children. In this context, though not perhaps strictly relevant to it, may be mentioned a tendency first observed during 1960 to admit both mother and child to a cubicle at Hundens Unit for adjustment of feeding problems. Strictly speaking, this is ultra vires to an infectious diseases unit, but it is in the best paediatric tradition as indicated by the late Professor Sir James Spence.

TABLE XVIII

Analysis of Patients and Visits Paid, 1949, 1954 and 1960

	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
1960	14	539	38	49	1,001	20	82	1,854	23
	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
1960	200	6,371	32	609	22,547	37	954	32,312	34

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

TABLE XIX

Analysis of Visits

	Under 5	5-25	25-45	45-65	Over 65	Total Cases	Total Visits
Infectious Diseases—							
All other than tuberculosis	—	—	—	—	—	—	—
Tuberculosis	1	5	7	5	—	18	854
General Diseases—							
Cancer, all sites	—	2	8	28	46	84	3001
Diabetes	1	2	—	7	23	33	4492
Anaemia	—	1	6	10	63	80	2235
Diseases of the Alimentary system—							
Tonsillitis	—	—	—	—	—	—	—
Appendicitis	—	2	1	2	—	5	99
Constipation	2	11	7	28	55	103	1138
Threadworms	1	—	—	—	—	1	4
Other diseases	6	12	11	15	30	74	2729
Diseases of the Circulatory system—							
Disorders of the heart, various	—	—	2	13	79	94	3010
After effects of Apoplexy	—	—	—	11	90	101	3663
Disease of Veins	—	—	1	8	11	20	830
Gangrene not due to Diabetes	—	—	—	—	2	2	166
Diseases of the Respiratory system—							
Bronchitis	—	1	3	15	27	46	669
Pneumonia	—	—	3	6	12	21	323
Pleurisy and Empyema	—	—	1	1	1	3	50
Asthma	—	—	—	3	4	7	196
Diseases of the Central Nervous System	—	—	1	13	15	29	1224
Diseases of Locomotor system—							
Arthritis Deformans ...	—	—	1	9	24	34	2402
Diseases of Genito-Urinary system—							
Diseases of the Kidneys	—	—	—	1	—	1	1
Diseases of the Bladder, including Lavage ...	—	—	—	—	—	—	—
Abortion	—	3	7	—	—	10	99
Various Dressings, including Mastitis ...	2	4	16	4	14	40	426
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections ...	1	5	4	13	9	32	664
Dermatitis and Eczema	—	—	—	—	2	2	18
Surgical Conditions—							
Burns and Scalds	—	—	1	—	3	4	51
Fractures and Injuries...	—	1	1	1	13	16	484
Post-operative dressings	—	—	1	5	10	16	494
Minor Operations	—	—	—	—	1	1	191
Senility	—	—	—	2	74	76	2793
Unclassified	—	—	—	—	1	1	6
Total Cases	14	49	82	200	609	954	—
Total Visits	539	1001	1854	6371	22547	—	32312

§ 5. VACCINATION AND IMMUNISATION (Section 26)

Policy pursued in previous years continued during 1960 without any marked change. Interest in poliomyelitis vaccination waned somewhat towards the end of the year, perhaps because another summer had passed when the disease was not at all in the public eye, either locally or generally. At the same time, a large proportion of parents seem now to have accepted this as part of the normal precautionary measures provided for their children and every effort is made by the Health Department to maintain this interest and to establish the good habit of almost automatic acceptance.

Towards the end of the year triple vaccine, including tetanus, was substituted for the mixed vaccine conferring protection only against diphtheria and pertussis. It will be remembered that in previous years some anxiety had been expressed by the Ministry of Health with regard to the liability of mixed vaccines to precipitate paralytic poliomyelitis if the recipient were carrying the virus at the time of inoculation. The damaging factor liable to bring about this untoward consequence appeared to have been the alum preparation sometimes added in the manufacturing process and now that products are free from this ingredient the danger appears to have abated. On the other hand, however, a certain number of casualties, occasionally fatal, arose from tetanus in children and the precautionary immunisation has a great deal to recommend it.

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
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
1960	...	...	791	281	1,072

TABLE XX

Immunisation against Diphtheria

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	713	264	977	488	106	594
5 to 14 years ...	78	17	95	240	110	350
TOTALS ...	791	281	1072	728	216	944

TABLE XXI
Vaccination against Smallpox

		Age at date of Vaccination					Total
		Under 1	1	2—4	5—14	15 or over	
Health Department	Vaccinated ...	364	9	11	14	15	413
	Re-vaccinated ...	—	—	1	3	22	26
General Practitioners	Vaccinated ...	179	14	7	13	68	281
	Re-vaccinated ...	—	—	4	8	75	87
	TOTALS ...	543	23	23	38	180	807

TABLE XXII
Immunisation and Vaccination : Comparative Figures

	1953	1954	1955	1956	1957	1958	1959	1960
Immunisation, Children under 5 years ...	725	875	821	855	824	709	994	977
Immunisation, Children 5—14 years ...	299	257	213	178	212	179	219	95
Vaccination, Children under 5 years ...	304	264	221	297	392	454	546	589

TABLE XXIII
Immunisation against Whooping Cough

	Age at date of final injection			Total
	Under 1 year	1—4 years	5—14 years	
Health Department ...	589	117	75	781
General Practitioners ...	208	52	17	277
TOTAL ...	797	169	92	1058

TABLE XXIV

Poliomyelitis Vaccination

Class	Local Authority Clinic	General Practitioners	Total
Children born 1943-1960	861	727	1,588
Young persons born 1933-42	191	268	459
Persons born before 1933 who have not passed their 40th Birthday ...	412	454	866
Others	—	—	—
TOTAL	1,464	1,449	2,913
Third Injections	4,566	3,700	8,266

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

Typhoid and Paratyphoid (T.A.B.)	16
Cholera	22

Yellow Fever inoculations are obtained by appointment at the Health Department, 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 twelve 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
1960	...	...	29,503	137,558

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

From the point of view of administration, there is nothing to add to the remarks in earlier reports concerning the work of the Darlington Tuberculosis Care Committee. Patients suffering from pulmonary tuberculosis and a few

with other diseases of the chest were allocated as hitherto among the members of the Committee, who acted as Ward visitors and their particular circumstances were discussed at monthly meetings, when in most cases an allocation of free milk was made to them. Sometimes other forms of nourishment such as eggs were supplied in place of or in addition to milk and articles of clothing have also been provided on the merits of particular cases. Some patients also have been sent on holiday at the expense of the Committee. Although your Medical Officer of Health is Honorary Secretary, the work of the Committee is carried out by Mr. I. Burnley, Senior Clerk in your department, with admirable efficiency and satisfaction to all.

Last year your Medical Officer of Health ventured to raise the query whether the time may not be ripe for a radical reappraisal of the work and indeed of the title of this Committee. In all matters concerning human affairs and most of all where they involve modern medical knowledge and practise, it is essential to maintain a dynamic outlook whereby unchanging principles are applied to a changing situation. This is essentially true of the public health service and you may do well to consider the very great change that has occurred in recent years in respect of tuberculosis itself. In an overall picture of the present-day threats to the health of the individual and of the community, tuberculosis takes a relatively small place. It is not conquered, but it is under very much better control than even twenty years ago. Nevertheless, the policy of the Tuberculosis Care Committee still by implication reflects a time when this disease was "Captain of the Main of Death" and when means to assist the indigents, so often both a cause and a consequence of the disorder, from other than voluntary funds were negligible. It would seem that today, without in any way abandoning the needs of tuberculous patients where they present a real problem, a Committee constituted with terms of reference such as this should extend them to include without discrimination other kinds of illness and handicap. Patients suffering from crippling defects of heart and central nervous system, from mental disorders and from neoplastic maladies should be included as subjects for visits and assistance. A good deal of thought would have to be given when such increase of scope was seriously contemplated and it is not suggested that any immediate effort should be made to widen the boundaries to the extent described here. All the same, the idea should be allowed to germinate and possible developments pondered, so that evolution along such lines may be successfully attained in the years to come.

Illness Generally

No success was achieved during 1960 to transfer the handicraft centre from the North Road premises which it shared with the junior training centre for the mentally sub-normal to other accommodation. For a time it looked as though such a move might become practical politics in the near future, but the site of the suggested new building was unacceptable to the Ministry of Health and at the time of writing little of positive achievement can be reported. Fortunately in another direction there was a considerable step forward during the year, in the opening of a shop in March, 1960. This shop is situated in the Market Place and advertises and sells goods made by the handicapped persons at the centre. It is in premises allowed for this purpose to the Corporation rent-free by Messrs. Vaux and Associated Breweries Ltd.

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

Attendance

Men	...	...	...	...	...	...	39
Women	...	...	...	...	...	...	29
Attending centre	...	...	...	...	...	...	49
Assisted at home	...	...	...	...	...	...	19

Disabilities of Patients

Suffering from pulmonary tuberculosis	...	...	...	...	...	5
Arthritis deformans	...	...	...	...	...	9
Amputations and after-effects of operations and injuries	...	...	...	...	...	10
Diseases of heart and blood vessels	...	...	...	...	...	10
Diseases of central nervous system	...	...	...	...	...	13
Diseases of the bones	...	...	...	...	...	2
Epilepsy	...	...	...	...	...	2
Psychosis	...	...	...	...	...	5
Congenital deformity	...	...	...	...	...	2
Mental deficiency	...	...	...	...	...	10

Handicrafts

Canework, basket and tray making, etc.	...	...	...	...	...	31
Chair and stool seating	...	...	...	...	...	7
Leather-work and shoe repairing	...	...	...	...	...	2
Woodwork and marquetry	...	...	...	...	...	3
Lampshade-making and plastics	...	...	...	...	...	2
Artificial flowers	...	...	...	...	...	2
Painting	...	...	...	...	...	1
Toy-making and felt-work	...	...	...	...	...	2
Tapestry and embroidery	...	...	...	...	...	10
Knitting, sewing and crochet	...	...	...	...	...	11
Dressmaking	...	...	...	...	...	1
Rug-making and repairs to mats	...	...	...	...	...	4

§ 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 XXV

Type of Case	1960		1959	1958	1957
	Number of Cases	Hours Worked	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	43	2,287½	28	37	38
Tuberculosis	6	403½	5	4	6
Chronic sick (including aged and infirm)	414	42,676½	368	387	360
Others	54	4,405½	64	61	75
TOTAL ...	517	49,772½	465	489	479

It is said that a happy people has no history and the work of the home help section goes forward unobtrusively, giving little outward sign of the very valuable services bestowed through its activities upon the people. As your Medical Officer of Health has said in previous years, he has a feeling that there may be a demand among the population which the home help service does not completely meet. He is thinking in this respect of derelict, aged or chronic invalid persons, and of course it must be admitted that the service as constituted at present makes no provision for attendance at weekends, and nothing is supplied by way of attendance at night. No complaint on account of the lack of such amenities has ever reached your Medical Officer of Health, so that the need might be regarded as theoretical rather than real. At the same time, where other authorities have provided for these apparent omissions they have soon found the newly available assistance fully employed. This is another example of what might become a growing point.

§ 9. MENTAL HEALTH SERVICE (Section 51)

During 1960, a principal concern was to construct satisfactory proposals under the Mental Health Act, 1959, to obtain approval of them by the Minister of Health and then to implement them as and when opportunity offered. It must be admitted straight away that the development of the situation as permitted or required by legislation out-distanced the response of this local health authority to meet the challenge. In this respect the County Borough of Darlington was not inferior to the majority of other local health authorities because the aim of the Act was to create circumstances which the responsible local authorities were obliged to meet.

Thus the review of patients in mental hospitals as required by the sections of the Act for which the Appointed Day was 1st November, 1960, led to a potential demand for hostel accommodation at a point when the authority had no accommodation whatsoever to offer. In this context your Medical Officer of Health would like to pay the warmest possible tribute to Brigadier Lane of the Salvation Army, who was able to find accommodation for a number of persons of sub-normal mentality from Aycliffe Hospital. These had been informed, in accordance with the review, that they were no longer obliged to stay in hospital and although it was not intended to convey that they were no longer welcome there a number of them incontinently took their discharge. They came to Darlington as the nearest town, though they were not necessarily Darlington residents, and the only accommodation available to them was that provided by the Salvation Army. Your mental welfare officers found in this problem a gratuitous addition to their already onerous duties and it is to be hoped that as the situation under the Act stabilises such difficulties will be encountered with ever lessening frequency. Fortunately, from Winterton Hospital no similar contretemps arose and this may be due to the different type of patient accommodated there. Although the Mental Health Act aims at dealing with mentally ill and mentally sub-normal patients by one comprehensive legislation, administratively, psychologically and socially they are different categories of people, a fact that may give rise to complications in the programme of hostel provision by the local health authority.

