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County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

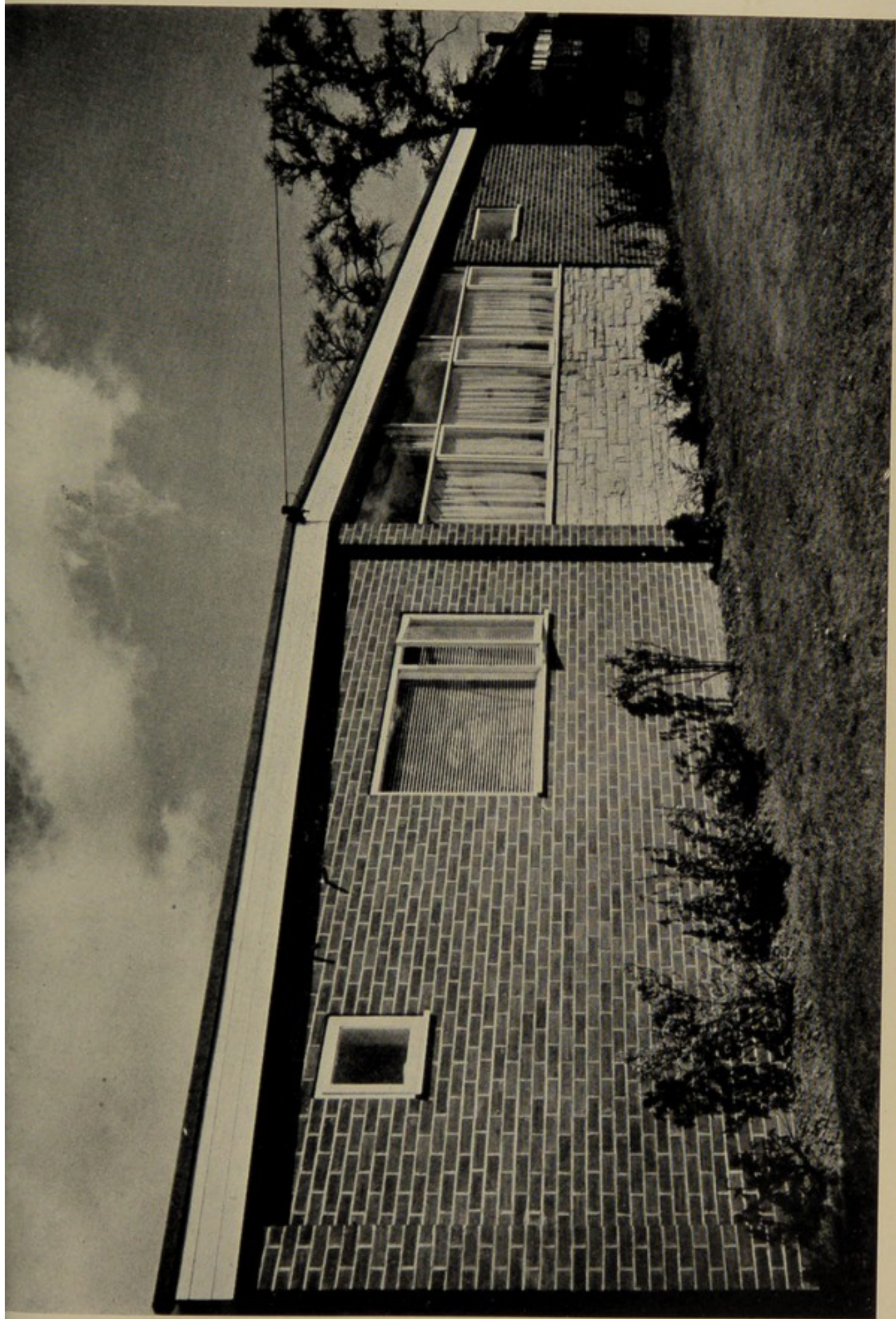
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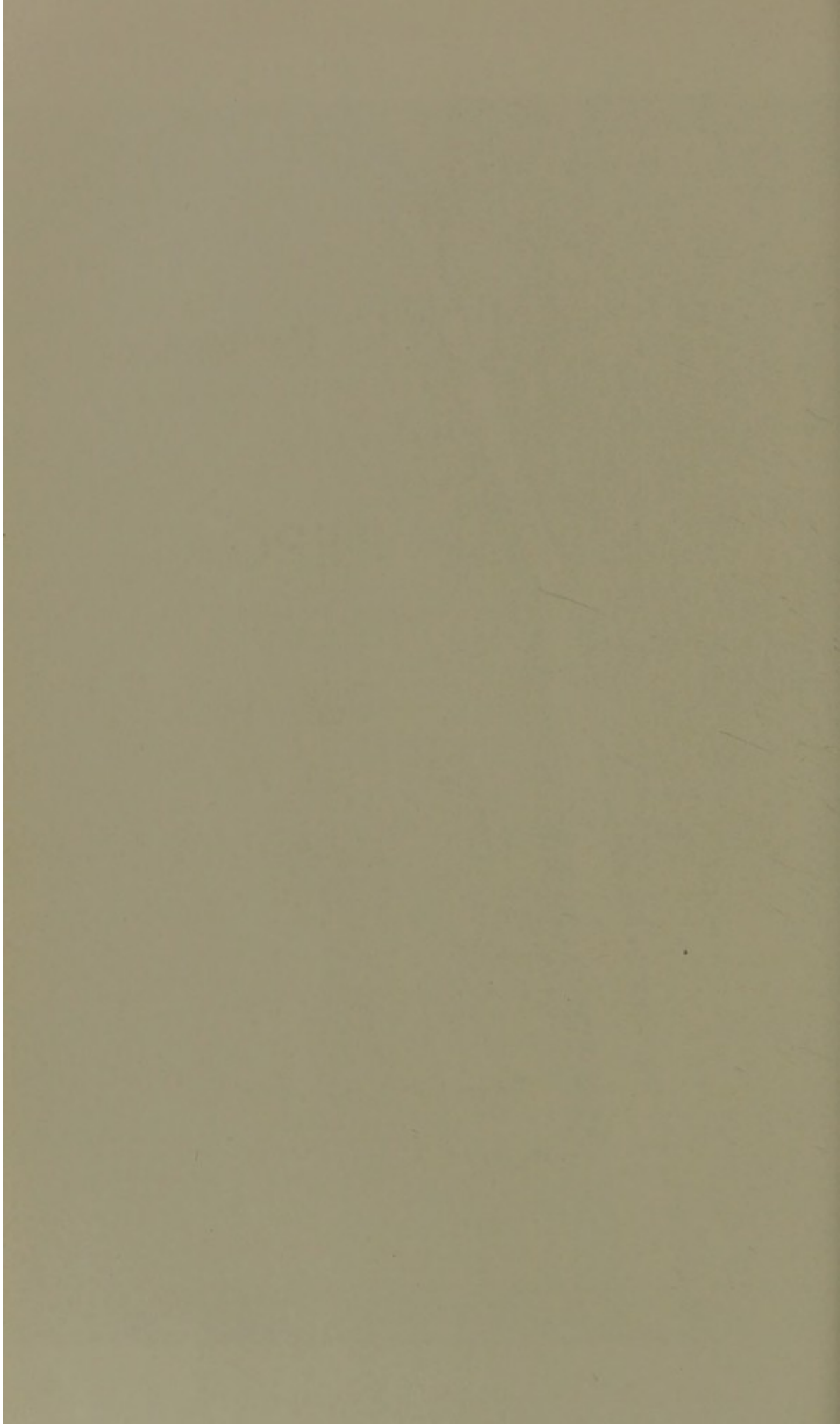
PRINCIPAL SCHOOL MEDICAL OFFICER

1963

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









County Borough of Darlington

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OF THE
Medical Officer of Health
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

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

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ANNUAL REPORT, 1963

TO THE CHAIRMAN AND MEMBERS
OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1963, my fifteenth complete year of service as your Medical Officer of Health.

The statistical records of the year give no occasion for special comment. Unfortunately, infant mortality was not quite as good in 1963 as for the previous year, though still better than in the recent past.

There was an epidemic of measles, but few severe cases, and otherwise where infectious diseases were concerned there is nothing to report. Causes of death remained predominantly due to degenerative and neoplastic diseases, and 70.2% of all deaths occurred at ages of 65 and over. The considerably increased longevity of a population raises, of course, problems of its own which are looked at at greater length in the section of this report devoted to geriatrics, and the perusal of vital statistics shows how immensely the field of public health has changed during the last fifty years.

The year was marked by considerable triumphs for the Health Department, together with one tragedy. The latter was, of course, the death of Dr. J. F. Bishop, to whose personality and service I should like to pay tribute. Originally appointed as medical officer to the Public Assistance Committee for service at East Haven in 1947, he was transferred to your establishment in 1948 and since then gave most valuable service in maternal and child welfare, school health, and wherever else his assistance was needed. During his latter years he suffered from persistent ill-health and had several periods of absence when his life was in grave jeopardy. He always returned to work as soon as he was possibly able and he must often have carried out his duties under great physical distress, but he never complained and was never absent unless his bodily disability was too great for his will to overcome. To date no permanent replacement has been made, which illustrates the extreme difficulty of attracting young male medical practitioners into the junior ranks of the public health service at the present time.

Turning now to more cheerful themes, the greatest advances during the year are to be observed in the spheres of mental health and maternal and child welfare. Under the former heading are to be recorded a further increase in the establishment of mental welfare workers, changes at the Junior Training Centre, the opening of the Hoptown Training and Industrial Centre for adult mentally sub-normal men, and the continued satisfactory functioning, in spite of difficulties, of the short-stay hostel at 72 Woodland Road. These matters are described more fully in the appropriate section. In respect of maternal and child welfare, the two new Health Centres at Skerne Park and Springfield, also referred to elsewhere, marked an achievement in themselves and presage further developments of the same kind in other expanding parts

of the town. As was perhaps inevitable, some criticisms have been made from within the department of the new centres, but such problems as have been raised can no doubt be satisfactorily solved when new buildings are planned.

The decision of the Council not to proceed with the new municipal offices on their Market Place site must be regarded as a setback to the Health Department, since the urgent need for new accommodation was the strongest argument towards an early beginning of building operations. Unfortunately, a deficiency that is tolerated is soon liable to be overlooked and the fact that your Health Department continues to function at Feethams does not mean that the need for improvement is not urgently demanded and its delay resented, while the effect on public relations of sub-standard accommodation for the Health Department cannot be other than adverse. This brings me to a matter which I hesitated to mention while the decision of the Boundary Commissioners was uncertain, but which I stated openly at the enquiry in London in 1960, which was that in my opinion a local health authority can satisfactorily discharge all its functions only if it serves a population of at least a quarter of a million. I added then that if an authority of our size was called upon to discharge such functions, we in Darlington managed to do so as efficiently as our resources allowed. I said then, however, and I say again now, that the ideals of a fully efficient public health service and of low rates are contradictory and if one is insisted upon the other must go by default. You cannot have top services discharged by top people unless you are prepared to pay top prices and this principle is universally accepted in an acquisitive society. Where medicine and its auxiliaries are concerned, the equation is made more complex by the vocational element which all must feel whose primary allegiance is the service of their fellow men and persons so dedicated will continue to give of their best even when they fail to receive the status and salary to which their devotion and qualifications may entitle them. One cannot, however, contract out of the society in which one lives, however desirable it may seem at times to do so, and the correlation between the status of an appointment and the salary paid for it is so universally recognised that a good deal of discontent may be engendered when there is felt to be a grievance in this respect.

Your staff, as ever, during 1963 gave of their best in all branches of the Health Department and as your executive officer I should like to express on your behalf my thanks to them.

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, 1963)

Alderman A. J. Best, O.B.E., J.P. (Chairman).

Alderman F. Stephenson

Councillor J. J. Dauber.

„ A. W. Snaith.

„ E. R. Hall

Councillor J. E. Angus, J.P.