Briefly, the approved proposals may be considered under two heads, provision of adequate staff and provision of residential and occupational accommodation. Under the first heading it was proposed to appoint a senior

mental welfare officer and two mental welfare officers, one man and one woman, and two assistant mental welfare officers for in-service training. You already had available in Mr. C. W. Price an extremely competent officer for the senior post, whose long and most adequate experience served in lieu of the highest kind of formal qualification, and in Mr. S. McAulay you possessed a second officer also of the highest value to you. You have, therefore, a nucleus for a first-class service and your Medical Officer of Health in no way is exaggerating the position when he says his colleagues, the consultant psychiatrists at Winterton, think as highly of these officers as he does himself. An urgent need is to obtain a woman mental welfare officer, but though advertisements had been exhibited before the end of the year, the appointment was still unfilled. You are unlikely to obtain an officer for this appointment who possesses any kind of formal qualification, least of all a psychiatric social worker who is theoretically the correct person for this kind of appointment. If the work develops as it should, this establishment of qualified officers, or rather of officers who are discharging functions for which qualification is desirable and theoretically necessary, will tend to increase. This is apart from the need, for which, as has been said, your proposals give scope to appoint assistant mental welfare officers for in-service training. One such appointment was made before the end of the year, though she did not take up her duties until 1961, and her allocation was primarily to the Junior Training Centre.

It may be worth while to comment briefly at this point upon the sort of work which the mental welfare officers are expected under the Act to perform. The duly authorised officer as originally appointed under the National Health Service Act was concerned with making arrangements for the certification and admission to mental hospitals of patients classified as of unsound mind under the Lunacy Act, 1890, and also with the admission of other categories of patients under the Mental Treatment Act, 1930. Beyond this quite subordinate function he was not compelled, nor necessarily expected, to go, but your department did not see the responsibilities under the existing Acts in that light and aimed in the first place at giving as nearly as possible a service on demand to the practitioners in the town (the Act allowed a three-days' interval for action) and a welfare service to the patients. Now that the emphasis of treatment is shifting from hospital to home and from in-patient to community care, the importance of the mental welfare service is immensely increased. Your officers are expected to be what in fact they are, the confidants of the psychiatrists and the actual advisers in some instances to general practitioners, as well as being regarded by patients as their friends to whom they can go with their problems with every certainty of a satisfactory answer. Because for a long time the majority of people have preferred not to think about mental illness at all, the welfare work connected with it has been ignored and its importance minimised. Now that the emphasis is upon early diagnosis and treatment, with the restoration as soon as possible of the patient to normal or nearly normal conditions of existence, an entirely different appreciation is required from those whose responsibility is to serve their fellow citizens in an elected capacity.

With regard to hostel accommodation, the first and most obvious step was to make use of what was already available, and towards the end of the year it was decided to equip the premises of 72 Woodland Road, hitherto held in reserve as a midwives' hostel, for which purpose it had been originally adapted. This will supply accommodation for patients able to be employed

in either sheltered or open industry, whose mental illness has undergone cure or relief but who for a variety of reasons are unable to live at home, possibly because they have none. This is perhaps the simplest category for which provision must be made. Other hostels will be required for home invalids who again have no homes to accommodate them, and for elderly patients suffering slight senile dementia. In addition to welfare and administrative staff, further appointments will need to be made to supply supervisor and domestic help at the hostels themselves, and if this responsibility now laid upon all local health authorities is to be efficiently discharged, the ratepayers of Darlington must understand without any hesitation or subterfuge that they will have very heavy bills to pay. If the authority does not discharge its obligations, two possibilities will present, either that the Ministry of Health will undertake them without any consideration of economy, and charge the authority with the bill, or that the authority itself will be demoted to subordination under Durham County Council.

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

Lunacy and Mental Treatment Acts, 1890-1930

	1957	1958	1959	1960
Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients) ...	118	135	125	—
Patients dealt with under Section 5, Mental Treatment Act (Temporary Patients) ...	5	13	9	—
Patients dealt with under Section 25, Mental Health Act ...	—	—	—	4
Patients dealt with under Section 5, Mental Health Act ...	—	—	39	163
Patients dealt with under Section 11, Lunacy Act (Urgency Order) ...	1	1	2	2
Patients dealt with under Section 15, Lunacy Act (Certification) ...	1	—	—	—
Patients dealt with under Section 16, Lunacy Act (Certified Patients) ...	30	22	23	14
Patients dealt with under Section 20, Lunacy Act ...	10	21	10	3
Patients dealt with under Section 29, Mental Health Act ...	—	—	—	5
Patients dealt with under Section 55, Lunacy Act ...	2	—	2	—
Patients dealt with under Section 4, Criminal Justice Act ...	—	—	—	1
Patients dealt with under Section 24, Criminal Justice Act ...	1	—	—	—
Patients dealt with under Section 30, Magistrates Court Act ...	2	1	—	1
Other Patients (not certified, transferred, etc.) ...	24	54	36	50

Mental Deficiency Acts, 1913-1938

	1957	1958	1959	1960
Mentally Defective persons ascertained	19	20	14	28
Mentally Defective persons awaiting vacancies in institutions at end of year	14	13	11	—
Mentally Defective persons under guardianship ...	1	2	1	2
Mentally Defective persons under supervision ...	106	114	121	212
In training :				
At Home	—	—	—	—
At Occupation Centre	43	45	49	54

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, 1960, 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 1960.

TABLE XXVI

Age Distribution of Blind Persons in Darlington

	Under 16	16—29	30—49	50—64	65—69	Over 70	TOTAL
Men	1	2	4	17	4	20	48
Women	2	4	4	12	7	49	78
TOTAL ...	3	6	8	29	11	69	126

Number of blind persons normally resident in Darlington
(not of school age) undergoing training away from home Nil

Number of persons employed—

(a) in Workshops for the Blind	2
(b) Home Workers... ..	1
(c) Open employment	8

PART V

Growing Points

§ 1. HEALTH EDUCATION

The following list shows the talks, lectures and bulletins given to various groups by members of the Health Department during 1960. As far as the subjects chosen by your Medical Officer of Health himself are concerned, it will be noted that 7 out of 9 talks were devoted to the subject of "Mental Health." This seemed important having regard to the recent enactment and of the approved proposals whereby the local health authority should discharge its legal functions. The changed public attitude towards mental health, which must be encouraged to allow for a realisation of the intentions of the Mental Health Act, 1959, seemed fully to justify this high proportion of attention given.

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 18	Firthmoor Primary P.T.A.	Children into Pincushions	Dr. Walker
19	Dodmire P.T.A.	Community Care of the Mentally Handicapped	Mr. Price
Feb. 29	Grange Road Fellowship...	Children who will never grow up	Mr. Price
Mar. 30	Alderman Leach P.T.A.	Children into Pincushions	Dr. Walker
Apr 29	St. George's Presbyterian Church Young Wives' Association	Any Questions	Miss Winch
May 4	Cockerton Co-operative Women's Guild	Mental Health	Dr. Walker
18	Albert Road Fellowship	Problems in Mental Health	Mr. Price
19	Toc H (Men's Section)	Provisions of the Mental Health Act, 1959	Mr. Price
July 2	Queen's Nurses' Association	Mental Health	Dr. Markham
14	St. Augustine's Catholic Women's League	Mental Health	Dr. Walker
Sept. 16	Trainee Probation Officers	Provisions of the Mental Health Act, 1959	Mr. Price
26	Toc H (Women's Section)	Mental Health	Dr. Walker
Oct. 11	Women's Co-operative Guild	Mental Health	Dr. Markham
12	Alderman Leach Junior P.T.A.	Mental Health	Dr. Walker
20	Business & Professional Women's Club	Mental Health	Dr. Markham
31	Grange Road Fellowship...	Problems in Mental Health	Mr. Price
Nov. 2	Coniscliffe Road Methodist Men's Fireside	The Work of the Public Health Inspector	Mr. Ward
9	Harrowgate Hill P.T.A.	Aims of the Mental Health Act, 1959	Mr. Price
16	Coniscliffe Road Methodist Men's Fireside	Mental Health	Dr. Walker
22	St. John's Young Wives' Association	Home Nursing of Children	Miss F. E. Smith
24	Greenbank Methodist Fellowship	Problems in the Rehabilitation of the Mentally Sub-normal	Mr. Price

Date	Association	Subject	Speaker
Dec. 9	Coniscliffe Road Methodist Youth Club	The Work of the Public Health Inspector	Mr. Ward
13	St. Paul's Mothers' Union	Mental Health	Dr. Markham
13	Bondgate Men's Fireside	The Work of the Public Health Inspector	Mr. Ward
14	Darlington Catholic Teachers	Mental Health	Dr. Walker
16	Ushaw College Divinity Students	Mental Health	Dr. Walker

Bulletin

No. 42 June 9 Mental Health Week, 9th to 16th July, 1960

Circular 1/61 of the Ministry of Health asked that health education should receive particular note, with special reference to the steps which were taken to bring to public notice the connection between tobacco smoking and lung cancer. It has to be admitted that during 1960 this subject received hardly any special attention. This was not because its importance was unrecognised or because your Medical Officer of Health does not believe that a perfectly good case has been established of significant correlation between smoking, particularly cigarette smoking, and lung cancer. He will even go further and wonder whether the undoubted decline of cancer of the tongue and buccal mucous membrane, always predominantly a male complaint, has not been due to the falling popularity of pipe smoking. On the other hand, with limited personnel and resources of time, this particular subject did not seem top priority for 1960 and in this connection he would like to refer to a matter that is of very much wider concern than for Darlington alone. Almost every advertisement hoarding during the year at some time or other, and often for most of the time, exhibited large and attractively designed advertisements to recommend the habit of cigarette smoking, particularly to young people. A cigarette was by implication the completion of pleasure in quite a number of contexts and the suggestion was strongly made that the habit increased both manliness and feminine charm. Against a barrage of propaganda, much of it seeping in by almost unconscious (sub-liminal) perception, it seems almost impossible to create an effective influence and he cannot help thinking that if the Ministry of Health is really serious and accepts what appears to be the established association between the habit and the disease, some effort by higher authority to curb the exuberance of the tobacco manufacturers should be exercised.

§ 2. GERIATRICS

It cannot be claimed that any expansion in the service under this heading took place during 1960, though what by past usage had become accepted procedure was continued without modification. This meant that all patients accepted for admission to the chronic sick beds at East Haven Hospital were visited by your Superintendent Health Visitor after notification by the senior admissions clerk at the Darlington Memorial Hospital, to assess their degree of priority, and her opinion was accepted by the hospital as indicating right order of priority. Your Medical Officer of Health had been of the opinion that this scheme was acceptable to the practitioners of the town and he was somewhat surprised at a meeting early in 1961 where colleagues were present to hear it criticised; no one however was able to suggest any better scheme and the real need in the area is for an adequate geriatric service.

There is a considerable difference in concept between geriatrics, i.e., the medicine of the elderly, and the treatment of chronic illness. Often, of course, old age and long-standing incurable disability coincide, though not necessarily so. The main aim where chronic sickness is concerned is to treat the patient's symptoms in such a manner as to make him able to live with them and to supply him with means to occupy his time within his capacity. Often he will need continuing hospital care because of some disorder that is unamenable to home nursing. The principle of geriatrics is, however, to restore the patient home again after effective treatment of his illness. There is no intrinsic reason why a patient of 80 should be less able to return home after say pneumonia, or even after a stroke, than a patient of 18 suffering from an acute illness appropriate to that time of life. A major difficulty in geriatrics is the preservation of the home situation while the patient is in hospital and one can foresee that a really expert service in this field would aim at community care, out-patient facilities and a day hospital whereby patients remained at home during the course of their treatment in preference to admitting them for whole-time care. Another aspect of geriatrics is the free possibility of re-admission of the same patient as soon as need returns. By this means a patient can remain most of the year at home, though he may be admitted to hospital on four or five different occasions within the same period. These basic elements of modern geriatrics are rehearsed here for your information, to show how close the liaison should be between the physician whose major interest is this speciality and the Health Department, and a community care service should be evolved under this heading in just the same way as is at present under development in psychiatry (see page 46).