„ C. Hutchinson.

(Vice-Chairman).

„ S. P. Oliver.

„ Rev. M. A. Beaton.

„ A. M. Porter.

„ H. Carr, J.P.

„ Mrs. G. W. Raine.

„ D. F. Craig.

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

Dr. V. G. Crowley.

STAFF

Medical Officer of Health and

Principal School Medical Officer

Deputy Medical Officer of Health and

Deputy Principal School Medical Officer

Assistant Medical Officer of Health and School Medical Officer

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

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

John Fleming Bishop, M.B., Ch.B., C.P.H. (died 8/7/63).

Elaine Marion Osborne, M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H.

William E. Hutchinson, O.B.E., M.D., D.P.H. (Locum from 16/9/63).

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.

Assistant Medical Officer for Child Welfare (part-time) ...

Mrs. Jean Dubberley, M.B., Ch.B.

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 3}

Public Health Inspectors ...

... A. F. Theakston ^{1 2 2a}

J. E. Harris ^{1 2}

R. E. Hinds ^{1 2}

W. C. Robson ^{1 2}

K. Dixon ¹

Pupil Public Health Inspectors ...

... D. G. Willson

D. M. Wood

Housing Inspector ...

... S. R. Blackburn

Superintendent Health Visitor and School Nurse	Miss E. Winch ^{4a 5 6 7 8}
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} Mrs. M. D. Whalen ^{4a 5} (Part I) ⁶ Mrs. C. H. Ellis ^{4a 5 6} Miss D. Owen ^{4a 5} (Part I) ⁶ Mrs. M. Crisp ^{4a 5 6 8} (from 1/5/63) Mrs. J. M. Preston ^{4a 5 6} (from 1/7/63)
Student Health Visitor	Mrs. J. Robinson ^{4a 5} (from 1/10/63) Mrs. R. A. Nicol ^{4a 5} (from 1/10/63)
Temporary Assistant Health Visitor/ School Nurse	Mrs. J. Robinson ^{4a} (till 30/9/63) Mrs. R. A. Nicol ^{4a 5} (from 1/5/63 to 30/9/63) Mrs. D. G. Glanfield ^{4a 5} (from 1/11/63)
Tuberculosis Health Visitor	Miss A. Thornton ^{4a 5 6}
Superintendent Midwife and District Nurse	Miss C. Beckett ^{4a 5 8}
District Midwives	Miss E. Shaw ⁵ Mrs. O. M. Johnston ^{4a 5} Mrs. G. Popple ^{4a 5} Mrs. E. W. Lindow ^{4a 5} Miss K. Murphy ^{4a 5} (till 30/6/63) Miss C. Harrison ^{4a 5} (from 24/6/63)
District Nurses : Full-time	Miss M. Gill ^{4a 8} Miss M. Rodber ^{4a 5 8} Mrs. J. Beachim ^{4a 5} Mrs. A. Hill ^{4a} (till 31/8/63) Mrs. A. Pottage ^{4a 4b} Mrs. J. Rutland ^{4a 5} Mrs. N. Bennett ^{4a} Mrs. M. T. Williamson ^{4a} Mrs. A. E. Connor ^{4a} (from 22/4/63) Mrs. S. Pratt ^{4a 5} (from 1/7/63)
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) Miss M. Spence Mrs. A. Craig (till 28/2/63) Mrs. J. Wilson Mrs. D. Moore Miss P. Raper Mrs. M. Muller (till 31/12/63) Miss D. Lamb Miss A. Lumb Mrs. M. Nicholson Miss S. M. Ashton Miss J. Walton (from 29/4/63)
Mental Welfare Officers	...	...	...	...	C. W. Price S. McAulay M. Duddin Mrs. G. Sullivan (from 6/5/63)
Junior Training Centre Supervisor	...	...	...	...	Mrs. J. Paxton
Asst. Supervisors	...	...	...	...	Mrs. M. Kirk Mrs. G. Sullivan (till 5/5/63) Mrs. M. J. Eglington Mrs. M. E. Gordon (from 6/5/63)
Training and Industrial Centre—					
		Supervisor	...	...	D Sams (from 11/2/63)
		Instructor	...	...	R. Hodgson (from 11/2/63 to 31/5/63) J. W. Coatsworth (from 10/6/63)
Short Stay Hostel—Warden	...	...	...	...	F. W. Cox (till 31/10/63) N. H. P. Todd (from 18/11/63)
Registrar of Births, etc.	...	...	...	...	J. N. Tomlinson
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, 1963) —84,210.

Resident population (last census 1961)—84,178

Density of population per acre—13.

Percentage increase on last census population—.04%.

Inhabited houses (at 1st April, 1964):

(a) Dwelling houses	...	...	...	...	27,109
(b) Dwelling houses and shops	...	...	...	...	511
(c) Licensed premises	...	...	...	...	62
Total ...					27,682

Rateable value (at 1st April, 1964)—£3,578,342.

Sum represented by 1d. rate at 1st April, 1964)—£14,400.

Relating to Mothers and Infants :

Live births—1,421 (Male—744, Female—677).

Live birth rate per 1,000 population—16.9.

Stillbirths—32.

Stillbirths rate per 1,000 live and stillbirths—22.0.

Total live and stillbirths—1,453.

Infant deaths—33.

Infant mortality rate per 1,000 live births—Total 23.2

„ „ „ „ „ „ „ —Legitimate 23.0

„ „ „ „ „ „ „ —Illegitimate 25.4

Neonatal mortality rate (first four weeks) per 1,000 live births—18.3.

Early Neonatal mortality rate (under one week) per 1,000 live births—16.4.

Perinatal mortality rate (stillbirths and deaths under one week combined
per 1,000 total live and stillbirths)—38.5.

Illegitimate live births per cent. of total live births—8.3%.

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)—2.

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

„ „ respiratory tuberculosis—8.

„ „ non-respiratory tuberculosis—1.

„ „ cancer—171 (Cancer of the lung—42).

„ „ circulatory diseases—515 (Coronary thrombosis—106).

„ „ pneumonia and bronchitis—124.

„ „ violent causes—37.

Deaths of persons 65 years and over—70.2% of all deaths.

Deaths of persons 75 years and over—40.0% of all deaths.

Inquests held—43.

Uncertified deaths—1.

Deaths in institutions—531 including 122 in institutions outside the Borough.

This is equivalent to 50.6% of all deaths compared with 47.0% in 1962).

Death rate per 1,000 population—12.5.

Total deaths—1,049 (Males—553, Females—496).

Natural increase of population—372.

TABLE I
Comparable Table of Vital Statistics, 1943—1963

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
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	48
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	88,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	88,900	14.8	15.2	11.2	11.3	28.9	25.4
1955	88,560	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	16.6	17.1	12.8	11.5	26.5	21.9
1961	84,050	17.1	17.4	12.6	12.0	29.8	21.6
1962	84,400	17.1	18.0	12.2	11.9	20.0	21.4
1963	84,210	16.9	18.2	12.5	12.2	23.2	21.1

* Rate per Thousand.

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

TABLE II

Deaths occurred from the following causes :—

CAUSE	WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1 Tuberculosis, respiratory ...	...	...	1	1	...	1	...	1	2	1	...	...	7	1	8
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
3 Syphilitic disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
4 Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Malignant neoplasm, stomach ...	...	...	2	1	3	1	...	2	...	1	2	1	13	4	17
11 „ lung, bronchus ...	1	4	2	5	4	2	4	2	...	6	6	36	6	42	42
12 „ breast... ..	...	...	1	...	2	...	...	...	1	2	...	6	1	7	7
13 „ uterus... ..	1	...	...	1	1	2	...	2	...	1	2	10	2	12	12
14 Other malignant and lymphatic neoplasms ...	6	11	4	8	10	6	5	6	2	9	10	77	16	93	93
15 Leukaemia, aleukaemia ...	1	2	...	...	1	...	1	...	...	...	...	5	...	5	5
16 Diabetes ...	1	2	...	...	3	...	1	...	...	...	...	7	1	8	8
17 Vascular lesions of nervous system... ..	9	9	9	14	13	12	5	14	9	20	26	140	23	163	163
18 Coronary disease, angina ...	6	7	7	11	9	3	9	7	6	13	12	90	16	106	106
19 Hypertension with heart disease... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Other heart disease ...	1	4	4	3	8	4	3	8	8	13	15	71	14	85	85
21 Other circulatory disease ...	6	9	13	14	13	5	11	10	14	26	24	145	16	161	161
22 Influenza ...	...	...	...	...	...	...	...	...	...	...	1	1	2	3	3
23 Pneumonia ...	3	5	4	5	5	4	4	3	1	6	7	47	8	55	55
24 Bronchitis ...	3	8	12	6	4	5	5	5	1	5	11	65	4	69	69
25 Other diseases of respiratory system... ..	...	...	...	...	...	...	1	...	...	...	...	1	1	2	2
26 Ulceration of the stomach or duodenum ...	...	...	...	...	1	...	...	2	...	...	2	5	1	6	6
27 Gastritis, enteritis and diarrhoea ...	...	...	1	...	1	...	...	...	...	1	...	3	...	3	3
28 Nephritis and nephrosis ...	...	...	...	2	1	...	2	1	1	3	1	11	1	12	12
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital malformations ...	1	...	...	...	...	...	...	1	...	1	...	3	2	5	5
32 Other defined and ill-defined diseases ...	9	20	6	13	15	10	8	8	10	17	19	135	12	147	147
33 Motor vehicle accidents ...	2	...	...	...	...	2	1	...	1	1	...	7	1	8	8
34 All other accidents ...	...	1	1	...	1	1	2	3	1	1	4	15	1	16	16
35 Suicide ...	1	...	2	...	...	3	1	...	...	1	4	12	1	13	13
36 Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	51	85	68	85	94	59	66	75	57	128	145	913	136	1049	1049

TABLE III

Deaths occurred at the following ages :—

CAUSE	YEARS								
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1 Tuberculosis, respiratory ...	...	...	...	...	...	1	6	...	1
2 Tuberculosis, Other ...	...	...	...	...	...	...	1	...	...
3 Syphilitic disease ...	...	...	...	...	...	...	...	...	1
4 Diphtheria ...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	1	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	...	...	...	...	...	...	...	...
10 Malignant neoplasm, stomach ...	...	...	...	...	...	...	3	9	5
11 " " lung, bronchus ...	...	...	...	...	...	1	22	13	6
12 " " breast ...	...	...	...	...	...	...	4	1	2
13 " " uterus ...	...	...	...	...	...	...	6	4	2
14 Other malignant and lymphatic neoplasms ...	...	...	...	1	1	3	38	24	26
15 Leukaemia, aleukaemia ...	...	...	...	...	...	...	1	2	2
16 Diabetes ...	...	...	...	...	...	1	3	2	2
17 Vascular lesions of nervous system ...	...	...	...	...	...	3	23	44	93
18 Coronary disease, angina ...	...	...	...	...	...	4	43	37	22
19 Hypertension with heart disease ...	...	...	...	...	...	...	...	...	...
20 Other heart disease ...	...	...	...	1	...	...	9	37	38
21 Other circulatory disease ...	...	...	...	...	...	1	17	52	91
22 Influenza ...	...	...	...	...	...	...	...	3	...
23 Pneumonia ...	8	1	...	...	...	3	2	16	25
24 Bronchitis ...	...	...	...	...	...	2	21	28	18
25 Other diseases of respiratory system ...	...	...	...	...	...	...	2	...	...
26 Ulceration of the stomach or duodenum ...	...	...	...	...	...	...	5	...	1
27 Gastritis, enteritis and diarrhoea ...	...	...	...	...	...	...	1	...	2
28 Nephritis and nephrosis ...	...	...	...	...	...	1	4	3	4
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	...	...
30 Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...
31 Congenital malformations ...	5	...	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases ...	20	...	...	1	1	2	19	33	71
33 Motor vehicle accidents ...	...	...	...	...	3	1	1	3	...
34 All other accidents ...	...	...	...	...	...	2	3	4	7
35 Suicide ...	...	...	...	...	2	3	5	2	1
36 Homicide and operations of war ...	...	...	...	...	...	...	...	...	...
TOTALS ...	33	2	...	3	7	28	239	317	420