In January, 1960, a meeting was held at the Darlington Memorial Hospital between the Senior Administrative Medical Officer of the Regional Hospital Board, the physicians in general medicine, the County Medical Officers of Durham and the North Riding and your Medical Officer of Health, to discuss the possibility of a joint appointment whereby a physician with interest in geriatrics was appointed for say seven-elevenths of his time for hospital services and four-elevenths with the local health authorities involved, two notional sessions to Darlington and one each to the two County Councils. By this plan the physician would be in much the same position relative to the local health authorities as the Chest Physicians in their own sphere. No doubt the Board would hope to recoup from them salary at the rate payable to the Senior Medical Officer, though this would be without prejudice to the geriatrician's own salary as a consultant. The idea, however, did not commend itself to any of the local authorities concerned, but your Medical Officer of Health was very glad to know that the Board continued to propose such an appointment following the retirement of the Senior Physician, Dr. W. A. Jaques, irrespective of this attitude. Thus one may anticipate revolutionary changes in this aspect of local medicine from July, 1961, and it is hoped that you will give your encouragement to the fullest co-operation of the Health Department in the enlarged sphere which may confidently be expected. Whether the policy of the Board will be to make more use of hospital facilities at East Haven, or whether the main centre for the new service will be established at the Friarage Hospital at Northallerton, are matters remaining to be seen. In all such affairs, what is mainly needed is the enthusiasm of personnel. When this is present buildings and amenities follow soon enough; or so one likes to believe.

It is fortunate that you have authorised an increase of the establishment of health visitors over the next three years, supposing that such officers are available, as it is to be hoped that geriatrics will become a major part of their responsibility in their capacity as advisers to the family on all health matters.

The work of the year as carried out by Miss Winch may be illustrated by the following Tables, which follow the same lines as in previous years. It will be noted that in 1960 a total of 99 cases were investigated, as compared with 108 in 1959. The Table showing living conditions has been deleted as having no very important significance, the distribution of patients in need following roughly the social gradient of the town. Once again your Medical Officer of Health feels that the home help service is not as fully extended as it might be because of the low relative number of patients making use of a home help (Table XXIX) as compared with the services of a district nurse.

TABLE XXVII

	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents)	10	18	28
Myocardial degeneration	6	6	12
Chronic lung diseases	3	5	8
Chronic nervous diseases	1	2	3
Cancer, all sites	5	3	8
Diabetes	—	4	4
Senility	5	19	24
All other medical conditions, including acute illnesses	3	4	7
Non-medical conditions	4	1	5
Total cases investigated	37	62	99

TABLE XXVIII

Age and Sex Distribution

	Under 60		60—70		70—80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (36 patients) ...	1	3	4	11	15	42	16	44
Women (61 patients)...	4	7	10	16	23	38	24	39
Total persons (97 patients) ...	5	5	14	14	38	39	40	41

TABLE XXIX

	Male	Female	Total
Care adequate but cannot be maintained	21	28	49
Care adequate except for nursing ability	1	6	7
Care generally inadequate	9	11	20
District nurse in attendance	5	30	35
Home help in attendance	1	6	7
Hospital priority recommended	22	37	59
Suitable for Part III Welfare accommodation ...	3	3	6

TABLE XXX

	Men	Women	Total
Married	17	14	31
Widowed or separated ...	15	39	54
Single	3	6	9
Not stated	2	3	5
TOTAL ...	37	62	99

Nothing unexpected or particularly worthy of comment arises otherwise from the Tables. It would have been possible once more to collect, as in the Annual Report for 1958, a series of hard cases which could have been used to illustrate the theme enunciated in Ancient Egypt and frequently used for dramatic purposes subsequently, that of all the misfortunes to which man is liable old age is the worst. This, however, is not true without considerable qualification. Hard cases are to be found at all times of life and whereas it is the aim of preventive medicine, as of other social services, to reduce them as much as possible, the human situation being what it is an irremediable core is certain to remain. Since old age, however, is the time of life without prospects, it tends to be at a discount in a materialistic society since fairly profound insight into reality is required before one can accept that a hoary head is a crown of glory.

§ 3. ACCIDENTS IN THE HOME

The number of accidents reported to the Health Department and investigated by health visitors was in 1960, as usual, much less than the total number occurring in the town. One evidence of this is the differential between individual health visitors in reporting them; out of 17 incidents, one health visitor sent in reports of 11. This does not, of course, mean that the others do not advise about the prevention of accidents and investigate the cases brought to their notice, but in the pressure of their many and various duties they have not found time to send in individual reports. The pattern of accidents was much the same as in previous years :

Age and Sex Distribution

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
'Under 1 year	...	...	2	1	3
1 to 2 years	...	...	4	1	5
2 to 5 years	...	...	4	3	7
Over 5 years	...	...	1	1	2

Nature of Injuries

Cuts, bruises and abrasions	...	...	...	4
Head injuries (not fractures)	...	...	...	5
Fractures	...	...	...	2
Burns	...	...	...	4
Swallowed poisonous fungi	...	...	...	2

Preventable Factors

Fire and fireguard faults	...	...	...	4
More parental care—in pram	...	...	...	2
More parental care—at home	...	...	...	4
Foolhardiness	...	...	...	3
Car accidents	...	...	...	3
No factor definable	...	...	...	1

In many of the incidents reported above the preventable factor, though definable, was small; or at least it would appear so from the description by parents after the event. It must, however, be remembered that children are naturally adventurous and it would be an unhealthy feature if they were not so.

With regard to home conditions, of the 16 households investigated (2 incidents occurred in one family), the circumstances might be said to be above average in 2, average in 10 and below average in 4 instances.

PART VI

Other Services**§ 1. HOUSING**

During 1960 a certain number of persons applied to your Medical Officer of Health for consideration on special grounds for rehousing under the Corporation scheme, but they were too few to justify the detailed analysis submitted in previous years. On the other hand, a considerable amount of time was taken up in the further pursuit of what may be called the bungalow enquiry upon which a first report was made last year and published as an Appendix in the Annual Report for 1959. It was decided to keep the scheme in operation along the same general lines as hitherto, the Housing Department supplying your Medical Officer of Health each quarter with the names of persons who had become eligible for consideration because they had fulfilled their year's preliminary wait after enrolment. The first list was received in April, 1960, and related to those who had applied and were registered prior to 31st March, 1959. The last relative list was received in January, 1961, referring to those who were registered between 1st October and 31st December, 1959; thus the conclusion of the enquiry for 1960 actually overflowed into 1961.

From the Housing Department 145 names and addresses were received, of whom 126 were contacted. The balance was made up of those who no longer wished for a bungalow, or who had left the town or area without further information, or who had died. Some information respecting their social condition and grading after investigation is shown in the following Table.

TABLE XXXI

	Priority	Retain	Retain without urgency	May be postponed	Total number investigated	Total number named
Couples living in rooms ...	3	—	—	—	3	3
One person living in rooms ...	4	15	3	3	25	29
Couples tenants of houses ...	1	18	10	8	37	40
One person tenant of house ...	2	10	15	7	34	43
Couples owner-occupiers ...	—	1	3	—	4	5
One person owner-occupier ...	—	1	2	2	5	5
Tenants of Council houses ...	1	4	9	4	18	20
TOTAL ...	11	49	42	24	126	145

The total number of households actually visited by your Medical Officer of Health, who undertook the whole of this work in person in order to achieve a uniform standard of assessment, was 133, since a few were investigated for one reason or another apart from the lists supplied by the Housing Department, though their names were included in the return made at the end of each quarter's work and some were visited from the previous year, or, in a few cases, visited twice in 1960. In the following analysis such second visits are counted separately if the circumstances had substantially changed between the first and second occasion.

You will appreciate that the work involved in this enquiry demands a high degree of responsibility on the part of your Medical Officer of Health. The Housing Committee has accepted the advice of the Borough Treasurer to give a relatively high weighting to the recommendations made by him, which means in effect that he is your arbiter as to who will be and who will not be rehoused under your scheme. Four categories have been adopted into which applicants may be placed, the highest being awarded priority, the second recommended for retention on the list, the third for retention on list without urgency and the fourth postponed for consideration. Having regard to the actual availability of Corporation bungalows relative to the number of applicants for them, you will appreciate that all who were placed in the third and fourth categories, and probably a proportion of those in the second category, will never be rehoused at all and your Medical Officer of Health was unhappily aware of this fact when he made his recommendations to the Housing Department. Of the 133 households investigated, the division was as follows: 15 (11.3%) were awarded priority, 50 (37.6%) were for retention on list, 45 (33.8%) were for retention without urgency and 23 (17.3%) were postponed.

In order to make a quantitative estimate of degree of need, a marking system, as described in the Annual Report for 1959, was used. It was necessary, however, to distinguish between a total situation of need and a strictly medical assessment of the physical condition of the applicant or applicants. Thus a strictly medical mark was given and also a final mark which took into consideration as far as possible total circumstances. The households investigated divided as follows in respect of the final marking :

Ungraded or awarded no marks ...	...	10
Awarded $\frac{1}{2}$ mark ...	...	20
Awarded 1 mark ...	...	15
Awarded $1\frac{1}{2}$ marks ...	...	33
Awarded 2 marks ...	...	41
Awarded 3 marks ...	...	13
Awarded over 3 marks ...	...	1

In 52 cases there was an increase in the final award on the strictly medical mark and a decrease in 8 cases. These last are persons who may have some quite well established or even severe medical disability who nevertheless are reasonably well adjusted to their circumstances and whose condition would not seem to be obviously improved by any change. An attempt was made to estimate the adjustment of the applicants to their present life situation and by this criterion the division was as follows :

Content ...	...	51	(38.3%)
Adjustment fair ...	...	38	(29.0%)
Overall unhappy ...	...	25	(18.7%)
Miserable ...	...	18	(13.4%)
Ungraded ...	...	1	(0.8%)

With regard to social conditions it was found that the family was effectively in the picture in 69 households and neighbours were said to be friendly in 5 households. No specific question was asked under this last heading and the comments in each case here were spontaneous. The outstanding complaint of applicants related to the house where they were living. Difficulty with the stairs was mentioned in 37 households and the house was said to be too big for present needs or ability to cope in 49 instances. This year no spectacular medical situation was discovered. Rheumatism and arthritis of varying degrees of severity were complained of by 24 persons, hardness of hearing was observed in 19 persons, 4 were diabetic and 1 appeared to be blind within the meaning of the Act, where lesions of a single eye were observed in another 2 persons. Among the applicants were 53 married couples, 2 related couples (2 sisters and a brother and sister), 65 widowed or separated (3 men, 62 women) and 13 single persons (2 men, 11 women). The ages of individuals divided as follows :

60-69 ...	...	23 men	66 women
70-79 ...	...	30 men	50 women
80+ ...	...	6 men	5 women

The discrepancy between the number of individuals calculable from these two series is explained by a certain number of married partners being below pensionable age and hence excluded from the enquiry.

Looking at the priority group in detail it was apparent that an outstanding medical disability was only present in 7 of the total of 15. These arranged in alphabetical order showed the following circumstances :

- (1) Depressed by widowhood with arthritis
- (2) Loneliness and dereliction
- (3) Nerves and dereliction with rheumatism
- (4) Chronic bronchitis and duodenal ulcer, together with site of house
- (5) Hemiplegia in an inconvenient house
- (6) Dizziness and trouble with stairs in unhappy home circumstances
- (7) Unsatisfactory accommodation with difficult occupier
- (8) Defective sight, cardiac disability and rheumatism with unhappy companionship
- (9) A couple, each with hemiplegia, in an inconvenient house
- (10) Effects of head injury in inconvenient lodgings
- (11) Rheumatism and inconvenient lodgings
- (12) Cardiac invalid in too large a house
- (13) Hemiplegic man and arthritic wife
- (14) Amputation due to diabetic gangrene in inconvenient house
- (15) War injury (1914-1918) in unhappy and inconvenient circumstances

In spite of the various disabilities, physical and psychological from which these elderly people were suffering, a high standard of housekeeping was maintained. Often where the applicant was living with another family a strict assessment was difficult, but housekeeping standards were estimated as follows :

House-proud	...	...	10
Good standard	...	...	64
Adequate standard	...	...	43
Sub-standard	...	...	5
Ungraded	...	...	11

Your Medical Officer of Health finds this work of bungalow enquiry extremely interesting, though somewhat time-consuming, because it gives an agreeable means of obtaining insight into the circumstances of the old in their home conditions in Darlington which is a source of information about what by common consent is a growing point in contemporary public health. It must always be remembered that the circumstances as described in this report have, so to speak, a very definite map reference in the time-space continuum. A very small change in circumstances might, and indeed often does, produce a completely different overall picture. The trend in all cases investigated is, of course, towards failure of compensation and disintegration and there is no means to calculate the rate of change or to predict how the life situation will develop in particular applicants.

Slum Clearance

During the year several clearance areas were represented to the Health Committee, consisting of a total of 264 houses situated in Albion Street, Archer Street, Commercial Street, King Street and, in a different part of

the town, Cricketfield Row. At the same time a certain amount of Corporation property, in all 49 houses, was certified as unfit for human habitation. These were situated on the R.O.F. estate, in Prior's Terrace and Luck's Square. During the year also two ministerial enquiries were held on the Albion Street and Commercial Street Clearance Areas.

It will be appreciated that the slum problem in Darlington is, relatively speaking, a small one. In saying this your Medical Officer of Health is not to be interpreted as suggesting that there is not a good deal of sub-standard property, which, partly by poor design and building materials, partly by neglect, falls short of present-day standards. At the same time, it cannot be regarded as unfit for human habitation and repair and care could restore it considerably. There is, of course, no limit to the housing problem, since all after a varying period, depending upon their original quality, become unfit and suitable only for demolition.

§ 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	28.85	52	20	4.39	.77	30	20
February	30.65	28.75	59	16	2.29	.38	24	17
March ...	30.20	29.00	57	31	2.14	.48	30	15
April ...	30.25	29.15	72	29	.86	.19	9	15
May ...	30.30	29.40	78	40	1.65	.95	12	6
June ...	30.15	29.20	87	43	.42	.10	17 & 18	9
July ...	30.00	29.05	75	43	4.38	1.20	10	19
August...	30.00	29.45	75	41	2.59	.75	24	18
September	30.30	29.30	76	42	2.62	.49	16	16
October	29.95	29.10	66	37	5.98	.86	19	26
November	29.95	28.40	54	31	2.94	.36	26	20
December	29.95	28.60	50	25	2.37	.63	3	21
Totals ...	—	—	—	—	32.63	—	—	202
Averages	—	—	—	—	2.72	—	—	17

Atmospheric Pollution

Regular meetings of the Tees-side Clean Air Committee of Local Authorities have taken place at different venues within the area, and much practical benefit has been derived from discussions of the numerous problems associated with air pollution.

The Technical Sub-Committee, of which your Chief Public Health Inspector is a member, furnished a report showing that 16 authorities on Tees-side are co-operating in collating information in connection with deposits in the area, and for that purpose 59 gauges and 18 lead peroxide instruments are in use.

Although we consider Darlington a clean town, this Department is not complacent, and visits have been made during the year to most of the industrial premises in the town in an effort to assist and advise on the management of boilers.

Major improvements to plant have been made in 6 cases and your Chief Public Health Inspector is looking forward to the time when the Alkali Inspectorate can find the solution to the problem in connection with certain iron and steel processes.

It is pleasing to report that results of the Deposit Gauges in Darlington still compare very favourably with any other authorities on Tees-side.

The average deposit in tons per square mile per month is as follows :—

		<i>Tees-side Area</i>	<i>Darlington County Borough</i>
Industrial ...	...	50.60	13.86
Semi-Industrial ...	...	24.83	9.99
Residential ...	...	14.36	8.80
		<i>Ferric Oxide</i>	
Industrial ...	...	7.70	1.38
Semi-Industrial ...	...	3.26	0.67
Residential ...	...	2.04	0.49

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 ...	7.62	9.72	12.34	8.48	9.54
February ...	6.28	13.71	11.31	9.48	10.19
March ...	10.17	11.98	12.54	17.76	13.11
April ...	4.86	5.29	11.76	6.93	7.21
May ...	10.61	12.61	16.21	14.43	13.46
June ...	5.12	7.41	17.02	7.12	9.15
July ...	5.84	9.80	15.61	8.29	9.88
August ...	5.54	7.79	12.56	11.42	9.33
September ...	5.25	8.37	12.55	8.84	8.75
October ...	9.93	12.83	13.64	10.95	11.84
November ...	5.45	9.90	13.67	14.75	10.94
December ...	7.30	10.44	17.18	8.91	10.96
Monthly Average	7.00	9.99	13.86	10.61	10.36

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	11	11	7	5	17	26	10	8	3	2

§ 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 Deputy and 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	5	1	...	...	1	1	6	2	8
Civil Defence	1	...	...	...	...	2	1	2	3
Education	4	2	...	18	52	94	56	114	170
Fire	1	...	...	...	4	...	5	...	5
Health	...	10	...	3	...	...	...	13	13
Library and Museum ...	...	1	...	...	...	7	...	8	8
Markets	1	...	...	...	...	...	1	...	1
Parks, Cemeteries and Baths	2	...	13	...	10	...	25	...	25
District Nurses	...	3	...	3	...	...	...	6	6
Surveyor's (incl. Water)	30	3	72	1	35	1	137	5	142
Town Clerk's	...	...	...	...	1	...	1	...	1
Treasurer's	...	...	...	...	7	4	7	4	11
Transport	22	7	...	3	7	4	29	14	43
Weights & Measures ...	...	...	...	...	...	...	...	...	...
Welfare (incl. East Haven Hos.)	2	8	2	22	...	4	4	34	38
Others	...	1	...	...	...	...	...	1	1
TOTALS ...	68	36	87	50	117	117	272	203	475

§ 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 159 occasions and on tap water from different areas of the town on 59 occasions.

Details of the total water consumption per year since 1951 are given below. The water consumption, excluding the amount supplied to the Tees Valley and Cleveland Water Board, increased by 63,394,000 gallons due to an increase in consumption by both domestic and industrial users. A bulk supply of 16,046,000 gallons of treated water was delivered into the mains of the Tees Valley and Cleveland Water Board during the period 28th May to 23rd June, 1960.

Year ending 31st December					Gallons Pumped
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
1960	...	...	...	...	2,039,230,000

There is no statutory limit to the Corporation's powers of abstraction from the River Tees and, although the Tees Valley and Cleveland Water Act, 1959, empowered the Tees Valley and Cleveland Water Board to construct additional works at Broken Scar to increase their take of water up to 40 M.G.D., the Corporation's rights are protected. The Tees Valley and Cleveland Water Board completed a new 3,000 million gallon reservoir at Selset in 1960 and are to commence construction of a further 4,000 million gallon reservoir at Balderhead in 1961, all designed to conserve water in the gathering grounds of the River Tees for the use of the rapidly expanding industry on Tees-side.

Darlington's supply is pumped, after treatment, direct to the town and to a 7 million gallon service reservoir at Harrowgate Hill.

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 dwellinghouses within the Borough is 27,347. 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 83,660, 88 are served by stand pipes.

Rivers and Streams—A scheme has now been prepared for culverting the watercourse between Valley Buildings and Valley Street Motor Buildings.

Sewerage and Sewage Disposal—Work is now in progress on the construction of the Cocker Beck Valley Sewer from the main outfall sewer near Leadenhall Street to Cockerton, the contract amount being £114,532. 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 for stage 1.B. of the extensions amounting to £43,250 is now under construction and this will complete the modernisation of the preliminary treatment. A scheme for the final stage of the work is now being prepared in detail.

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 and warm bath suites :—

The Gladstone Pool—100 ft. x 40 ft. ($3\frac{1}{2}$ ft. to $7\frac{1}{2}$ ft. depth), capacity 140,000 gallons. Cubicles and clothes lockers provide dressing accommodation for 250 persons each session. Pool fittings include graduated 3 meter diving stage. This pool opens for bathing between April and September each year and, during the 1960 summer a total of 116,864 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 gallons fitted with 78 dressing cubicles. The overall shallowness of this pool provides ideal facilities for swimming teaching, and is largely used by the Education Committee for organised schools classes who attend throughout the year. Total admissions for 1960/61 were 206,596.

Warm Baths—Ladies' and Gent's suites, 14 cubicles in all, and 13,245 persons used these during the past year. With the building of new housing estates and the modernisation of old housing, all possessing integral warm bath facilities, the demand for use of the public baths has fallen steadily for a number of years, but a useful service is still provided.

Altogether, during the full year 1960/61 a total of 336,705 persons enjoyed one or the other of the department's bathing facilities.

Organised Swimming

Free tuition classes—organised by the department for children between the ages of 6 and 11 years is most successful. During the year approximately 6,000 lessons were given, and 376 Corporation certificates awarded to children successfully swimming unaided 48 ft., the width of the Kendrew Bath. Since the commencement of the scheme over 3,000 children have qualified as competent swimmers.

Poliomyelitis rehabilitation—A total of 16 patients registered during the year and collectively made 392 attendances. All patients are now swimming to some degree. A number of patients are also making use of the public swimming sessions.

Adult classes—A new venture sponsored by the Central Council for Physical Recreation successfully filled a long neglected need for teaching adult non-swimmers, and 90% of those participating are now swimming within limits.

Darlington Schools—The demand for swimming facilities by the schools continues to increase year by year, and the total 89,894 children attendances registered during the year strained the time table allocations to capacity limits.

Pool Water Purification

To attain and maintain Ministry of Health recommended standards of bacteriological safety, the water of both pools is continuously circulated with a 3-hour 'turnover' through a battery of pressure and sand filters. Treated by the 'Breakpoint' technique of water sterilisation results in the provision at all times of a sterile water comparable to that of drinking water and of a crystal clear blue colour. The water is heated to a minimum of 78° F. before returning to the swimming pools. In maintaining the safe and comfortable conditions demanded over 12,000 pools water tests were taken during the year for temperature, pH and total alkaline values, and for free chlorine residuals. Additional to this a total of 76 samples, sent to the Public Health Laboratory, Northallerton for bacteriological examination, were certified by Dr. Payne to be pathogenically safe and the equal of Ministry of Health requirements.

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 1960.

On the whole, I regard it as a satisfactory year and as will be seen from the ensuing statistics and commentary, it has been possible to devote some attention to every aspect of the duties for which we are responsible, despite the perennial staffing problems which beset the Department. The inevitable resignations again reduced the establishment of inspectors to below pre-war strength, and unfortunately this occurred during a period when the resources of the Department were strained in coping with extra work at the Abattoir occasioned by the prolonged epidemic of swine fever.

In the field of slum clearance, the annual total of houses represented as unfit surpassed all previous years, and included the largest area in the Council's proposals, generally referred to as the King Street area. I would have felt happier had the Council been in possession of the relatively few dwellings in the area which will escape demolition, as this undoubtedly would have resulted in a scheme for their improvement co-ordinated with the general redevelopment of the area.

My report indicates that satisfactory progress has been made in slaughterhouse hygiene, and it is anticipated that all slaughterhouses will comply with the construction regulations before the appointed day which the Minister has fixed as 1st January, 1962.

Once more, I pay tribute to the loyal members of my staff who have carried out their duties conscientiously, often under adverse conditions. I include in these conditions the unsatisfactory office accommodation, and I express the earnest wish that more suitable offices may soon become available which will reflect greater credit on our employers than can be claimed for the present abode.