TABLE IV

1963 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	3	1	...	1	1	4	4	4.7
Gastro Intestinal	1	1	...	...	4	2	13	6	14	13	6	12	38	34	42.1
Genito Urinary	...	1	...	...	...	7	2	3	2	6	7	5	12	21	19.3
Breast	...	...	...	...	...	3	...	1	...	1	...	2	...	7	4.1
Bones	...	1	...	...	1	...	...	1	...	...	...	...	2	1	1.8
Glands	...	...	...	...	...	...	...	...	...	1	...	...	1	...	.6
Thorax	...	...	...	1	2	3	15	2	11	2	4	2	32	10	24.5
Skin, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brain	...	...	1	...	...	1	2	1	...	...	...	...	3	2	2.9
TOTAL	3	1	1	1	8	16	33	17	28	22	19	22	92	79	100.0

TABLE V

Seasonal Incidence of Deaths Under 1 Year, 1963

				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	...	...	...	11	6	8	8	33
Influenza	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	4	1	4	1	10
Meningitis (not T.B.)	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	1	...	1	3	5
Atelectasis	...	...	...	2	...	...	...	2
{ Congenital Malformations	...	...	...	2	1	1	1	5
{ Premature Births	...	...	...	2	2	1	1	6
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	1	...	1	2
Other Causes	...	...	...	...	1	1	1	3

TABLE VI

Infant Mortality, 1963

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

				Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
All Causes	Certified	...	...	24	1	...	1	26	3	4	...	...	33
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	3	1	...	1	5	2	3	...	...	10
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	5	...	...	...	5	...	...	...	...	5
Atelectasis	...	...	...	2	...	...	...	2	...	...	...	...	2
Congenital Malformations	...	...	...	4	...	...	...	4	1	...	...	...	5
Premature Birth	...	...	...	6	...	...	...	6	...	...	...	...	6
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	1	...	...	...	1	...	1	...	...	2
Other Causes	...	...	...	3	...	...	...	3	...	...	...	...	3
TOTAL				24	1	...	1	26	3	4	...	...	33

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
Meningococcal Meningitis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Broncho Pneumonia	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Congenital heart disease	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Acute Appendicitis	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Malignant Ependymoma	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
TOTAL	...	2	...	...	2	1	1	1	...	...	...	...	...	...	...	5

PART II

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following two Tables are exactly the same in form as in previous years, showing the incidence of infectious diseases in the County Borough and the admissions to Hundens Unit of the Darlington Memorial Hospital from its catchment area, which includes an extensive rural surround to Darlington with the military establishments at Catterick. The distinction in Table VIII between 'C' and 'M', representing civilian and military, indicates the connection with service establishments, also including two of the R.A.F.

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	31	...	...	...	4	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	4	...	1	...	6	...	...	...	...	...	...	...
Erysipelas	1	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	...	...	...	...	...	...	...	...	1	...	...	...
Puerperal Pyrexia	1	...	...	...	1	...	...	...	...	...	...	...
Pneumonia	5	...	55	...	1	...	...	...	...	...	...	...
Measles	1204	...	...	...	10	...	...	...	3	...	...	...
Respiratory Tuberculosis ...	31	...	8	...	32	...	2	...	14	...	...	...
T.B. Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	...	...	1	...	...	...	...	...	...	...	...	...
Whooping Cough	72	...	...	...	6	...	...	...	1	...	...	...
Infective Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	8	...	...	...	1	...	...	...	1	...	...	...
Food Poisoning	15	...	...	...	6	...	...	...	3	...	...	...
Infective Hepatitis	6	...	...	...	3	...	...	...	4	...	...	...
Other Conditions	166	...	8	...	155	...	7	...	53	...	1	...
Para-Typhoid Fever	...	...	...	...	...	...	...	...	2	...	...	...
TOTALS	1544	...	73	...	225	...	9	...	82	...	1	...

TABLE IX

1963—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever	3	4	7	3	2	2	2	1	3	2	2	31
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	7	7	3	3	5	8	4	12	10	4	9	72
Measles	74	72	168	105	60	40	74	161	236	82	132	1204
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...
Infective Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	...	...	...	...	...	...	1	1	1	...	1	4
Pneumonia	...	1	...	...	1	...	1	...	2	...	...	5
Infective Hepatitis	...	...	1	...	...	...	3	...	...	2	...	6
Erysipelas	...	1	...	...	...	...	...	...	...	...	...	1
Puerperal Pyrexia	...	...	...	...	...	1	...	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	1	4	...	...	...	...	...	1	2	8
Food Poisoning	4	...	...	2	1	...	...	3	5	...	...	15
Others	9	12	18	11	5	19	7	23	35	10	17	166
Respiratory Tuberculosis	5	4	1	6	1	2	...	1	6	2	3	31
Non-Respiratory Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	102	101	199	134	75	72	92	202	298	103	166	1544

Commentary

Infectious diseases, the control of which once bulked so largely in the records of the Health Department, are now tending towards a vanishing point so far as hospitalisation and serious complications are concerned. This is, of course, due to the progress of preventive medicine, which on this front has so many redoubtable victories to celebrate. All the same, many of the once dangerous infectious diseases are still with us, as Table VIII, showing their notified incidence will demonstrate. This Table is in the same form as in previous years, showing the Borough cases divided between civilian and military, and similar analysis of the patients removed to and deaths in Hundens Hospital. You will see that of 1,204 measles patients notified from the County Borough only 10 were admitted to Hundens Hospital because of complications of various kinds and all made a satisfactory recovery. So too, whooping cough, a disease though not yet eliminated, remarkably modified for the better by immunisation, with 72 patients notified, needed only 6 removed to hospital because of the severity of their disorder or complicating broncho-pneumonia. These too all made good recoveries and the small number of deaths among infectious patients admitted to Hundens Hospital illustrates a source of great congratulation and is an index of the relatively trivial degree of illness occasioned by the infections. No patient suffering from poliomyelitis was notified during the year, nor any such patient admitted from the quite extensive area from which Hundens Hospital takes in patients. Among the "Other Conditions", 166 in all, treated there, the majority were admitted as suffering

from gastro-enteritis. Bacteriologically these mostly proved to be non-specific and were for the most part the victims of improper feeding. In these days when natural feeding by the breast is at a discount, disturbances of the as yet unadaptable alimentary system of the infant is easy to achieve and then if the mother becomes anxious, and anxiety, as is inevitable, is spread to the child, a vicious circle may arise from which dehydration with all its dangers can follow as much as from bacterial or virus infection. Fortunately, such small patients lend themselves to ready treatment, of which our routine is to administer dextrose-saline solution by mouth, and during 1963 not a single need arose for parenteral fluid in this context. Infective hepatitis continued to be notifiable until 30th September and a further extension was requested and granted for three years longer, but as will be seen from the Tables, only a few cases were brought to light.

It may be worth commenting upon the two cases of paratyphoid fever admitted to Hundens Hospital from outside, because, although epidemiologically they had nothing whatever to do with Darlington, living as they did some distance away in the North Riding of Yorkshire, a certain amount of attention has been recently given to typhoid and paratyphoid fever because of their incidence elsewhere in the country, as for instance, at South Shields. The diagnosis in these 2 patients was actually made bacteriologically and not on their symptoms, neither of them much resembling classical paratyphoid fever. They responded very well to chloramphenicol and returned home no longer excreting the organism.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY

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

"In 1963 the arrangements for dealing with chest diseases including tuberculosis were continued on the lines of previous years. The number of new notifications of respiratory tuberculosis and the comparable figures for the past five years were as follows:

1959	...	...	45
1960	...	...	45
1961	...	...	35
1962	...	...	33
1963	...	...	35

"Two patients who were notified as having pulmonary tuberculosis were later diagnosed as aspergillosis and myco-Kansasii infection respectively so that the figures for the past two years are identical at 33. Of the latter, no fewer than 18 were men over the age of 45 years and this is characteristic of the recent pattern of incidence in this disease.

"Of the 31 new cases seen at the clinic and diagnosed as suffering from pulmonary tuberculosis, 13 had T.B. Present in the sputum and were therefore at the time of diagnosis a potential source of danger to their family and social contacts and were urgently in need of isolation and treatment. Of the 13 sputum positive cases 3 were classified as early, 9 as moderately advanced and 1 far advanced, according to the degree and extent of the lung damage.

"As mentioned above, one case notified as pulmonary tuberculosis was subsequently found to be excreting mycobacterium *Kansasii*, a type I photochromogen, and not tubercle bacilli. In the Annual Report for 1961 reference was first made to cases of this infection, which has received more attention in the literature of recent years as it tends to be confused with tuberculous disease.

"*Mycobacterium Kansasii* is one type of a heterogeneous group of organisms called anonymous mycobacteria which are morphologically indistinguishable from tubercle bacilli and are sub-divided into several groups (Marks, J., and Richards, M., Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service, 1962, 21,200), by cultural characteristics and sensitivity reactions to drugs. The first group is described as "photochromogens" (because cultures produce pigment on exposure to light) or alternatively "myco-*Kansasii*". These are the only anonymous mycobacteria which have been isolated from patients with pulmonary disease in the Darlington area.

"The organisms are not mutants of tubercle bacilli resulting from chemotherapy as occasional isolations were reported before the chemotherapy era. They are non-pathogenic to guinea pigs and they are resistant to pyrazinamide and terramycin and also usually to two or three of the main tuberculostatic drugs. Myco-*Kansasii* have been isolated from 4 men and 1 woman attending the Darlington clinic (one of the men resided in Durham County).

"One man aged 46 years died of pulmonary haemorrhage and the post-mortem report on the histology of the lungs stated "both lungs show fibrocaseous lesions with endothelioid follicles and Langhans giant cells. Acid-alcohol fast bacilli are demonstrable. The appearances are indistinguishable from those of pulmonary tuberculosis".

"The woman was notified as a case of pulmonary tuberculosis in 1952 and myco-*Kansasii* were isolated in 1963.

"There is then a small group of patients who present with the symptoms of pulmonary tuberculosis and have X-ray appearances in the lungs similar to pulmonary tuberculosis, and also acid-fast bacilli in the sputum, indistinguishable from tubercle bacilli. Yet the only organism isolated and identified is a photochromogen. There are obvious questions of epidemiology and also of treatment which are not yet fully answered.

"In 1963 as in the previous two or three years it was possible to arrange immediate admission to hospital of all patients who were infectious and a waiting list was not required. In fact all newly diagnosed patients were offered hospital facilities for the initial period of treatment and in general this meant that they were in the wards until the prescribed course of injections was completed. Beds were also available for cases of relapsed pulmonary tuberculosis and non-tuberculous pulmonary diseases.

"No noteworthy development took place in the chemotherapy of tuberculosis and the three standard drugs in use for all patients except where laboratory studies on the organism showed resistance to one or more of them,

"In accordance with Ministry of Health Circular H.M. (62) 40, a central register has been set up at the Tuberculosis Reference Laboratory in Cardiff in conjunction with the Statistics Branch of the Ministry. This national register contains details of all cases of tuberculosis from whom tubercle bacilli have been grown which show significant drug resistance to the standard drugs, isoniazid, P.A.S. and streptomycin.

"The Darlington clinic supplied details of 19 such cases and it is of significance to note that at the first review of the register in March, 1964, no fewer than 7 of these patients had died. Only two women were included on the register at the outset and both have died.

"During the year the consultant thoracic surgeon visited at six weekly intervals and held a clinic for new cases and follow-up of former patients. This valuable link with the thoracic surgical unit at Poole Hospital has been increasingly used for non-tuberculous chest cases as surgery has only a minor role now in the treatment of respiratory tuberculosis and few patients are referred for this purpose.