I also place on record my thanks to the Chairman and Members of the Health Committee and to the Medical Officer of Health for their understanding and support which have so generously been afforded me 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	...	...	...	...	781
Slum Clearance	...	...	...	...	224
Re-Inspections	...	...	...	...	1,400
Dirty and Verminous Premises	...	...	...	...	82
Overcrowding and re-housing investigations	...	...	...	...	41
Living Vans	...	...	...	...	409
Common Lodging Houses	...	...	...	...	13
Inspections re nuisances (other than dwellings)...	...	...	...	...	531
Interviews with owners, builders, etc.	...	...	...	...	1,301
Total	...	...	...	...	4,782

Food Inspections

Abattoir	...	...	...	...	745
Private Slaughterhouses	...	...	...	...	827
Markets	...	...	...	...	153
Registered Food Premises	...	...	...	...	123
Food Shops (General Dealers), etc.	...	...	...	...	253
Unsound Food	...	...	...	...	258
Restaurant Kitchens	...	...	...	...	65
Works Canteens	...	...	...	...	12
Snack Bars and Canteens	...	...	...	...	34
Bakehouses	...	...	...	...	88
Fish Friers	...	...	...	...	35
Ice Cream Manufacturers	...	...	...	...	35
Ice Cream Vendors	...	...	...	...	110
Dairies and Milk Shops	...	...	...	...	113
Licensed Premises	...	...	...	...	5
Samplings	...	...	...	...	86
Total	...	...	...	...	2,942

Sundry Inspections

Rat Infestation	...	...	...	...	1,101
Infectious Diseases and Contacts	...	...	...	...	98
Factories, Outworkers and Workshops	...	...	...	...	92
Pharmacy and Poisons Act	...	...	...	...	24
Stables and Piggeries	...	...	...	...	18
Offensive Trades	...	...	...	...	17
Smoke Abatement	...	...	...	...	127
Disinfections and Disinfestations	...	...	...	...	409
Pet Animals	...	...	...	...	15
Miscellaneous Inspections	...	...	...	...	16
Ineffective Visits	...	...	...	...	475
Total	...	...	...	...	2,392

Total Inspections

Housing Conditions	...	...	...	...	4,782
Food	...	...	...	...	2,942
Sundry	...	...	...	...	2,392
Total					10,116

Nuisances and Complaints

565 complaints were received and investigated during the year, as compared with 597 during 1959. As usual, the majority of complaints refer to housing defects, and one may reasonably expect a progressive reduction in such complaints as a consequence of the demolition of obsolescent dwellings in clearance areas.

It is known that landlords of some houses have refrained from increasing their rents rather than carry out extensive repairs, and it is believed that some of their tenants are reluctant to complain lest this state of affairs be altered.

Nuisance arising from chemical works dust has been reduced to a minimum, the firm concerned having adopted the best practicable measures to control such emissions. Complaints have been very infrequent, and it must be accepted that dust which lies within the area of the works because of the nature of the work carried on there is at all times likely to be dispersed by changeable winds.

§ 2. LIVING ACCOMMODATION

Repairs	Informal Action	Number of Houses
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	...	106
(2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied	...	66
Action under Statutory Powers		
(a) <i>Proceedings under Section 9, Housing Act, 1957 :</i>		
(1) Number of dwelling houses in respect of which notices were served requiring repairs	...	19
(2) Number of dwelling houses rendered fit after service of formal notices :		
(a) By Owners	...	30
(b) By Local Authority in default of owners	...	2
(b) <i>Proceedings under the Public Health Acts :</i>		
(1) Number of dwelling houses in which defects were remedied after service of formal notices :		
(a) By Owners	...	26
(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	...	28
(3) Total number of defects remedied as a result of informal and formal action	...	869

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	—	—
(b) Closing Orders made under Sections 17(1) and 18(1)	16	59

RENT ACT, 1957

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

(a) For Certificates of Disrepair	25
(b) Certificates refused or withdrawn	1
(c) Undertakings received	18
(d) Certificates issued	8

These figures will indicate either that few tenants now take advantage of the provisions of the Act, or that the landlord and tenant relationship is much improved.

I wish it could be taken that all serious disrepair had been dealt with, but any survey of old property always brings to light a list of dilapidations which could and should have been dealt with since the Act came into operation.

Clearance Areas

During the year, official representations were made in respect of the following areas, and Compulsory Purchase Orders were submitted for confirmation by the Minister of Housing and Local Government.

Area	Number of Properties
Albion Street	66
Commercial Street	57
King Street No. 1	30
King Street No. 2	16
Archer Street	76
Cricket Field Row	19
	264

The Minister confirmed the Four Riggs No. 1 Compulsory Purchase Order (12 houses), this area having been represented in 1959.

All houses included in Alms House Yard, Green Street, John Street and Park Place Clearance Areas were demolished, as well as the remaining 28 Corporation owned houses on the R.O.F. estate and 5 houses in the Luck's Square area for which Certificates of unfitness had been issued by the Medical Officer of Health.

Future Policy

It was reported last year that a good deal of sub-standard property still existed outside the current programme of clearance areas, but the number of such properties which could justly be condemned was small. Nevertheless, as demolition work proceeds in the clearance areas, one is inclined to alter one's views on many of the old properties which are left, and to realise that continually improving standards are forcing us to broaden our conception of slums. In several border-line areas, it would be difficult indeed to forecast a 15 years' life to enable the houses to qualify for improvement grants. A single improved house or even a small block in the midst of a street of hopelessly outmoded houses does not necessarily guarantee a 15-year life for all, and it is in such areas that the decision of what to do for the best becomes a problem.

Housing Act, 1949

120 visits were made by the Public Health Inspectors to houses in respect of which applications for grants had been received.

One of the conditions for the payment of discretionary improvement grants is that the houses after improvement shall be in good repair and substantially free from damp, and it is our particular concern to recommend to the Borough Architect the extent of work necessary to fulfil this condition. At the same time, where an inspection of the dwelling has revealed that an applicant's proposal is open to criticism, the appropriate observations are made for the information of the Borough Architect.

One of the frequent points of criticism applies to two-bedroomed houses when it is proposed to sacrifice a substantial area of a bedroom to form a bathroom, thereby reducing the size of such bedroom to little more than a boxroom.

Criticism is also made when an applicant's house is found on inspection to contain already the amenities of modern housing, and where it is suspected that the principal benefit would be the installation of contemporary fittings.

One might also feel disposed to criticise the seemingly inadequate foodstores which are provided, were it not for the knowledge that so many properly constructed foodstores are never used for the purpose for which they were intended.

Noise Abatement Act, 1960

This Act, which came into operation in November, declares nuisance arising from noise or vibration to be a statutory nuisance, and makes provisions for the abatement of such nuisance.

Caravan Sites and Control of Development Act, 1960

This Act, which came into operation on 29th August, 1960, introduces a new licensing system for caravan sites, and confers on local authorities effective powers for controlling them. When drawing up conditions to attach to site licences, the Act requires that local authorities shall have regard to Model Standards which have been specified by the Minister concerning the layout of and the provision of facilities, services and equipment for sites.

It is obviously desirable that such sites as are provided by the Council should conform to the Model Standards, and in themselves be model examples of caravan sites. In due course, therefore, it may be necessary for recommendations to be made for site improvements.

Casual caravanners may not park for more than two nights on unlicensed land, and such land may not be so used for more than 28 days in one year.

11 applications for site licences were received, and 6 of these were refused by the Development Committee.

It should be pointed out that planning permission is the first essential, the granting of which automatically entitles an applicant to a site licence. He must, however, be prepared to comply with the more stringent conditions, and the operator of one small site already has intimated his intention of closing his site rather than face the expense involved. It is believed that this may happen in the case of others.

The year brought its usual problem of caravan parking on unauthorised sites, notably in Park Street and Pendleton Road, and further consideration was given to my suggestion for the erection of concrete bollards to prevent access to these sites.

Insect Pests and Disinfestation

Wasps were particularly troublesome during the summer months, and the Department received a considerable number of calls for assistance in the destruction of wasps' nests.

The services of the disinfestation officer were made available to the public at a reasonable charge, and he successfully dealt with their complaints. The method used against wasps was simply a liquid spray of BHC in kerosene base followed by a liberal application of BHC powder around the entrance to the nest.

Treatment against Pharoah's Ants was successfully concluded in two public buildings. Early reports of any recurrence of trouble have been advised to enable us to deal speedily with the trouble before it becomes widespread.

331 premises were treated with insecticides during the year. This number was made up largely by Corporation houses which were sprayed at the request of the Borough Treasurer. Spraying is done as a routine measure before re-occupation of a vacated Corporation house.

§ 3. FOOD HYGIENE

I have nothing of unusual interest to report under this heading as no special activity has taken place beyond normal routine inspections.

Inspection of premises in general has revealed a satisfactory state of affairs, but minor offences are so frequently brought to light during the course of these inspections that one is left to ponder on the merits of the long established practice of informal action by way of advice, cautions or letters as opposed to the commencement of legal proceedings.

The old teaching that a good inspector need never resort to legal proceedings may be quite sound in circumstances where his range of duties is limited or his field of inspection is small, but otherwise it may be argued that exemplary action should be taken in the case of all offences which are observed as an effective deterrent measure against unseen offenders.

The Food Hygiene (General) Regulations, 1960, came into operation on 1st November, 1960. These amended and consolidated the earlier regulations of 1955 to 1957.

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.) ...	534	253
Markets	2	153
Catering Establishments	59	99
Works Canteens	29	12
Bakehouses	43	88
Fish Friers	52	35
Licensed Victuallers	63	5
Registered Food Premises	61	123
(For the manufacture of potted, pressed pickled or preserved food)		
Ice Cream Manufacturers	8	35
Vendors of pre-packed Ice Cream	316	110
Vendors of unwrapped Ice Cream	43	
Dairies other than dairy farms	3	
Milk Distribution premises (ready bottled milk)	164	113

§ 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)	163
	(b) Producer/retailer (inside Borough)	1
	(c) Residing outside, but retailing inside the Borough	6

The Milk (Special Designation) Regulations, 1960

The above Regulations came into operation on the 1st October, 1960. They replaced and consolidated with amendments milk regulations in force since 1949, and simplified the procedure for the issue of milk licences.

In pursuance of these 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	...	...	...	...	63	55	125

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	31 31	0 0
T.T. Pasteurised	Methylene Blue Phosphatase	28 28	0 0
Tuberculin Tested	Methylene Blue	14	2
Sterilised	Turbidity	2	0
TOTAL		134	2

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

A check was made on the bottle washing plant at one of the large dairies in the town and samples were taken which were reported to be unsatisfactory. Investigations were made and advice given, and further samples revealed great improvement.

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	14	0
Tuberculin Tested	Brucella Abortus	14	1

In connection with the unsatisfactory sample, investigations were made at the farm and advice given. Further samples taken were reported to be satisfactory.

§ 5. FOOD AND DRUGS ACT, 1938 to 1955

43 samples of various foods and drugs were taken for chemical analysis. All the samples were reported to be satisfactory with the exception of 1 sample of milk which showed on analysis a very small percentage of extraneous water. Investigations were made at the place of production and advice given.

8 samples of dessicated coconut were taken and submitted for bacteriological examination. All the samples were reported to be satisfactory.

Ice Cream—Production and Distribution

Registered premises or persons are as follows :—

Manufacturers (Hot mix) ...	...	...	6
Manufacturers (Cold mix) ...	...	...	2
Vendors (Pre-packed) ...	...	...	316
Vendors (Unwrapped) ...	...	...	43

5 Samples of ice cream were taken during the year and submitted for bacteriological examination. Two of the samples were reported to be unsatisfactory. Visits were made to the places of manufacture and advice given.

It is regrettable that the small manufacturer cannot be relied upon to produce 100% Grade 1 results. This is not due to lack of advice from Inspectors nor any unwillingness on the part of the manufacturers to co-operate. Their manufacture of small batches is regulated by weather conditions and when one recalls the unsettled conditions of the summer of 1960, it will be accepted that such conditions were not conducive to a well-ordered routine of manufacture.

§ 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 1960

	Cattle	Calves	Sheep	Pigs	Total
Abattoir	9,729	1,869	27,246	15,262	54,106
Private Slaughterhouses ...	2,479	48	7,305	4,273	14,105
TOTAL ...	12,208	1,917	34,551	19,535	68,211

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

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	9,173	3,035	1,917	34,551	19,535	—
Number inspected	9,173	3,035	1,917	34,551	19,535	—
All diseases except Tuberculosis and Cysterci.						
Whole carcases condemned ...	19	47	22	105	221	—
Carcases of which some part or organ was condemned ...	326	728	16	465	1,855	—
Percentage of the number inspected affected with disease other than tuberculosis or cysterci	3.76	25.53	1.98	1.65	10.63	—
Tuberculosis only.						
Whole carcases condemned ...	3	9	—	—	1	—
Carcases of which some part or organ was condemned ...	57	191	7	—	88	—
Percentage of the number inspected affected with Tuberculosis	0.65	6.59	0.36	—	0.45	—
Cysticercosis.						
Carcases of which some part or organ was condemned ...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Slaughterhouses Act, 1958

The Council's report on slaughterhouses was accepted by the Minister of Agriculture, Fisheries and Food, and 1st January, 1962, was appointed as the day from which all slaughterhouses in the Council's district must comply with the construction regulations.