"The arrangements for screening contacts, skin-testing and B.C.G. vaccination were carried out as before. Annual skin-testing for five years was abandoned in favour of a single follow-up test one year after B.C.G. had been given.

"My thanks are again due to the staff of the Health Department for their help and in particular I should like to thank the Medical Officer of Health for his continued interest in the welfare of tuberculous patients and their families.

The following paragraphs relate to the work of the chest service in Darlington in 1963:

Administration

The Darlington administrative area for the chest service comprises Darlington County Borough and the surrounding urban and rural districts in the Counties of Durham and the North Riding of Yorkshire.

The clinical work is done by the Consultant Chest Physician assisted by Dr. M. Walton, Physician-Superintendent at Poole Hospital or one of his colleagues. The Regional Hospital Board approved an allocation of three sessions a week from Dr. Walton, but in practice he has been called upon for one regular weekly session plus relief duty for sickness and annual leave of the Chest Physician. This arrangement has operated very well in 1963.

There was no change in the number of hospital beds allocated to the chest service, namely:

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

Notifications

The following Table shows the age and sex distribution of patients notified in 1963.

TABLE X

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Respiratory ...	M.	1	—	4	1	3	7	9	3	28
	F.	—	—	3	2	—	1	1	—	7
Non-respiratory	M.	—	—	—	—	—	—	1	—	1
	F.	—	—	—	—	—	—	—	—	—

Deaths

There were 8 deaths from respiratory tuberculosis compared with 14 in 1962, 8 in 1961, 11 in 1960 and 3 in 1959. There was 1 death from non-respiratory tuberculosis. Four tuberculous persons died from causes other than tuberculosis.

Age and Sex Incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures for 1962.

TABLE XI

	15-25	—45	—65	65+	Total
Male ...	4 (1)	5 (4)	13 (8)	1 (3)	23 (16)
Female ...	3 (1)	2 (5)	2 (2)	— (1)	7 (9)
Children...	—	—	—	—	1 (1)
TOTAL ...	7 (2)	7 (9)	15 (10)	1 (4)	31 (26)

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 1963:

"There was an increase in the number of persons X-rayed—9,333 compared with 6,538 in 1962, and in the number of persons referred to the Chest Clinic—160 compared with 107 in 1962. This, however, did not lead to an increase in the number of cases of notified tuberculosis—16, the same as in the previous year. The increase in the number of persons X-rayed was chiefly due to the larger number of factories visited, although there was also an increase in the number attending public sessions".

The following Table summarises the work of the Unit in Darlington in 1963;

TABLE XII
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	Minia- ture Films taken	To Chest Clinic	PULMONARY TUBERCULOSIS			NON-TUBERCULOUS ABNORMALITIES							Failed to attend Clinic	Still under investi- gation
			Requir- ing treat- ment	Requir- ing super- vision	Healed no further action	Pleural abnor- malities	Bronch- iectasis	Pneu- monia	Cardiac abnor- malities	M'align'nt Neo- plasm	Misc.	Normal		
Public Sessions ...	M. 2,162	74	6	7	10	12	2	7	4	6	5	12	1	2
	F. 2,192	32	5	1	7	3	—	1	—	1	6	4	—	4
Factory Surveys ...	M. 3,164	42	3	5	10	8	1	2	3	—	1	7	2	—
	F. 1,814	12	2	—	4	1	—	—	—	—	1	4	—	—
TOTALS ...	9,332	160	16	13	31	24	3	10	7	7	13	27	3	6

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, 79 new contacts were tuberculin tested and 115 vaccinated with B.C.G. including 44 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 its 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 its work and we have at times called upon it for help in non-tuberculous cases.

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, 1963, there were 213 Darlington patients on the Chest Clinic register compared with 278 in the previous year, and of these 209 were suffering from respiratory tuberculosis.

There were 75 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 XIII

Age Group	A.1		A.2		A.3		B.1		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—
„ 15 ...	1	—	—	1	1	—	—	—	—	—	—	—	2	1
„ 45 ...	10	21	4	7	—	—	8	8	15	6	1	4	38	46
„ 65 ...	16	6	8	3	1	—	6	1	29	14	8	5	68	29
Over 65 ...	2	—	2	1	—	—	1	1	11	1	5	—	21	3
TOTALS ...	30	27	14	12	2	—	15	10	55	21	14	9	130	79

B.C.G. Vaccination for School Children

The scheme described in previous years, 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, was extended in 1963 to include twelve-year-old children. This policy of skin-testing two age groups in one year will continue until the age at which the children are tested is reduced to ten years, to conform with the recommendations of the Ministry of Health. In addition, the scheme included 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 XIV

B.C.G. Vaccination Statistics, 1963

(a) Children born in 1950 and 1951 (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) ...	84	14	85.7	84	17	20.2	17	67	79.8	67
Central (Mixed) ...	127	28	81.9	127	29	22.8	29	98	77.2	98
Eastbourne (Boys) ...	273	29	90.4	273	60	21.9	57	213	78.1	212
Eastbourne (Girls) ...	215	54	80.0	215	46	21.4	41	168	78.6	168
Grammar (Boys) ...	215	43	83.3	214	34	15.9	27	180	84.1	180
Houghton (Mixed) ...	241	30	88.9	241	59	24.5	56	182	75.5	182
High (Girls) ...	206	26	88.8	206	44	21.4	42	162	78.6	160
North Road (Girls) ...	80	21	79.2	80	14	17.5	14	66	82.5	66
St. Augustine's (Girls) ...	78	13	85.7	78	11	14.1	11	67	85.9	66
St. Mary's (Boys) ...	164	24	87.7	163	48	29.4	42	115	70.6	113
Barnard Special (Mixed) ...	13	2	86.6	13	1	7.7	1	12	92.3	12
Salterns Lane Open Air (Mixed) ...	17	—	100.0	17	—	—	—	17	100.0	17
Immaculate Conception (Girls) ...	80	10	88.8	80	24	30.0	22	56	70.0	53
Polam Hall (Girls) ..	24	4	85.7	24	10	41.6	8	14	58.4	14
TOTALS ...	1,817	298	85.8	1,815	397	21.9	367	1,417	78.1	1,408
(b) Darlington T.C. (Girls) ...	—	—	—	12	4	33.3	—	8	66.7	8
C. of F.E. (Mixed) ...	—	—	—	48	17	35.4	9	31	64.6	31

§ 3. VENEREAL DISEASES

As in past years, your Medical Officer of Health is very grateful to Dr. E. Campbell, Consultant Venereologist, for a copy of his Annual Report for 1963 on the incidence of venereal diseases in the Tees-side area. He includes some rather disturbing remarks with regard to Darlington, writing the following introductory paragraph:

"The number of patients attending the Special Treatment Clinics in the Tees-side area during the year 1963 showed a rise of 9% over the previous year, but the overall pattern by disease shows a close similarity to 1962 with the exception of the Darlington Clinic, where a marked rise was noted in the number of fresh gonococcal infections".

A little later he writes, under the heading of Gonorrhoea:

"For the second year in succession there was a rise in the number of patients attending the Darlington Clinic with acute gonorrhoea and was mainly in respect of local residents (75% rise)".

He follows this ominous statement by a graph that shows that while the number of patients was not as great as in 1959 the downward trend in 1960 and 1961 seems to have been decisively reversed. He goes on to state:

"A study of the age groups of patients treated at the above clinic shows the rise to be more pronounced in younger girls, as can be seen from the following Table".

TABLE XV

YEAR	MALES			FEMALES		
	15-19	20-24	Over 25	15-19	20-24	Over 25
1960	—	7	29	4	6	12
1961	2	5	10	1	4	3
1962	3	7	22	3	2	8
1963	1	15	28	8	6	7

There is no reason to attribute any specific local cause to these unfortunate observations, as they merely reflect the experience of Darlington in a much more general pattern which is not confined to the British Isles only, but to Europe and America. The British Medical Association has recently published the result of a widespread enquiry on this subject, which your Medical Officer of Health has read with interest, and responsible opinion seems to be unanimous that the problem arises from a generalised vulgarisation about the ideas of sex, marriage and chastity which does nothing to fortify young people against impulses which are in any case strong enough but whose indulgence outside the marriage union does no good to anybody. Some young

people blame the threat of "the bomb" for their lax behaviour in this respect, but it is always easy to find excuses to justify what one wants but ought not to do. Over the vexed question of the faults, sexual and otherwise of the present adolescent generation, your Medical Officer of Health is of the opinion that the young people of today are much the same and certainly no worse than they were in his own young days. On the other hand, they have suffered by lack of self-confidence on the part of their parents, for which a certain amount of so-called "progressive and enlightened" opinion is responsible. Like every other function connected with sex, self-confidence is essential for the achievement of successful parenthood, but unless parents are sure of their own standards they are unable to exemplify to their offspring any stable pattern of behaviour. To bring up children to respect order and discipline is every bit as onerous and unremitting a task for the parent as it is for the child and even, for instance, over a minor matter like table manners a long battle is to be waged until perfection is reached, though when this is won everyone is pleased, the child included. Too often parents are prepared to take the easy path and indulge a child to keep him quiet. This is no good preparation for the difficulties of adolescence and if children have never been taught to deny themselves before puberty is reached they are not very likely to acquire the habit then. The treachery is not of the young people but of the middle aged.

PART III

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

The year had some notable progress to record under this heading.

(a) Normal Mothers and Children

In 1963 plans were brought to completion for two "old style" health centres in the curtilage of Springfield Primary and Skerne Park Schools respectively. The project was first conceived in 1959, when certain members of the Health Committee made a journey to a health centre established by the City of York which gave the same kind of services as were envisaged here. The York centre in fact had rather fuller facilities than have been provided so far at Springfield and Skerne Park and had a resident caretaker in an overhead flat. The question of caretaking, a very important one, was solved in your case by siting the centre on school premises, where, by an arrangement with the Education Committee, the school caretaker and cleaners extended their range to include it. The Springfield centre was intended to replace Haughton Parish Hall, which was certainly unsuitable for maternal and child welfare purposes, grateful though you must be for its ready availability in the absence of anything else. This part of the town, as you will appreciate, has grown very considerably in recent years, and where Skerne Park was concerned a completely new area of building was involved. The plan of the centres was simple, consisting of a central assembly hall with rooms for doctor, health visitor and minor ailments, provision for the storage and distribution of welfare foods and necessary offices. In the first instance their clinical use was for ante-natal and baby clinics, and minor ailments under the school health service, but before the end of the year a wider use was beginning to emerge, for consultation clinics where the health visitor would be available on certain days to mothers and others in the area who wished to see her, and a doctor also on similar terms and conditions. Extended possibilities were held in mind for dentistry and chiropody, and certainly as a centre for health education, over and above what was purveyed through the clinics already established there.

The Parliamentary Secretary of the Ministry of Health came in April officially to open the Skerne Park Centre and he expressed himself as much impressed by what he saw. There have been a number of teething troubles and no doubt when new centres are planned, as your Medical Officer of Health hopes they will be in the near future at Firth Moor, Cockerton and Hummersknott, certain improvements will be incorporated in the new design. The frontispiece of the Report this year is a photograph of the Springfield Centre. Otherwise the clinics have continued to be held in the same premises as hitherto, and the times and locations are given below. In last year's Report reference was made to the suspension of ante-natal clinics attended by health visitors and the substitution in place of them of relaxation clinics for mothers, with painless child birth their aim. Complete painlessness in the discharge of this physiological function is perhaps impossible, but a great deal can

be done, both physical and psychological, towards reducing it to a minimal amount, and this is the aim of the training in relaxation provided at the sessions listed.

Midwives Ante-natal Clinics

Wednesday	2 p.m.	Albert Road School House.
	2 p.m.	Greenbank Maternity Hospital.
Thursday	2 p.m.	Skerne Park Health Centre.
Friday	2 p.m.	Eastbourne Nursery School.