The six private slaughterhouses in the town already comply with most of the regulations, and I am confident that the relatively minor items of work required to enable them to comply in full will be completed before the appointed day.

With regard to the public abattoir, a joint report of your Chief Public Health Inspector and the Markets Manager was submitted to the Markets and Health Committees, and the recommendations contained in the report for alterations and improvements were approved and adopted. Of the several improvements suggested, perhaps the most pressing is the need for increased lairage accommodation.

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 46 tons 17 cwt. 2 stones 13 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 16 tons 4 cwt. 5 stones 7 lbs. were also found to be unfit for human consumption.

Disposal of Condemned Food

The Meat (Staining and Sterilisation) Regulations, 1960, came into operation as from 1st November, 1960. Briefly, the Regulations require that diseased meat condemned at slaughterhouses shall be sterilised at the slaughterhouses before sale, or alternatively, that it shall await collection by a processor who must transport it in special containers or vehicles.

Condemned meat and offal from the abattoir is collected by a processor specialising in the manufacture of technical oils and fats. The meat is transported in special vehicles equipped with lockable containers to receive the carcasses, and as an additional precaution the latter are slashed and stained green.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the abattoir for collection as above, except in case of the largest private slaughterhouses where a direct collection is made by the processor.

All other condemned food is disposed of as before.

Cysticercus Bovis

A nil return has been given in the table because no account has been taken of a number of inactive cases, estimated in the region of 30, which have not resulted in the condemnation of an organ. In none of these cases has it been possible to find more evidence than a single completely degenerated cyst.

Swine Fever

Serious and widespread outbreaks of swine fever created a considerable influx of work and responsibility for the meat inspectors, and it was necessary for them to work many hours of unpaid overtime to cope with the situation. Indeed, it was necessary at one time to seek assistance from neighbouring authorities, and I am happy to pay tribute to those colleagues who responded to the call.

Credit is due in no small measure to the meat inspectors whose diligence and prompt reports led to the tracing of numerous outbreaks of swine fever on producers' premises.

Experimental Work

In October, 1960, the Public Health Laboratory Service invited us to assist in a research experiment, the purpose of which was to ascertain whether the incidence of salmonella organisms in animal specimens collected from the public abattoir could be linked with human salmonella caused by similar strains of the organism.

Accordingly, the meat inspectors volunteered to collect a weekly batch of specimens for examination at the laboratory, these to include samples of sausage meat from butchers' premises as it was suspected that sausage would be the most probable link between animal and human infection.

The task of collecting 46 specimens per week has been quite considerable, and I hope next year to report a worthwhile result at the conclusion of this interesting research.

§ 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.

§ 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 disinfestation of private dwellings.

Sewer Maintenance Treatment

Two Sewer maintenance treatments, have been carried out, the first during the period 25th April to 14th May, 1960, and the second from 19th September to 22nd October, 1960.

	1st	2nd
Total number of manholes in foul and connected systems	1535	1535
Manholes baited	280	310
Manholes showing pre-bait take	106	137
Manholes showing complete pre-bait take (one or both days)	—	—
Schemes of baiting used	1st, 3rd, 6th, 10th	
Manholes test-baited	166	204

General :

Premises dealt with	...	...	...	...	362
Visits made	...	...	...	...	866
Bodies seen—rats	...	...	...	...	1,272
—mice	...	...	...	...	335
Estimated number of rats killed (assessed Ministry of Food formula)	...	...	...	...	3,185
Estimated number of mice killed (assessed 1/5th oz. per mouse)	...	...	...	...	865

§ 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	32	22	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	306	58	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	12	—	—
TOTAL ...	353	92	—	—

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)	—	1	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature(S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	2	—	2	—
(b) Unsuitable or defective	2	1	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	3	4	—	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	—	—	—	—	—

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

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

Common Lodging House

There is one Common Lodging House on the register with accommodation for 98 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 Act Inspector whereby the latter notifies me of any apparent contraventions of the section which come to his notice during the course of his inspections.

Pet Animals Act, 1961

During the year, licences were issued in respect of 1 shop and 4 market stalls.

15 inspections were made to ensure that the conditions attached to the licences were being observed.

Merchandise Marks Acts

These Acts are intended for the protection of home-produced goods rather than as a public health measure. Insofar as foodstuffs are concerned, the positive differentiation between imported and home produce presents the most frequent difficulty in administration. Advice on correct marking is given during routine visits to foodshops.

Rag Flock Act, 1961

There are no premises in the County Borough required to be registered under the provisions of this Act.

County Board of Education

ANNUAL REPORT

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALSH, M.D., M.P.H., M.A.

For the Year Ending June 30, 1911

MINUTES OF THE BOARD OF DIRECTORS

January 1, 1900

The Board of Directors of the [Company Name] met on January 1, 1900, at [Location]. The meeting was called to order by the President, [Name].

Minutes of the previous meeting were read and approved.

The following report was presented by the [Department Name]: [Text of report]

The Board discussed the report and the following resolutions were adopted:

Resolved, That [Text of resolution]

Resolved, That [Text of resolution]

Resolved, That [Text of resolution]

Adjourned until [Date]

The meeting adjourned at [Time] o'clock.

Attest: [Signature]

[Signature]

Witness my hand and seal this [Date]

[Signature]

[Signature]

Attest: [Signature]

[Signature]

[Signature]

Attest: [Signature]

[Signature]



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, 1960

ANNUAL REPORT, 1960

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 1960.

The general health of the school population remained satisfactory and among those children submitting to routine medical inspection 99.7% were placed in this category.

Once again it is an unfortunate duty to call attention to five deaths among children of school age. Although this figure is a matter for sorrow it is nevertheless very small having regard to the total school population and may represent a minimum below which, having regard to the inevitable hazards of life, it is impossible to reach.

In my introductory letter to my Annual Report for 1959 I drew attention to the decline in the number of minor ailments and this may well be a point of departure for some fresh considerations. Theoretically, now that there is a National Health Service for all members of the population, special school health services to provide for the treatment of any kind of illness, however minor, should be unnecessary. On the other hand, patronage of the Minor Ailments Clinic continues and I have little doubt that if amenities for such treatment were more convenient they would be fully taken up. The answer would seem to be the establishment of centres for School Health Services in the outer suburbs of the town, which continues to extend in area even though its population remains more or less stationary.

As you will appreciate it is quite a task for a child to come to the central clinic from Firth Moor, Harrowgate Hill or the remoter parts of Cockerton, perhaps to have no more treatment than for a sprain or abrasion or for warts on the soles of his feet. On the other hand, if he does not make the journey he is likely not to receive treatment because he will not bother to go to his National Health Service practitioner. Fortunately you have foreseen the need to meet this situation and the new schools when they are built at Skerne Park and Branksome will include rooms for the provision of a Minor Ailment Clinic as also for other School Health Services. This is a better project than the peripheral foundation of a number of 'old style' health centres since the over-all costs involved are so very much less and problems of separate care-taking and cleaning do not arise.

By the end of the year consideration was underway of making available facilities for the treatment of minor ailments at Alderman Leach School where already a medical room is available. Medical rooms are of course provided in most modern schools but as they have been only infrequently used for

their proper purpose, they have been absorbed for other purposes. The regular use of such a room for minor ailments will maintain it and keep it earmarked for its designation.

While these plans clearly mark an advance in the School Health Service they bring very clearly to light a deficit which, though unpopular, ought to be faced. Increased amenities mean a larger staff. Fortunately the Finance Committee has authorised an increase over the next three years of School Health Visitors at the rate of one a year with permission to review for the possibility of a continued expansion of establishment at the end of that period. There is also a need to increase your medical man power. In this connection I must point out that we are in constant danger of falling behind on our minimum schedule of routine medical inspections in the schools. Nothing like enough time is available to give to senior pupils in the Grammar Schools and the senior non-provided schools have no routine medical inspection facilities at all. Also at the other end of school life the Nursery Schools are not being inspected as often as their Governors would prefer. Thus if you are to keep pace with the basic needs of the service as at present organised you ought to employ another Medical Officer for at least 6/11ths of his/her time. This, however, is not the only cause of complaint. For a long time the Ministry of Education has encouraged Local Education Authorities to consider alternative means of inspection of school children since the pattern of routine medical inspection, though excellent in the presence of a school population afflicted with numerous quickly diagnosed defects such as was the case in early days, is not appropriate to present conditions where general standards of physical health (except in respect of the teeth) are high and where the need is to concentrate upon those who in various ways and for various reasons are failing to make the grade. The ideal would be for your School Medical Officers to make particular Schools their concern and to engage frequently in case conferences with parents and head teachers, the family doctors being also in the picture as fully as was necessary, to keep a general eye on the pupils at large and to pay particular attention to those who were falling behind in work, physical development or social adjustment. At first sight it might seem that such a scheme would obviate the necessity of frequent inspections and therefore be a saving in medical man hours. Unfortunately the very reverse is the case and to be done properly such a project would require not less but more doctors than at present.

While I am not about to try to urge you to make a change to this pattern straight away, as and when opportunity may offer I do propose that one school should be submitted to the changed technique so that, over a year or two, you may see how it works. I cannot do this however until you give me more medical man hours.

I regard this matter as even more important than the continuing decrepit state of the School Health Department. Thanks to the heroic efforts of the Borough Architect and his staff the building no longer leaks like a sieve and may with luck remain habitable until the new Municipal Offices are ready.

I have the honour to remain, Ladies and Gentlemen,

Your obedient Servant,

JOSEPH V. WALKER.

MEMBERS OF THE EDUCATION COMMITTEE

Coun. J. W. Stokoe (Chairman).

Coun. A. Brown (Vice-Chairman).

Ald. H. P. Bell, M.B.E., J.P.

Ald. A. J. Best, O.B.E., J.P.

Ald. N. R. Barker.

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

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

Coun. The Rev. M. A. Beaton.

Coun. H. Hannah.

Coun. F. Thompson.

Coun. J. W. Skinner.

Coun. O. O'Brien.

Coun. T. Donnelly.

Ald. H. Buckborough (till April, 1960). Miss O. M. Stanton, M.A.

Coun. J. L. Shaw (till April, 1960).

Coun. J. E. Angus, J.P. (till April, 1960).

Coun. Mrs. G. W. Raine (till April, 1960).

Coun. J. Dauber (from May, 1960)

Coun. P. G. Laughton (from May, 1960).

Coun. G. W. Welford, J.P. (from May, 1960).

Coun. Mrs. M. Wilkinson (from May, 1960).

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, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer

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. (part-time).

J. McClement, M.B., Ch.B., D.O.M.S. (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 (part-time).

Teacher of the Deaf

Miss T. Sproates.

Speech Therapist

Mrs. B. Strong (Resigned 31.5.60).

Physiotherapists

Mrs. M. W. Walker (part-time) (Resigned 7.10.60).

Mrs. D. E. Parkin (part-time) (from 6.12.60).

Superintendent School Health Visitor

Miss E. Winch.

School Health Visitors

Mrs. E. Allan.

Miss D. Smith.

Mrs. D. Barry.

Miss E. Jackson.

Miss M. D. Baldwin.

Mrs. C. H. Ellis (from 3.10.60).

School Nurse

Miss D. M. Goodinson.

Assistant School Health Visitors

Mrs. A. Elliott (Resigned 31.1.60).

Miss M. Holbrough (Resigned
31.1.60).

Miss V. Maher (from 1.2.60 till
31.7.60).

Miss M. Mossman (from 1.7.60 till
11.9.60).

Mrs. B. Pinkney (from 1.2.60).

Clerks

Miss A. C. Smith (Senior Clerk).

Mrs. P. Prest.

Miss M. Langhorne.

Miss M. Stobart.

Miss M. Allen.

GENERAL INFORMATION

School Population

Nursery Schools and Classes	...	...	...	...	365
Primary	...	...	...	...	7,339
Secondary	...	...	...	...	5,771
Special	...	...	...	...	149
Total					13,624

SCHOOL CLINIC

The Minor Ailments Clinic

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

The total number of attendances for treatment was 3,261.

Attendances during the past five years

1960	—	3,261
1959	—	2,055
1958	—	4,235
1957	—	4,316
1956	—	3,583

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>
1960	...	209	18	58	287
1959	...	42	25	55	439
1958	...	74	40	58	645
1957	...	70	36	64	628
1956	...	54	39	55	620

The increase in 1960 was due largely to an increase in the incidence of verruca.

For the first time no case of ringworm presented for treatment.

Special Examinations

A considerable number of children attend to see the Medical Officer either at the request of parents or school teachers. Many of these have minor physical disorders but the majority have problems of a more psychological nature. For various reasons they are falling behind their fellows in school for reasons which are not at all obvious and are not always elicited at the routine examinations. Frequently these troubles can be sorted out and many resolved by the School Medical Officer given sufficient time. Physical disorders requiring treatment are referred to the family doctor, others may be referred to the Child Guidance Clinic or transfer to a special school arranged.

Medical Examinations of College Entrants, Teachers and other Employees of the Education Department

170 individuals were examined and in addition 317 children were examined and certified fit to take up part-time employment or to take part in entertainment.

SPECIAL SCHOOLS**Salters Lane Open Air School**

At the end of the year, 90 children were attending. Of these 60 were classed as delicate, 29 as physically handicapped and one partially sighted.

Amongst the delicate children a number of the younger ones are also mentally retarded as these handicaps so frequently are associated. These children are too immature for the primary school and too young for Barnard School but often too big and active for a Nursery Class. They need education on Nursery School lines with a considerable amount of individual attention. They are dealt with admirably at present but can be a disturbing factor in the normal class. A Special Class for these children would be of tremendous value where both their physical and psychological needs could be given proper attention. Such a group would be invaluable as a means of determining their future requirements after giving them the fullest opportunity to develop their potentialities.

At this school a Physiotherapist is in attendance for two sessions a week and a trained Nurse each morning to deal with treatment both for minor ailments and other physical disorders from which the children suffer.

Ultra-violet light is available but is now rarely used—only one child has required it this year and this at the request of the family doctor.

Barnard School for Educationally Subnormal Pupils

At the end of the year, 52 children were in attendance. During the year, there were 10 new admissions, 10 left on attaining 16 years of age, one was transferred to a residential school, 3 left the town and 4 were ascertained as being unsuitable for education at school.

A trained Nurse attends the school weekly to deal with minor medical problems but there are several children who are physically handicapped or delicate who would benefit from the same regime as is available at the Open Air School. It is unfortunate that the distance between these two schools makes co-operation for this purpose impossible.

Children who have minor ailments needing frequent treatment can usually attend at the School Clinic.

Handicapped Children attending Schools outside the County Borough

Blind and Partially Sighted—3 are in Residential Special Schools.

Deaf and Partially Deaf—6 are in Residential Special Schools and 4 travel daily to Middlesbrough School for the Deaf.

Delicate—3 are in Residential Special Schools.

Physically Handicapped—4 are in Residential Special Schools.

Educationally Subnormal—11 are in Residential Special Schools.

Maladjusted—6 are in Residential Homes.

Handicapped Children in Normal Schools

Many children suffering from chronic disabilities are able to attend normal schools. These included 8 epileptics and 46 with other physical disorders.

Home Tuition

During the year, 11 have had home tuition for varying periods of time. Their disabilities included convalescence following rheumatic fever, lack of mobility associated with orthopaedic procedures, one who was blind and some with multiple defects.

ILLNESS AMONGST SCHOOL CHILDREN

Infectious Diseases Amongst School Children

							<i>Cases</i>
Scarlet Fever ...	...	...	...	...	...	...	30
Whooping Cough ...	...	...	...	...	...	...	36
Measles ...	...	...	...	...	...	...	9
Dysentery ...	...	...	...	...	...	...	12
Infective Hepatitis ...	...	...	...	...	...	...	15
Acute Pneumonia ...	...	...	...	...	...	...	3

Following informal reports of a considerable number of cases of infective hepatitis application was made to the Ministry of Health to make this disease notifiable. This came into effect on 1st October; hence its inclusion in the above table. The value of this record is not yet obvious but it is quite clear that this is a disease which can be extremely serious and frequently is responsible for prolonged debility and absence from school.

Children Admitted to Hospital

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

Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids	137
Otitis Media	7
Treatment of other conditions	42

Diseases of the Eye

Operative correction of squint	20
Other conditions, including injuries	10

Acute Surgery

Appendicitis	65
Osteomyelitis	4
Other acute conditions	3

Non-Acute Surgery

Orthopaedic procedures	9
Hernia repairs	9
Dental operations	3
Circumcision	2
Other conditions	24

Various Medical Conditions

Leukaemia	1
Diabetes	2
Rheumatic Fever	5
Other conditions	47

Specific Infectious Diseases

Pneumonia	9
Infective Hepatitis	5
Dysentery	3
Chickenpox	1
Primary Tuberculosis	1
Jaundice	1
Glandular Fever	1
Rubella	1

Accidents

Burns and Scalds	6
Fractures and Dislocations	20
Other Injuries	36
Foreign Bodies	6

Skin Conditions	2
------------------------	---

The following Deaths occurred amongst School Children

Acute Leukaemia	...	...	...	...	...	1
Congenital Polycystic Kidneys	...	...	...	...	...	1
Muscular Dystrophy	...	...	...	...	...	1
Cystic Disease of Lungs	...	...	...	...	...	1
Bronchial Asthma	...	...	...	...	...	1

IMMUNISATION

During the year, 95 children completed a full course of immunisation against diphtheria and 350 were given re-inforcing injections. Efforts were made to arrange for children to complete their immunisation before entering school and appointments were offered for this at the Child Health Clinics during the few weeks preceding the fifth birthday.

B.C.G vaccination continued to be offered to thirteen-year-old children in the schools. Testing revealed that one-third of the children had a positive result. This indicates that in spite of all the efforts expended on the control of tuberculosis infection it had been acquired in a much larger number of children than has been found in other parts of the country. In order to trace the source of infection it has been suggested that testing should be carried out at an earlier age. Vaccination, however, is more valuable for the older children in order that they should have full protection when they leave school.

Vaccination against poliomyelitis continued to be available, but the majority of children are vaccinated in their pre-school years.

SCHOOL MEALS SERVICE

Of the 1,099,887 meals taken by school children, 85,872 were provided free. The average number distributed per day was 5,612.

2,190,465 bottles of milk were supplied.

Specimen Menu

Monday	Meat and Vegetable Casserole, Cabbage, Potatoes. Apple Tart and Custard.
Tuesday	Roast Beef, Yorkshire Pudding, Turnip, Potatoes. Baked Lemon Sponge Pudding and Custard.
Wednesday	Steak and Kidney Pie, Carrots, Potatoes. Fresh Fruit Salad and Custard.
Thursday	Boiled Ham, Salad, Roast Potatoes. Steamed Syrup Sponge and Custard.
Friday	Liver and Onions, Sprouts, Potatoes. Swiss Currant Tart and Custard.

SCHOOL HEALTH VISITOR'S REPORT

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

There were some changes in the Staff during the year but unfortunately there was no increase in the number of School Health Visitors. I should like to thank the Head Teachers of those schools who recognise the School Health Visitors as trained and experienced social workers who are able and also in a position to discuss with them any social problems relating to the children in their care.

From the report it will be seen that there is a reduction in the physical diseases of children but some work must be done in the promotion of mental health and in the prevention of maladjustment and delinquency. The London County Council found that in 87% of the cases of maladjustment the origin was traceable to the pre-school years and the Staff are well aware of the necessity of helping parents to understand their children and to help them to prevent the dangers associated with spoiling, over-protectiveness, repression, etc.

The School Health Visitors should have an expanding rôle in Health Education in our schools and I sincerely hope that this subject will be included in the general curriculum in some of our Secondary Modern Schools and that the School Health Visitors will be taking an active part in the programme. There appears to be an urgent need for the promotion of health especially in the Secondary Modern Schools since marriages appear to be taking place at an earlier age.

DENTAL REPORT

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

The routine work of the Clinic has again proceeded on normal lines. It is unnecessary, I think, to draw attention again to the increasing number of children found at School Inspection to require treatment, especially in the younger age groups.

The past year has again shown an increase in the number of children attending for treatment and in the number of attendances for treatment.

One pleasing feature, however, is the increase in the number of children who are attending regularly for Inspection and Treatment. This is encouraging to the Staff whose efforts to educate the children in the importance of Dental Hygiene and regular treatment are being rewarded. It is hoped to further increase these numbers each year.

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

OPHTHALMIC CLINIC

One session a week is conducted alternately by Mr. J. L. Wilkie and Mr. J. McClemon who report that no special mention is necessary with regard to the health of children's eyes.

In all there were 197 new attendances and 298 return visits.

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.

On 9th May, our consultant psychiatrist recommenced his weekly sessions at the Clinic after a long absence through illness.

A request from Mrs. Ruddock, our social worker, who has worked three-quarter time from 1st April, 1957, for a further reduction to half-time was agreed to and the new arrangement started on 1st July.

With effect from the 1st April, the post of clerk at the Clinic was re-designated that of shorthand-typist.

Miss Rutherford, our shorthand-typist was married in October and became resident in Stockton-on-Tees. Finding travelling arduous, she informed us at the end of the year that she would be resigning early in 1961 having found a new post nearer her home. Miss Rutherford (Mrs. Craine) came to the Clinic on 1st December, 1957 and it must be recorded that throughout the period with us she made a most useful contribution to the efficient working of the Clinic.

2. New Cases referred in 1960

TABLE I

Year Ending	New cases opened		
	Boys	Girls	Total
31.12.60	98	56	154
31.12.59	91	49	140

The number of Darlington cases referred to the Clinic during the year showed an increase over the 1959 total and was in fact the highest total recorded, the previous highest number being 152 in 1958.

3. Case Work

TABLE II

Year Ending	Number of interviews	
	with children	with parents
31.12.60	840	752
31.12.59	894	791

The number of interviews with children and parents are slightly less than in the previous year. The absence of our psychiatrist for just over four months through illness and the reduction of the social worker's hours from threequarter to half-time in the second half of the year are obviously factors influencing the number of interviews recorded. In addition, a deliberate policy has been introduced this year of spending a slightly longer time with each child attending for treatment which naturally reduces the visits made in a given period of time. This slight modification of procedure it is thought will increase the effectiveness of the treatment given.

Waiting List Situation

TABLE III

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Totals
31.12.60	14	14	8	36
31.12.59	10	9	2	21

During the past few years, it has been noted that the rate of referrals to the Clinic increases rapidly towards the end of the year so that on 31st December a sizeable waiting list has usually been accumulated. In this respect 1960 was no exception, the waiting list at the end of year being the largest we have yet experienced. This was due partly to a spate of referrals late in December and partly to the psychiatric time available per week being unable to cope with the demand made upon it.

4. Sources of Referrals during 1960 compared with 1959

TABLE IV

	1959	1960
Chief Education Officer	11	11
School Medical Officer	44	69
Headteachers	41	36
Speech Therapist	3	—
Teacher of the Deaf	2	1
Children's Officer's Department	2	—
Parents	19	24
Family Doctor	11	8
Youth Employment Officer	—	—
Residential Children's Homes	2	1
Consultant Physician	—	1
Juvenile Bench	5	2
Co-ordinating Committee	—	1
	140	154

5. Causes of Referral

The six headings under which the referrals in 1960 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.

(vi) Educational Difficulties

This category is comprised almost entirely of the cases referred because of poor educational progress and where the cause appears to be low intelligence, and where the educational retardation is sufficient to require a decision to be made with regard to special educational treatment.

Causes of Referral in 1960**TABLE V**

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational (vi)	Totals
Boys ...	14	18	27	3	—	36	98
Girls ...	9	7	17	1	—	22	56
Totals	23	25	44	4	—	58	154

In 1960, 33 of the 58 cases in the Educational category dealt with the type of education appropriate for the children concerned. Of these 33 children, 15 were transferred to Barnard School, 2 were admitted to residential special schools, 3 remained in the ordinary school and 12 were found to be incapable of being educated in school. The remaining referrals in this category were of a miscellaneous nature.