Infant Welfare Clinics

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.
	2 p.m.	Skerne Park Health Centre.
Thursday	10 a.m. and 2 p.m.	Coniscliffe Road Methodist School Room.
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room
	2 p.m.	Springfield Health Centre.

Relaxation and Mothercraft Clinics

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

In spite of the Skerne Park Centre, the pressure on the Eastbourne baby clinic remained as heavy as ever and the project was revived during 1963 of finding an additional centre to ease the load, pending a new centre altogether at Firth Moor. Through the helpful co-operation of Councillor The Reverend M. A. Beaton, negotiations were effected to make use of the Doggart Memorial Hall for infant welfare purposes on one afternoon a week, but while arrangements were completed by the end of the year the first session was still to be held.

(b) Care of Premature Infants

The number of premature births at home was the same this year as last, 12, of whom all were nursed at home, and all were surviving at the end of a month.

Naturally, the total number of premature births reflects the pattern of confinements generally and the largest number, 101 in all, were delivered in Greenbank Maternity Hospital. Of these 13 died during the first twenty-eight days, leaving 88 surviving at the end of a month.

(c) 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 P. Raper 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 21,586 tins of dried milk, 18,108 bottles of orange juice, 1,991 bottles of cod liver oil and 1,416 packets of vitamin tablets were distributed.

(d) **Dental Care**

As in previous years, there remains a great disinclination on the part of expectant mothers and pre-school children to make use of the amenities available to them at the School Clinic, where the Senior Dental Officer and School Dental Officer are each available for one session per week for this work, the importance of which they fully realise and are very ready to give more service, up to the limit of their notional allocation. The figures, however, remained much the same as last year, which are shown in brackets:

Expectant and Nursing Mothers	...	10	(11)
Children under 5	...	135	(141)

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

St. Agnes' Home, 45 Duke Street, continued to receive the financial support of the Corporation and gave the same good service which by long usage we have grown to expect of it. As before, the majority of those who were helped were not Darlington women and no charge for maintenance was ever made to their home authority on their behalf. That is why the Council continued the apparently ungenerous policy of previous years of refusing financial responsibility for Darlington girls accommodated in other moral welfare homes. I am again grateful to Mrs. J. Applegarth, the Superintendent, for the following figures:—

Indoor Work—Total number of residents was 35, consisting of:—

(1) Unmarried mothers	...	30
(2) Married women with illegitimate babies	...	1
(3) Temporary residents	...	4
Girls who kept babies	...	5
Adoptions	...	25

(From the 35 residents, 2 were Darlington girls)

§ 2. DOMICILIARY MIDWIFERY (Section 23)

During 1963 the domiciliary midwifery service remained up to establishment and continued to handle about the same number of patients, both as midwives and as maternity nurses, as in previous years. The majority of Darlington mothers continue to make use of the quite adequate hospital facilities for their confinement and while it would seem biologically more appropriate for the child to be born at home one can sympathise with their preference on account of the greater feeling of safety induced by the ready availability of hospital facilities. The figures given below do not, however, reflect anything like the full work of your midwives because the heavy demand made on hospital beds, not only by Darlington mothers but by those residing

in the surrounding area, necessitates an early discharge home and lying-in mothers still in their puerperium are returned to the care of the district midwife for the necessary oversight and visiting up to fourteen days. This is an act of co-operation with the hospital branch of the National Health Service which your midwives readily give, but from a professional point of view it is somewhat frustrating since your midwives take responsibility for the after care of a patient without assisting at the crucial act of the drama, which is delivery of the child.

In the Annual Report for 1962 your Medical Officer of Health drew attention to the widespread decline in the practice of breast feeding and he would like to mention this again as an unfortunate consequence of the increased employment and social mobility of women. It cannot be too strongly stressed that breast feeding is the best, because most natural, means of supplying food to the newly born child, and for the first six to nine months of his life, and although artificial milk foods with appropriate vitamin supplements supply an adequate diet upon which growth rate may be faster than on human milk (cows' milk being designed for calves), the psychological benefits of breast feeding cannot be so readily reproduced. You may, however, rest assured that your midwives do all they can to encourage breast feeding, as indeed does the staff at Greenbank Hospital, but when a young woman is determined to discontinue it as soon as she is out of surveillance you may be sure that no amount of apparent success will weigh with her.

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

Gas and Air Analgesia

	1959	1960	1961	1962	1963
Number of patients using it ...	191	207	229	250	204
Percentages of total domiciliary confinements ...	69	67	70	76	72

Pethidine

Number of patients using it ...	92	105	117	128	147
Percentage of total domiciliary confinements ...	33	34	36	40	52

Total domiciliary confinements ...	282	311	326	327	284
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	Cases attended as Midwives	Cases attended as Maternity Nurses
1954 ...	310	45
1955 ...	319	31
1956 ...	282	42
1957 ...	298	40
1958 ...	253	22
1959 ...	255	27
1960 ...	288	23
1961 ...	297	29
1962 ...	294	33
1963 ...	258	26

Adverting to the figures for gas and air analgesia, no change was made during 1963 to make use of nitrous oxide and oxygen.

Certain changes of staff took place during the year, when Miss K. Murphy left in June and Miss C. Harrison was appointed in her place. Six pupil midwives took the second part of the examination for the Certificate of the Central Midwives Board and all were successful.

§ 3. HEALTH VISITING (Section 24)

The situation under this heading in 1963 was a little bit better than in the previous year, when, as you remember, two health visitors left your service and were not replaced. Fortunately two appointments were made during 1963, Mrs. M. Crisp and Mrs. J. M. Preston, and two assistants were also employed, Mrs. R. A. Nicol and Mrs. J. Robinson, in the first instance to gain preliminary experience before being sent for health visitor training according to the assisted scheme described in an earlier report. Both these last named ladies seemed entirely suitable for further training and they will, of course, remain your employees for a further period of at least a year as part of their contract if the need to retain them continues, as undoubtedly it will. There is, however, no possible ground for complacency, since further retirements are impending and the commitments of the health visiting service tend always to grow, without it being possible to abandon established routines. Thus, while it is recognised that no generation of children in recorded history has been physically healthier than those at present growing to maturity, problems and difficulties still exist and are perhaps the more obvious because of the generally satisfactory prospect. Health visitors need, therefore, to achieve contact after every notified birth and use their discretion as to whether their help will be needed, but as advisers on health to the family generally there is no limit to the subjects they may be called upon to discuss. Your Medical Officer of Health would in fact like to see considerable extension of health visiting among the older members of the community, so that every aged person was as much the health visitor's interest as every infant; again she would use her discretion as to whom and how often she would visit. This, however, is not possible with your present establishment. Your Medical Officer of Health is not in the present context urging you to increase the establishment over and above 15 because until you are employing as many as you have agreed it would be pointless to ask for more, but he is glad to be able to say that, writing early in 1964, the prospects for further pupils are fairly good and as you train your own staff you may care to increase your establishment in order to employ them on a permanent basis.

Following the publication of the Younghusband Report in 1959 some controversy arose as to the relative importance and difference between health visitors and social workers. In so many other spheres they are complimentary and not mutually exclusive functionaries, the social worker in general trained or experienced to serve some particular need in the community, and the health visitor having an overall concern with family health.

TABLE XVI

Work of Health Visitors

	<i>Total Cases</i>
Children born in 1963	1365
Children born in 1962	1336
Children born in 1958-1961	4692
Other classes	1037
Tuberculosis households	140
	8570

§ 4. HOME NURSING (Section 25)

In some respects 1963 was a difficult year for the home nursing service and considerable strain was put upon your Superintendent, Miss C. Beckett, on account of the need to vacate 68/70 Woodland Road before the premises No. 14 Victoria Road were ready for occupation. As it was for the benefit of the Darlington Memorial Hospital, and to expedite the development plan, your Medical Officer of Health asked the Secretary, Mr. G. W. Beckwith, if he could assist in any way with temporary accommodation, and he would like to express his warmest thanks to Mr. Beckwith for his readily finding sufficient room at 84 Woodland Road as a temporary office. The move was made there in May and administration was carried out from there for two months until the move was made to 14 Victoria Road, where the headquarters will remain, one may anticipate, indefinitely. The Post Office co-operated in the transference of the telephone number and it may well be that to the patients and their family practitioners who make the major use of the service no evidence was apparent of the considerable dislocation at the centre. All of this would have been impossible without Miss Beckett's imperturbable equability.

You will recall that when the domiciliary midwifery service was assimilated with that of home nursing a Deputy Superintendent was provided, but this post, though still established, has remained vacant for some time and no resolute attempt has been made to fill it. The consequence of this has been to burden Miss Beckett with all the administrative work of her section and the need for clerical help has become very urgent. You were not, however, prepared to authorise the appointment of a full-time clerk and part-time services were arranged, the rest of the time being given to your chief public health inspector.

The establishment of home nurses is not in fact up to strength, though it has carried out all the duties required during the year. It is very difficult to obtain permanent nurses for this kind of work, especially as it involves journeys around the town in all kinds of weather on a bicycle. You have not yet seen your way to encourage car allowances for this section of your professional employees.

TABLE XVII
Analysis of Patients and Visits Paid, 1949, 1954 and 1963

	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
1963	4	12	3	26	546	21	66	1,574	24
	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
1963	179	6,042	34	600	21,152	35	875	29,326	33

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

§ 5. VACCINATION AND IMMUNISATION (Section 26)

This year your Medical Officer of Health has included a new Table under this section, to bring home to you the relative showing of Darlington as compared with England and Wales in respect of immunisation and vaccination against what till recently were killing and crippling infectious diseases. Though such figures are not discouraging it is still true that the people of Darlington show too great an indifference towards simple means for their protection, whose advantages are not only statistically significant but can be checked from memory by many adults alive today. It is certainly not through lack of faith in the efficacy of artificial immunisation, as was shown very forcibly in 1962 by the crowds who demanded vaccination against smallpox on account of a remote danger of infection from an outbreak in Bradford. Possibly it derives from a dislike of interference and an unwillingness to show initiative in a matter of this kind unless constantly prompted with reminders. Your Medical Officer of Health has no great belief in the value of press campaigns on behalf of vaccination and immunisation, unless for any reasons the issue becomes a live one. All mothers of young children are reminded of what is virtually an obligation by a Birthday Card at one year old, prepared by the Central Council for Health Education, and the health visitors undertake state propaganda through the baby clinics. At all baby clinic sessions all types of immunisation are offered, without any complication of preliminary booking, and a session is held once a week for immunisation and vaccination at the Health Department.

The National Health Service Act includes vaccination and immunisation among the normal duties of a medical practitioner, the 5s. payable for the

return of the record card being a fee in return for the information, and not for the operation itself. One would like to see a larger proportion of infants and children immunised by their practitioners, since between the local authority clinic and the family doctor every child is likely to be seen and his parents advised sooner or later. Until recently certain formalities have been observed in respect of the issue of Sabin as for Salk vaccine for poliomyelitis, from the Health Department, but in order to make things as easy as possible for the practitioners these have now been reduced to a minimum. At the same time, it will be realised that the department cannot hold an indefinitely large store of vaccine, which in any case needs to be kept in a refrigerator, and if any large programme of vaccination is to be undertaken, whether in the department or out of it, notice must be given in time beforehand so that supplies may be available.

A change of policy was recommended during the year by the Minister of Health to the effect that vaccination against smallpox should in future be given during the second year of life instead of, as hitherto, during the first six months. This alteration was based on the advice of the Medical Research Council, to the effect that the complications of vaccination were less common at a later age than in earliest infancy, and though it would seem that subsequent damage was more likely to befall the arm of the toddler than of the infant in arms your medical officers adjusted their policy to that sponsored by the Ministry. There is, of course, at the present time a good deal of influential opinion dissuading general vaccination against smallpox. It is argued that with an efficient public health service as in the British Isles cases of the disease may be detected early and contacts vaccinated soon enough after exposure for this process to be fully effective. Where smallpox is not an endemic disease vaccination administered in infancy soon wears off and those whose occupation makes them always liable to encounter smallpox, such as doctors, nurses, public health inspectors and others, need, in their own protection and that of the community, to maintain their protected state by re-vaccination at not less frequent intervals than three years. Nevertheless, your Medical Officer of Health remains in favour of the availability of vaccination for young children, on the grounds that even its residual effects prevent the severe reaction which often follows primary vaccination at a later age. All the same, there is a greater risk in vaccination against smallpox than against the other immunological procedures, because a live virus is introduced, which is known to be capable in certain sometimes unpredictable circumstances of causing severe damage. Like so much else in life, there is a need here to make a wise choice between alternatives.

Primary Immunisation against Diphtheria of Children under 15 years of age

			Local Authority Clinics	General Practitioners	Total
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
1961	...	...	896	338	1,234
1962	...	...	804	228	1,032
1963	...	...	912	179	1,091

TABLE XVIII

Immunisation against Diphtheria

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	894	173	1067	596	83	679
5 to 14 years ...	18	6	24	486	119	605
TOTALS ...	912	179	1091	1082	202	1284

TABLE XIX

Vaccination against Smallpox

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated ...	70	67	12	15	15	179
	Re-vaccinated ...	—	—	7	14	45	66
General Practitioners	Vaccinated ...	42	16	9	19	80	166
	Re-vaccinated ...	—	—	10	10	118	138
	TOTALS ...	112	83	38	58	258	549

TABLE XX

Immunisation and Vaccination : Comparative Figures

	1956	1957	1958	1959	1960	1961	1962	1063
Immunisation, Children under 5 years	855	824	709	994	977	1139	1005	1067
Immunisation, Children 5—14 years	178	212	179	219	95	95	27	24
Vaccination, Children under 5 years	297	392	454	546	589	730	1402	233

TABLE XXI

Immunisation against Whooping Cough

	Born in Year :			Total
	1963	1959-62	1949-58	
Health Department	380	508	10	898
General Practitioners	56	117	6	179
TOTAL	436	625	16	1077

TABLE XXII

Poliomyelitis Vaccination

Class	Local Authority Clinic	General Practitioners	Total
Children born in 1963	149	12	161
Children born in 1962	674	77	751
Children born in 1961	138	39	177
Children born 1943-1960	310	80	390
Young persons born 1933-42	112	28	140
Persons born before 1933 who have not passed their 40th Birthday	101	25	126
Others	—	—	—
TOTAL	1484	261	1745
Third Injections	4	304	308
Fourth Doses	206	—	206

The following figures recently issued by the Ministry of Health show the relative immunised state of children born in 1962:

TABLE XXIII

	CHILDREN BORN IN 1962		
	DIPHTHERIA	WHOOPING COUGH	POLIOMYELITIS
DARLINGTON C.B. ...	67%	67%	57%
ENGLAND AND WALES ...	65%	64%	53%

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

Typhoid and Paratyphoid (T.A.B.) ...	...	...	79
Cholera ...	...	...	58
Tetanus (T.T.) ...	...	...	9

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 past 10 years are as follows:

			Number of	
			Patients	Mileage
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
1961	...	...	30,264	141,457
1962	...	...	31,498	138,023
1963	...	...	33,250	148,253

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)

Diseases of the Chest

The Tuberculosis Care Committee continued to function as in previous years, providing benefits in kind, including holidays, to persons suffering mainly from tuberculosis but also from other diseases of the chest, as recommended by the Chest Physician. Your Medical Officer of Health continued to act as Honorary Secretary of the Committee and Mr. I. Burnley of your department to do the actual administration. As has been remarked in previous Annual Reports, your Medical Officer of Health looks forward to a time when the terms of reference of this Committee, which of course performs a statutory duty on behalf of the Health Committee under Section 28 of the National Health Service Act, will be extended to include other forms of chronic illness, so that the same system of ward visiting and reporting upon conditions at home, with the availability of help at need, will be brought to sufferers from other than chest maladies, and perhaps to the mentally ill as well.

Chiropody

During 1963 considerable progress was made towards the establishment of a chiropody service for persons of pensionable age, the handicapped and expectant mothers, as foreshadowed in earlier years, but until now never

brought to fruition. The year ended before the establishment of the service, but proposals on lines generally approved by the Minister had been submitted to him and some preliminary enquiries had been made as to the pattern of the project. Reference should be made to a scheme to provide chiropody to pensioners through the Darlington Aged People's Welfare Council. This voluntary organisation has for some years provided a subsidised service for the members of its clubs and this will, of course, be absorbed into the municipal service when it comes into being.

Illness Generally

There is nothing to add for 1963 to the note on this subject in the Annual Report for 1962 when reference was made to the various groups who served particular categories of handicapped persons and whose unification might seem in some ways an advantage, though often the enthusiasm motivated by particular cases of illness or handicap would be lost within more widely diffused concern.

§ 8. DOMESTIC HELP (Section 29)

Another satisfactory year is to be recorded under the above heading and as Miss A. Lumb, your (Assistant) Organiser, has written, the home help service has now become an indispensable part of the National Health Service. During 1963 an average of 5 new applications for help have been received per week and visits made to them, but with the present staff of home helps it has not always been possible to provide the amount of assistance requested by the applicants. The time may well be approaching, as indicated in previous Annual Reports, for an extension of the home help service, with the possibility of employing as part-time helps members of the applicant's household, such for instance as a daughter assisting an invalid mother. One of the major reasons why the service is not more widely patronised is because it costs money and, though this may not be an insuperable difficulty when recovery may be obtained in certain cases from national assistance, more thrifty citizens are unwilling to commit themselves to an amenity which may prove more expensive than they are able to pay. During the year your Medical Officer of Health made some extensive enquiries from colleagues with similar authorities in order to present a report on the service with a recommendation along the lines indicated above, but the pressure of work in other respects prevented his doing so.

Table XXIV summarises the work of the year, from which the increase over the last four years will be obvious and also that category of person who is overwhelmingly the largest user, the chronic sick, including the aged and infirm.

TABLE XXIV

Type of Case	1963	1962	1961	1960
	Number of Cases	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	51	49	55	43
Tuberculosis	1	2	2	6
Chronic sick (including aged and infirm)	559	513	450	414
Others	49	35	68	54
TOTAL ...	660	599	575	517

PART IV

Mental Health

The year 1963 showed steady progress towards the goal of a comprehensive service for mental illness and sub-normality, developing along the lines followed or foreshadowed in previous Annual Reports. It is no idle boast that what the County Borough of Darlington created and maintained in this section has attracted wide interest and commendation and certainly can bear comparison with anything else of a similar kind in the North-East, all of it achieved at a remarkably low cost. Both Junior Training Centre and Senior Centre for girls occupy, for example, buildings originally erected as a war-time day nursery and leased at a peppercorn rent, while the Darlington Friends of Mentally Handicapped Children and other benefactors have relieved the Corporation of a good deal of furnishings and equipment by their truly munificent gifts.

So too the Hoptown Training and Industrial Centre for men was purchased and adapted for approximately £6,000, which compares very favourably with *ad hoc* establishments for similar purpose set up elsewhere at more than ten times the price, while the short-stay hostel also was housed in property already belonging to the Corporation and equipped (more or less) with second-hand furniture. A warning needs to be uttered that such financial wizardry cannot be relied upon indefinitely and the authority must be prepared, if it is adequately to discharge its functions, to search its pockets pretty deeply. Two projects for the immediate future particularly demand your attention, that to which the Consultant Psychiatrist gives top priority being a short-stay hostel for women equivalent to the one for men already in existence.

The other alpha-plus need is a care unit and hostel combined for the mentally sub-normal, partly to relieve the stresses of hard-pressed parents and partly as a home for those who for one reason or another are no longer able to find accommodation elsewhere.

Sooner rather than later, of course, alternative premises must be found to replace 72 Woodland Road, which is due to be engulfed in the Darlington Hospital Plan, and there are also other commitments in the form of approved proposals under the Mental Health Act.

TABLE XXV

Incidence of cases reported to the Department for investigation during 1963

Source of referral	M	F	Total
Family doctor	93	104	197
Consultant Psychiatrist	39	22	61
Memorial Hospital (Casualty Department)	23	12	35
Magistrates Courts	2	—	2
Police	24	5	29
Other sources (Probation Officer, N.A.B., Salvation Army Hostel, etc.)	21	18	39
TOTALS ...	202	161	363

Disposal of cases reported during 1963

Admitted to hospital informally	79	82	161
Admitted to hospital under Observation Certificate	7	10	17
Admitted to hospital under Treatment Certificate	19	13	32
Admitted to hospital under Urgency Certificate	22	14	36
Referred for domiciliary visit by Psychiatrist	—	—	—
Referred for Psychiatric Out-Patient Clinic	24	19	43
Supervision at home by G.P. and M.W.O.	26	18	44
Placed under Guardianship of L.H.A.	—	—	—
Other disposals (Salvation Army Hostel, etc.)	25	5	30
TOTALS ...	202	161	363
Total after care visits and interviews :			4,086

These figures show an increase of 73 cases reported over the figures for 1962. Once more the percentage of admissions to hospital informally is by far the highest. This of course is the intention of the Act and reflects the changing attitude by the public towards treatment for mental illness. The figures for cases referred to Out-patient Clinic and supervision at home by the general practitioner and mental welfare officer are quite high and indicate to some degree the efforts made to keep people out of hospital. A point worthy of note is that no cases have been referred for guardianship and indeed only one such case has been referred since the inception of the Act in 1960 so that one may wonder about the value of this section.

“A”—Mental Illness

TABLE XXVI

Patients referred for Community Care

	Under 65		Over 65		Totals
	M.	F.	M.	F.	
Referred following I/P Treatment	90	80	9	10	189
Referred following O/P Treatment	17	27	2	4	50
Referred by G.P.	50	47	9	13	119
Referred by other sources	83	53	7	17	160
Total cases referred	240	207	27	44	518

Of those referred numbers who were:

Old Cases	...	...	...	...	...	127	110	8	18	263
New Cases	...	...	...	...	...	113	97	19	26	255
TOTAL						240	207	27	44	518
Returned to Employment	...	...	...	...	...	92	13	—	—	105
Total Cases under Care at 31st December, 1963						58	88	5	19	170

Progress

Some progress was made during 1963 along several lines under this heading.

1. The establishment at the Memorial Hospital of a treatment clinic for E.C.T. treatment on out-patient basis. These clinics are held following the normal out-patient clinic on Tuesdays and Fridays. The Consultant Psychiatrist calls upon the services of the mental welfare officer to co-operate by persuading the patients to attend and indeed by collecting the patients and relatives by car and escorting them to the treatment clinic.
2. The consultant was able to retain patients within the community by use of domiciliary visits and prescribing medication and supervision within the patient's home. In this respect the mental welfare officer visited the home with the consultant in quite a number of cases and pursued intensive case work, one aspect of which was to visit the home to give medication to the patient.
3. The mental welfare officers continue to attend every session of the out-patient clinic at the Memorial Hospital to take up new cases and report to the consultant on cases which had been referred for community care.
4. The formation of a Psychiatric Social Club held at the short-stay hostel initially took the form of a weekly club for female patients held in the afternoons. This did not prove successful, the maximum number attending it at any one time being 5, dwindling away to an average of 2. Eventually this meeting was replaced by a mixed club held fortnightly on Thursdays. This proved most successful, an average of 19 patients attending.
5. An effort was made during the year by circulating the general practitioners to establish a register of disturbed geriatric patients living alone. The idea behind the register was for the mental welfare officer to make routine weekly visits to assist and prevent further possible breakdown. However, this was not successful. The response from general practitioners was poor in spite of the fact that many had asked for such a service. This raises a query, "Do they read circular letters or confine them automatically to the waste paper basket, or do they prefer to merely report patients when a crisis arises?"