The numbers of children falling into other categories seemed to be very similar to the pattern observed in previous years.

6. Action taken on 1960 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.

(ii) Treatment

This category concerns the children who need 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 largely depends on the co-operation and understanding of the parent, and usually, 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, both the social worker and the educational psychologist carry out home visits.

TABLE VI

(Of the 154 cases opened in 1960, the following action was taken.)

	Closed in 1960	Continued to 1961	Totals
Advice	70	9	79
Treatment	23	52	75
Totals	93	61	154

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 1960 referrals requiring treatment should continue into 1961. 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 and remained steady in 1959, increased slightly again in this past year to 49% of the total referrals.

7. The Treatment Situation

Experience over the years has shown that the success of psychiatric treatment with children depends very largely on the amount of co-operation and understanding the parents are capable of giving, once the treatment has commenced. In a proportion of the cases, for a variety of reasons, the parents concerned seem unable to provide the kind of support that is needed, and one is forced reluctantly to discontinue treatment as progress is not being made. One of the commonest causes of such closure for example is repeated failure to keep appointments. The number of these cases which have to be closed without the treatment producing a satisfactory result varies from year to year. This year it seemed a little high being 17% of the total treatment case load.

TABLE VII

	Cases Closed in 1960		Continuing to 1961	Total
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	31	24	27	82
Opened in 1960 ...	11	12	52	75
Totals ...	42	36*	79	157

* 27 Non-co-operation of parents ; 3 transferred to Dr. Markham for treatment ; 3 left district ; 2 committed to an approved school ; 1 admitted to school for maladjusted pupils.

8. Summary of case position at the end of 1960

All of these are treatment cases with the exception of one or two referred for advice right at the end of the year.

TABLE VIII

	'56	'57	'58	'59	'60	Totals
Cases opened in the years shown which were still open on 31.12.60 ...	1	2	10	15	61	89

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.

The absence of our psychiatrist during part of 1959 and the first part of 1960 necessitated the educational psychologist taking over his treatment sessions in the Clinic which occupied much of the time he would normally have spent in visiting schools. One of the immediate results of Dr. Robinson's welcome return in May was a heavy demand by head teachers for school visits and during the Summer Term alone, full mental and educational assessments were made on school premises and detailed reports provided for head teachers in the case of 59 children.

10. Conferences

The Sixteenth Child Guidance Inter-Clinic Conference held in London on 22nd and 23rd of April 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 1960. 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 :—

Work proceeded on similar lines to the previous year until Mrs. Strong, the Authority's Speech Therapist and Mrs. Bickford-Smith, Speech Therapist employed by the Hospital Management Committee, resigned their appointments and the programme for testing the hearing of children in primary and secondary schools had to be suspended in order to give treatment to children with speech defects. Alternative arrangements were made for Head Teachers to refer all school children suspected of defective hearing directly to the Clinic. The Head Teachers have co-operated very well.

Cases dealt with during the year

No. of children tested—814 in school
 20 referred by school and health authorities
 20 suspected of educational sub-normality.

A large number of children who failed the hearing test in school in the early months of the year passed the re-test when they attended the Clinic; this was due to the fact that they developed mumps which was prevalent among school children at the time.

Among the other cases who were referred for medical inspection the cause of deafness fell into two main groups :—

- (i) impacted wax
- (ii) intermittent catarrhal deafness.

In the first group normal hearing is restored when the wax is removed but parents are advised to take their children for periodic visits to the family doctor to prevent the trouble recurring.

In the second group children usually receive medical attention from the family doctor to alleviate the catarrhal condition. Teachers are advised to make allowance in class for their temporary deafness which in some cases is quite severe.

During the year a total of 15 children received instruction in lipreading and where necessary speech improvement. Three of these children were severely deaf, 1 was accepted by Middlesbrough School for the Deaf to commence January, 1961, the other 2 left the district.

Children with Speech Defects

Mrs. Strong, Speech Therapist, left the service in May. Treatment was continued with 16 children she felt urgently required further help. Later in the year Mrs. Bickford-Smith part-time Speech Therapist at Hundens Unit also resigned from her appointment and 6 of her patients were transferred for continued treatment.

Conclusion

I should like to express my thanks to the Chief Education Officer and his staff; the Principal School Medical Officer and his staff and the Head Teachers for their help and co-operation throughout the year.

PHYSICAL EDUCATION

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

General

During the year under review, schools have endeavoured to maintain the normal cycle of work, in spite of the inclement weather during the latter part of the year, which seriously interfered with outdoor activities. Good work has been evident, and as a result of teachers' courses organised by the Education Committee, increased interest and higher standards of performance have been observed in various branches of the subject.

Problems still remain with some schools, where a shortage exists of both indoor and playing field facilities, and more important still, of suitably qualified teachers.

Nation-wide interest has been aroused by the Wolfenden Committee's Report on "Sport and the Community," which along with the Albemarle Report on the Youth Service, has emphasised the great need for increased facilities to cater for the Physical Education and Recreation of young people.

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, who, in view of the shortage, are generally attracted to the better equipped schools,

Swimming

All Primary and Secondary Schools continue to participate in Swimming instruction. An average of 3,000 children attend each week, half of whom are transported by arrangement with the Transport Committee. Swimming galas were held by the Secondary Schools as usual, and in the Royal Life Saving Society's Examinations, 134 pupils gained various awards.

Most satisfactory results are being achieved, and there is no doubt that there is a tremendous interest in swimming.

Playing Fields

The extension of facilities continues. The new fields at Haughton Secondary and St. Teresa's R.C. Primary Schools are now in use. The Corporation have recently purchased the Longfield Stadium, and when this has been fully developed it will undoubtedly play an important part in the Physical Education and Recreation programmes of the young people in the town.

Schools continue to offer a wide range of activities to cater for the diverse interests and capabilities of the children. Many held successful "Sports Days."

Outdoor Activities

The introduction of the Duke of Edinburgh's Award Scheme has given outdoor activities a considerable fillip. Under the guiding hand of teachers many pupils have been introduced to camping and other pursuits out of doors. The incentive of the award has opened up new avenues for many youngsters who might otherwise have never experienced the joys of the open air life.

Courses and Lectures

The Committee continues to support financially many teachers who elect to give up part of their holiday time to attend courses of various kinds. Undoubtedly the work done in schools by these teachers has benefited immensely as a direct result. Local courses and lectures on various topics have been well attended. Demonstration lessons on Infants Physical Education were given, and courses have been held in Basketball, Folk Dancing, Soccer and Netball. A film evening on Soccer was attended by 300 schoolboys.

Conclusion

There are many gaps to be filled, but it has been a successful year generally, and satisfying results are being achieved. The undeniable evidence of increasing enthusiasm and interest in Physical Education by both staff and pupils augurs well for the future.

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)
1956 and later	163	161	98.8	2	1.2
1955	467	467	100.	—	—
1954	676	672	99.4	4	0.6
1953	64	64	100.	—	—
1952	25	25	100.	—	—
1951	38	36	94.7	2	5.3
1950	372	371	99.7	1	0.3
1949	657	656	99.8	1	0.2
1948	306	306	100.	—	—
1947	23	22	95.7	1	4.3
1946	15	15	100.	—	—
1945 and earlier	1,043	1,043	100.	—	—
Total	3,849	3,838	99.7	11	0.3

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)
1956 and later	—	6	6
1955	2	38	40
1954	3	35	38
1953	—	13	13
1952	—	4	4
1951	3	7	9
1950	21	25	43
1949	43	45	80
1948	12	24	36
1947	4	22	22
1946	2	13	13
1945 and earlier	50	27	73
Total	140	259	377

TABLE C. Other Inspections.

Special Inspections	...	...	...	...	...	854
Re-Inspections	...	...	...	...	...	83
Total						937

TABLE D. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons...	37,552
(b) Total number of individual pupils found to be infested	772
(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 (3)	Observ-ation (4)	Treat-ment (5)	Observ-ation (6)	Treat-ment (7)	Observ-ation (8)	Treat-ment (9)	Observ-ation (10)
4	Skin ...	6	4	2	1	9	1	17	6
5	Eyes—								
	a. Vision ...	4	—	48	1	88	1	140	2
	b. Squint ...	20	3	—	—	5	2	25	5
	c. Other ...	3	—	1	—	3	—	7	—
6	Ears—								
	a. Hearing	3	3	1	1	6	2	10	6
	b. Otitis media ...	—	—	—	—	2	—	2	—
	c. Other ...	5	—	2	—	4	1	11	1
7	Nose and Throat ...	7	6	—	—	6	8	13	14
8	Speech ...	11	7	1	—	21	7	33	14
9	Lymphatic Glands ...	—	1	—	—	1	1	1	2
10	Heart ...	1	3	—	3	8	4	9	10
11	Lungs ...	1	5	2	2	18	5	21	12
12	Develop-mental—								
	a. Hernia ...	—	—	—	—	1	—	1	—
	b. Other ...	—	2	1	—	—	3	1	5
13	Orthopaedic—								
	a. Posture ...	1	1	—	—	1	1	2	2
	b. Feet ...	3	4	2	4	3	18	8	26
	c. Other ...	3	5	2	3	17	7	22	15
14	Nervous System—								
	a. Epilepsy	1	—	2	—	2	—	5	—
	b. Other ...	2	—	—	—	5	—	7	—
15	Psychological								
	a. Develop-ment ...	2	4	—	2	50	14	52	20
	b. Stability	9	22	1	—	20	7	30	29
16	Abdomen ...	—	—	—	—	6	1	6	1
17	Other...	7	5	2	1	18	4	27	10

TABLE B. Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	7	2
5	Eyes a. Vision	11	—
	b. Squint	9	—
	c. Other	6	1
6	Ears a. Hearing	9	—
	b. Otitis media	5	—
	c. Other	19	—
7	Nose and Throat	24	18
8	Speech	26	14
9	Lymphatic Glands... ..	1	—
10	Heart	7	6
11	Lungs	11	18
12	Developmental :—		
	a. Hernia	—	—
	b. Other	2	3
13	Orthopaedic :—		
	a. Posture	1	2
	b. Feet	3	10
	c. Other	13	8
14	Nervous System :—		
	a. Epilepsy	4	1
	b. Other	1	—
15	Psychological :—		
	a. Development	33	9
	b. Stability	39	14
16	Abdomen	4	—
17	Other	69	1

ART 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	30
errors of refraction (including squint)	451
Total ...	481
Number of pupils for whom spectacles were prescribed	282

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	137
(c) for other nose and throat conditions	22
Received other forms of treatment	99
Total ...	261
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	1
(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	40
(b) Pupils treated at school for postural defects ...	20
Total ...	60

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	—
Scabies	18
Impetigo	11
Other skin diseases	200
Total ...	229

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	247

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	84

TABLE G. Other Treatment given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	309
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	826
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds	6
Injuries	36
Various Surgical Repairs and Procedures	142
Total	1,319

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

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

(a) Periodic	4,893
(b) Specials	867
Total (1)	5,760

(2) Number found to require treatment	2,658
(3) Number offered treatment	2,658
(4) Number actually treated	1,343

(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	6,212
(6) Half days devoted to :	
(a) Periodic (School) Inspection	34
(b) Treatment	884
Total (6) ...	918
(7) Fillings :	
(a) Permanent Teeth	2,013
(b) Temporary Teeth	33
Total (7) ...	2,046
(8) Number of Teeth filled :	
(a) Permanent Teeth	2,013
(b) Temporary Teeth	33
Total (8) ...	2,046
(9) Extractions :	
(a) Permanent Teeth	964
(b) Temporary Teeth	2,325
Total (9) ...	3,289
(10) Administration of general anaesthetic for extraction ...	1,246
(11) Orthodontics :	
(a) Cases commenced during the year... ..	38
(b) Cases brought forward from previous year ...	48
(c) Cases completed during the year	18
(d) Cases discontinued during the year	14
(e) Pupils treated with appliances	86
(f) Removable appliances fitted	66
(g) Fixed appliances fitted	—
(h) Total attendances	1,619
(12) Number of pupils supplied with artificial teeth ...	11
(13) Other operations :	
(a) Permanent Teeth	2,158
(b) Temporary Teeth	4
Total (13) ...	2,162