6. Owing to the number of attempted suicides presented at the casualty department of the Memorial Hospital and not admitted for various reasons, the new arrangement came into existence whereby the hospital notified the mental welfare officers in all cases in order that the officer could investigate the social background and follow the case through to prevent a further attempt and to solve if possible the social reason why the attempt had been made. This of course threw a tremendous responsibility upon the mental welfare officer, not only as one with a statutory duty to perform but also in making the right decisions as to what line of action had to be taken.

Short-Stay Hostel

TABLE XXVII

Admissions and Disposals

Admissions

	Age Group				Total
	16-35	36-50	51-64	65+	
Classification of Illness:					
(a) Simple schizophrenia	5	5	—	—	10
(b) Paranoic schizophrenia	2	—	—	—	2
(c) Psychopathic personality	—	—	—	—	—
(d) Inadequate personality	—	—	—	—	—
(e) Depressive state	1	—	2	—	3
(f) Alcoholic and drug addictions ...	—	1	—	—	1
(g) High-grade sub-normality ...	1	1	—	—	2
(h) Other (Organic disorders, con- fusional state, etc.)	—	—	—	—	—
Totals	9	7	2	—	18

Disposals

Placed in employment	8	6	2	—	16
Placed in I.R.U.	—	—	—	—	—
Placed in Lodgings	2	4	—	—	6
Returned to home or relatives	5	1	—	—	6
Returned to hospital	1	1	—	—	2
Left of own accord	—	—	—	—	—

Very little is known generally by local authorities concerning the best use of hostels of this kind. From information gleaned from various sources it would appear that Darlington has been most successful in operating the short-stay hostel to provide a means of returning to the community patients who would not otherwise have been discharged from the mental hospital. The use of the hostel follows three broad lines, (1) the rehabilitation of long-stay chronic schizophrenics back into the community, (2) to prevent the younger schizophrenics from developing into chronic long-stay patients, and (3) to admit from the community into the hostel patients where the social background is bad or is poorly informed to prevent breakdown and admittance to hospital. The hostel has been used for all three classes of patient and with some degree of success as can be seen from the Table shown. Some comment might be made on (a) what has been learnt and (b) some of the difficulties encountered

Various lessons have been learned by experience at the hostel. The fullest co-operation has been necessary for success and you have been fortunate in possessing a Consultant Psychiatrist who is most eager and zealous to assist patients in every possible way to return to life in the community. Patients will soon relapse unless they have work and regular medication, and the indispensibility of the former factor is so well recognised, that, save in emergency, no patient is admitted to the hostel unless work has been found for him beforehand. The Consultant Psychiatrist and the mental welfare officers have taken a great deal of trouble in fitting patients with the right kind of employment and many interviews with personnel officers, the Disablement Resettlement Officer, works foreman and even, in one instance, with the Managing Director of an important local firm, have been undertaken in this context. Departments of the Corporation have also co-operated most helpfully.

The principal difficulties to be encountered affected staff, when some of the peculiar features of the situation exposed unforeseen weaknesses. At the short-stay hostel, for instance, it has to date been found most profitable to employ as warden and deputy warden someone who possesses a background of psychiatric nursing experience.

Mental Subnormality

The appointment of Mrs. G. Sullivan as mental welfare officer has made possible a system of zoning in the County Borough whereby every patient on the Register is visited regularly by routine at least once every two months and more frequently as need may arise.

Various reorganisations have been achieved during the year. The vacation of the premises at the erstwhile North Road Day Nursery by the physically disabled and the opening of the Hopetown Training and Industrial Centre have enabled the provision for the training of the subnormal to be upgraded to contemporary standards. Thus there are now adequate facilities as follows for training at all age levels:—

At the Junior Training Centre—5 to 15 years, for both sexes.

At the Senior Girls' Training Centre—for 16 years and over.

At Hopetown Training and Industrial Centre—for men of 16 years and over.

Some comments on present amenities need to be made. You are deeply indebted to Mrs. Paxton, a certificated teacher, who for many years has acted as your supervisor, first at the insalubrious "Poplars" and latterly at North Road. When within the next few years she will retire on superannuation you will have no small difficulty in finding a replacement for her and if you are wise you will begin to look here and now for someone of the right type to recruit in a junior capacity in order to send her for training. It will be expensive, but it will be the wisest policy. Among matters for congratulation at the Junior Training Centre are redecoration in bright colours, whose beneficial psychological effects cannot be exaggerated, and the asphaltting of the inner quadrangle, thereby providing an excellent sheltered playground which can be used for outdoor classes when weather permits.

On the debit side is the shocking entrance to the Centre, without adequate gate and path for delivery vehicles and with consequent churning of the soil whenever heavy lorries approach the doorway. It will take quite a lot of money to put this wrong to rights.

A great achievement is to be recorded in respect of the Senior Girls' Training Centre, this being a contract for counting rubber bands and polythene bags on behalf of a business man in the town. Such constructive activity has brought about a changed attitude among girls and parents. There is an eagerness for pay day; the girls are keen to work; they discuss money more easily and plan what to buy with their wages, discussing also clothes and fashions. Their steady application to this kind of work is a most helpful training towards eventual employment in open industry.

The Hopetown Training and Industrial Centre opened on Tuesday, 12th February, with two members of staff, the Supervisor, Mr. D. Sams, and the Instructor, Mr. R. Hodgson and 15 patients attending. There was great difficulty in finding qualified or experienced staff, and training and supervision at the Centre devolved in the first instance upon the Senior Mental Welfare Officer. Mr. Hodgson was replaced by Mr. R. Coatsworth on 10th June.

This Centre represented a completely new approach to training where the traditional handicrafts such as rug making, weaving and the like were replaced by simple repetitive tasks broken down to suit individual aptitudes. A great deal of preparatory work went into making the venture a success, including the approach to various firms in the town for suitable types of employment and finding purchasers for products. The three main activities resolved into wool sorting, for Messrs. Patons and Baldwins in the textile industry; sawing, chopping and bundling sticks for firewood where the local authority and the hospitals were the principal patrons; and washing and polishing cars. It is pleasant to note that all customers have been thoroughly satisfied with the goods obtained and services rendered.

The following functions, positive and preventive, can be attributed to the Hopetown Centre: development of the patients' manual dexterity, assessment of those capable of making progress and training those so discerned for employment in open industry; the psychological satisfaction of patients and their relatives; development of physical fitness, keeping patients away from the dangers of the streets and, last but not least, the prevention of breakdown of

social and family relationships by the relief of stress at home. An index of success of no mean order can be quoted by the fact that four subnormal patients with no previous work record have been placed in full-time remunerative employment following training received at the Centre.

As an experiment the Hoptown Centre has also been used to absorb several schizophrenics who had failed in employment. It has been found in practice that schizophrenics and subnormals will unite and accept each other contrary to some preconceived opinions, and it was felt that the environment of the Centre could be useful as a means of preventing schizophrenic relapses and hence the return of the patient to hospital. The expectation was proved correct in three cases. The provision of training units such as this one illustrates the changing trend towards social rehabilitation of the mentally ill and subnormal, to be achieved within family circle and community rather than at costly hospitals.

Your thanks are due to Messrs. Patons and Baldwins, to Whessoe Limited, to the Darlington Memorial Hospital and to others of your own Corporation Departments for trusting the Centre with work and giving it a chance to prove itself. Once again you are in debt of gratitude to the Darlington Friends of Mentally Handicapped Children, who made a gift of £100 to the Hoptown Centre for tools and equipment.

Under the heading of mental subnormality it is important not to forget Dr. Dunn, Physician-Superintendent of Aycliffe Hospital, who has given emergency help by admitting patients in urgent need of full time care on account of bereavement, and patients needing short term care to enable relatives to take a well earned holiday. The debt has been somewhat repaid by the mental welfare workers undertaking home supervision of patients temporarily out of Aycliffe Hospital, since Dr. Dunn possesses no social worker of his own.

TABLE XXVIII
Analysis of Work for the Mentally Sub-normal

Source of referral:	Under 16 yrs.		Over 16 yrs.		Total
	M	F	M	F	
Local Education Authority on children reported:					
(a) While at school or liable to attend school ...	2	4	—	—	6
(b) On leaving special schools ...	—	—	3	4	7
(c) On leaving ordinary schools ...	—	—	—	—	—
Transfer in from other local authorities ...	1	—	1	1	3
Hospitals—following discharge ...	—	—	2	3	5
Magistrates Courts ...	—	—	—	—	—
Police ...	—	—	1	—	1
Other Sources (N.A.B., Probation Officer, etc.) ...	—	—	—	—	—
TOTALS ...	3	4	7	8	22

Disposal of cases reported

Admitted to Training Centre ...	2	4	3	4	13
Placed under Guardianship of L.H.A. ...	—	—	—	—	—
Placed in employment ...	—	—	2	—	2
Admitted to Hospital ...	1	—	—	1	2
Admitted to Hostel ...	—	—	2	—	2
Remaining at home under supervision ...	—	—	—	3	3
TOTALS ...	3	4	7	8	22

TABLE XXIX

Patients admitted to Hospital during 1963	Under 16		Over 16		Total
	M.	F.	M.	F.	
Informally (Sec. 5, M.H.A., 1959) ...	1	2	2	3	8
Observation Certificate (Sec. 25, M.H.A., 1959) ...	—	—	—	—	—
Treatment Certificate (Sec. 26, M.H.A., 1959) ...	—	—	—	—	—
Urgency Certificate (Sec. 29, M.H.A., 1959) ...	—	—	—	—	—
Hospital Order (Sec. 60, M.H.A., 1959) ...	—	—	1	—	1
Temporary (Circular M.O.H. 5/52) ...	5	4	1	1	11
TOTALS ...	6	6	4	4	20
Patients awaiting vacancies in hospital ...	2	1	2	—	5

TABLE XXX

	Under 16		Over 16		Total
	M.	F.	M.	F.	
Patients in the community who are:					
(a) Attending Junior Training Centre	13	18	—	—	31
(b) Attending Snr. Girls' Training Centre ...	—	—	—	21	21
(c) Attending Training & Industrial Centre ...	—	—	18	—	18
Totals	13	18	18	21	70
Patients in the community for whom suitable employment has been found					
	—	—	69	25	94

TABLE XXXI

Total cases under supervision at the end of 1963	Under 16		Over 16		Total
	M.	F.	M.	F.	
In the community	13	19	119	82	233
Under Guardianship	—	—	—	—	—
In hospitals (including patients on leave)	17	8	53	41	119
Totals	30	27	172	123	352
Total after care visits and interviews					
					1,837

PART V

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. E. M. Osborne, 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.

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 reflected the situation in 1963.

TABLE XXIV

Age Distribution of Blind Persons in Darlington

	Under 16	16—29	30—49	50—64	65—69	Over 70	TOTAL
Men	3	1	5	17	8	18	52
Women	2	2	5	11	6	48	74
TOTAL ...	5	3	10	28	14	66	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	4

PART VI

Growing Points**§ 1. HEALTH EDUCATION**

Health education was pursued in 1963 along much the same lines as in previous years, that is to say members of your staff gave talks and took part in discussions as invited by various groups in the town, and bulletin letters were issued according to the distribution list of interested organisations. Naturally, a major objective of health education was the discouragement of smoking, particularly of cigarettes, and to this end a campaign in the schools, youth clubs and factories was launched. The Central Office of Information of the Ministry of Health produces from time to time posters on the subject, which are often in the opinion of your Medical Officer of Health of high quality and he thinks of greater shock appeal than those of the Central Council for Health Education. In July a circular letter was sent to industrial firms, large shops, municipal offices and other places of employment, enclosing anti-smoking posters and offering further supplies on request, and in October further propaganda material was sent to youth clubs following a visit in September of a mobile unit of two lecturers from the Central Council for Health Education. These propagandists made an intensive drive to youth clubs and were well received, though with what long-term affect is uncertain. Your Medical Officer of Health wonders whether, having regard to the relative innocuousness of pipe-smoking and cigars, the propaganda drive should be directed not so much towards prevention of smoking altogether, but towards a change in smoking habits in much the same way as William Hogarth in his famous pictures "Beer Street" and "Gin Lane" did his part in diverting popular addiction from gin to less dangerous beer.

Smoking, of course, was not the only subject for attention and in March posters on dental health and on food hygiene were distributed to all schools and schools canteens.

The bulletin letter No. 45, distributed in November, was on the subject of obesity, it being recognised that those who cease to smoke are liable to over-eat and so incur another set of dangers. The whole question of health education in fact underlines a principle well known to our race, that moderation in all things is the clue to the fullest kind of life and that the dangers of affluence are as great in their own ways as the dangers of poverty.

On another tack, two of the health visitors, Mrs. E. Allan and Miss D. Smith, gave a course of lectures on Mothercraft to the Sea Rangers, which extended over a number of weeks, from 7th February to 18th April.

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 6	Alderman Leach Junior P.T.A. ...	Health of Junior School Children ...	Dr. Markham
19	Bondgate Women's Own ...	The Family ...	Dr. Markham

Date	Association	Subject	Speaker
Feb. 21	Union Street Men's Circle	Ethical Dilemmas of Medical Practice	Dr. Walker
22	Salutation Church Women's Fellowship	Any Questions	Dr. Walker
Apr. 2	Cockerton Townswomen's Guild	Geriatrics	Mrs. Barry
18	Greenbank Fellowship	New Lives for Old—Rehabilitation of the Chronic Psychotic	Mr. Price
May 1	Albert Road Sisterhood	New Lives for Old—Rehabilitation of the Chronic Psychotic	Mr. Price
23	Grange Road Young People	New Lives for Old—Rehabilitation of the Chronic Psychotic	Mr. Price
28	Training College Students	The Mentally Sub-normal in the Community	Mr. Price
28	British Red Cross Society	Health Visiting	Miss Winch
June 18	St. Lawrences' Church Fellowship	The Mentally Sub-normal in the Community	Mr. Price
July 4	Student Nurses, Aycliffe	The Mentally Sub-normal in the Community	Mr. Price
Sept. 24	St. Matthew's Guild	Smoking	Dr. Walker
25	College of Further Education	Smoking	Dr. Walker
Nov. 18	S.W. Durham Chamber of Commerce	Current Health Problems	Dr. Walker
Dec. 13	Queen Elizabeth Grammar School Vith Form	Hazards of Science	Dr. Walker
17	Central Co-operative Women's Guild	Obesity	Dr. Markham

Bulletins

No. 44 July 11 Cigarette Smoking.

No. 45 Nov. 6 Are you Overweight?

§ 2. GERIATRICS

Readers of the adventures of Lemuel Gulliver will remember from his Third Voyage that he discovered longevity to be in itself no benefit, but rather an affliction, and the present circumstances of the welfare state may have gone some way towards realising the gloomy foreboding of Jonathan Swift. It is certain that the problems presented by gerontology are almost as urgent today as those of maternal and child welfare were at the beginning of the century and the amount of time given by your officers to geriatrics indicates the shift of attention towards the health of the later part of life. One unfortunate consequence of recent technological progress has been to separate older from younger people even more emphatically than is achieved by time in a more stable society. Another development from which the elderly are prone to suffer is the administratively convenient tendency to aggregate people together in age groups as though they all shared the same problems and outlook. This, of course, is a well recognised phenomenon where teenagers are concerned, but as adolescents are in a growing and differentiating phase of their life they are much less likely to be harmed by such obtuseness than those

who have lived through their most active and productive years and can now so readily be regarded, and come to regard themselves, as fit only for the scrap heap. As Dr. T. H. Rudd, the well known geriatrician at Southampton, has pointed out, one symptom of the loss of status of the old is shown by a common refusal to accord them the individual names and titles such as "Mr." and "Mrs." and address them instead by collectivised words such as "Pop" and "Gran."

The more subtle of these problems which are basically psychological are not apparent from the enquiries of the Health Department, but quite enough comes to light to emphasise the gravity of the position and the need for some careful thought by all concerned, including of course the elderly themselves. The happy situation described in the Annual Report for 1962 whereby your Superintendent Health Visitor, Miss E. Winch, continued to collaborate in house enquiries with Dr. D. P. Degenhardt and the hospital admission department continued in 1963 and a better record sheet was evolved for Miss Winch to complete, from which more detailed information than hitherto has been extracted. For the closely related pensioners' bungalow enquiry (p. 58) a punch-card system of recording was adopted during the year and it is intended to extend this to Miss Winch's geriatric investigations, though at the time of writing it has not been carried out. A good deal of very valuable information is readily available all the same.

The following Tables summarise the circumstances of the persons investigated, who were in all 132 in number. In Table XXXIII which details morbid conditions, all recorded pathology has been included, which means, of course, that the total of defects observed is greater than 132 since in several patients more than one malady existed concurrently.

TABLE XXXIII

	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents)	18	27	45
Myocardial degeneration	6	11	17
Chronic lung diseases	1	3	4
Chronic nervous diseases	1	2	3
Chronic arthritis deformans	—	10	10
Cancer, all sites	—	11	11
Diabetes	2	3	5
All other medical conditions, including acute illness	—	6	6
Surgical Conditions, and Fractures	3	3	6
Senility, including Senile Dementia	6	34	40
Undefined and Non-medical conditions	—	2	2

Tables XXXIV and XXXV record age distribution and social status.

TABLE XXXIV

Age and Sex Distribution

	Under 60		60—70		70—80		80—90		90+	
	Persons	%	Persons	%	Persons	%	Persons	%	Persons	%
Men (32 patients)	1	3.1	8	25.0	15	46.9	6	18.8	2	6.2
Women (100 patients)	5	5.0	15	15.0	34	34.0	41	41.0	5	5.0
Total persons (132 patients)	6	4.5	23	17.5	49	37.1	47	35.6	7	5.3

TABLE XXXV

	Men	Women	Total
Married	18	23	41
Widowed or separated ...	10	60	70
Single	2	12	14
Not stated	2	5	7
TOTAL ...	32	100	132

The following Table summarises various important environmental factors which were not disclosed on all the enquiry sheets; hence the discrepancy between the figure of 132 cases investigated, as shown above, and the total figure of 113 recorded below.

TABLE XXXVI

		Men (28)	Women			All women (85)	Total Persons
			Married	Widows	Single		
Habits	Clean	22	15	42	10	67	89
	Neglectful	6	4	10	—	14	20
	Dirty	—	1	2	—	3	3
	Not stated	—	—	—	1	1	1
Feeding	Eats well	6	2	5	3	10	16
	Poor appetite	18	14	43	6	63	81
	Needs to be fed	4	4	6	2	12	16
Mental State	Clear	15	13	25	8	46	61
	Confused sometimes	8	5	23	1	29	37
	Very confused	4	1	5	1	7	11
	Not defined	1	1	1	1	3	4
Mobility	Outdoors with assistance	—	1	2	—	3	3
	Housefast	10	6	14	4	24	34
	Bedfast	18	15	37	6	58	76
Sight	Failing	12	12	27	3	42	54
	Blind	2	1	5	—	6	8
Hearing	Deafened	11	8	2	3	13	24
District nurse in attendance ...		6	7	12	6	25	31
Home help in attendance ...		2	3	15	1	19	21

One common misadventure of old age is failure to control excretion, which may lead to great distress both to the patient concerned and to his friends. Among the persons investigated, 9 men and 11 women were incontinent of urine and 5 men and 9 women of faeces, 13 of this last number being also included among the incontinent of urine. Another tragic failing is recorded under the heading of "Sight" and "Hearing", where it will be observed that 62 person suffered from failing sight, of whom 14 were blind (which in this context means practically sightless). There were 24 persons who were deafened to varying degrees and 4 were described as both blind and deaf.

As has been observed before, though considerable use is made of both the district nursing and home help services, it's amount is small relative to the apparent need and though in fact there is no evidence whatever that any case in need of help under these headings is left unaided one may wonder whether there may not be some scope for services in the home that require less than nursing skill, but are not within the proper range of a home help, e.g. bed-making for a bedfast patient and giving a blanket bath. There might be opportunity for voluntary services in this connection and the possibilities of co-operation of such organisations as British Red Cross and St. John's Ambulance with your home nursing service are being explored.

Upon whom, then, does the maximum onus for looking after the old devolve? In 117 instances it was possible to extract from the record an answer to this question, which is as follows:

<i>Men (32)</i>		<i>Women (85)</i>	
Cared for by:		Cared for by:	
Wife	16	Husband	11
Daughter	6	Daughter	30
Son and daughter-in-law	3	Son and daughter-in-law	12
Sister	1	Sister	4
Friend or neighbour	2	Brother or sister-in-law	4
Uncertain—undefined	4	Grand-daughter	1
		Aunt	1
		Niece	4
		Friend or neighbour	4
		"No-one", or uncertain	14

The question of what is to happen to elderly patients after their discharge from hospital is in every particular as important as their admission at need to it and weekly case conferences are held between the Consultant Physician and the Senior Hospital Medical Officer (Drs. Degenhardt and Sutcliffe), the Superintendent Health Visitor and, latterly, a representative of the Welfare Department to consider the after-care at home or elsewhere of such patients. While recognising with much satisfaction the many families who accept the continuing care of aged members as a matter of course, it has to be accepted that many resent this duty, undertake it at best with a bad grace or refuse it altogether. To such as these admission to hospital may have seemed the end of their responsibility and they are not at all pleased to learn that the aged parent or parent-in-law is to return to their roof. To attempt to make this complex psycho-social adjustment in as many cases as possible is another of the onerous tasks of your health visitors and particularly of Miss Winch.

When all is said and done, however, a group remains that is likely to grow larger with the years of elderly patients who are too infirm and decrepit for ordinary homes and welfare hostels, but whose condition, no longer amenable to any but palliative treatment, is not suitable for hospitals which more and more will aim at providing for short-stay and community-care patients. Where men are concerned Darlington is fortunate in having available the Brothers of St. John of God, whose institutions at Scorton and Croft have discharged and will discharge so valuable a service to the chronic sick. An order of women religious with like terms of reference for the benefit of the female sex would be very welcome in this area to establish a similar hospital,

and then indeed the area would be well provided. It is clear that the type of patient for whom response to treatment is likely to be minimal and whose future must necessarily exhibit a continuously downward course is particularly suitable for the care of those whose vocation it is to give without counting the cost and to strive without expectation of worldly return for it.

§ 3. ACCIDENTS IN THE HOME

The epidemiology of accidents is one of the most urgent studies for preventive medicine and various organisations exist, notably the Royal Society for the Prevention of Accidents, to curtail and abate them as much as possible. Unfortunately, the information available to your Health Department about the majority of accidents, even where these affect children, is less complete than might be wished. Your health visitors pursue enquiries where incidents are known to them, but a much more thorough-going liaison between the casualty department and the wards of the Darlington Memorial Hospital and the Health Department will be necessary before your Medical Officer of Health feels able to give any account of authoritative yearly survey of the situation. The causes of difficulty in this respect are numerous and no blame is attributed to any party; here is one of those things which time and fuller co-operation all round will cure. Respecting the small number of accidents, mostly quite trivial, where health visitors submitted reports, the following information is available.

Age and Sex Distribution

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Under 1 year	1	—	1
1 to 2 years	2	3	5
2 to 5 years	4	—	4

Nature of Injuries

Burns and scalds	4	3	7
Head injuries (not fractures)	1	—	1
Fractures	1	—	1
Crushed fingers	1	—	1

Preventable Factors

Lack of parental care	4	3	7
No definable factor	3	—	3

Of the health visitors reporting, 4 cases were investigated by one health visitor, 2 each by two others and 1 each by a fourth and fifth.

Where children are concerned it is only fair to say that accidents cannot be eliminated altogether, nor is it wholly desirable that they should be, since wherever adventure is accepted the possibility of injury must follow. What is important for parents and educators is to make sure as far as possible that no unreasonable risks are taken and accidents involving burns and scalds or poisoning are deplorable in a sense that accidents due to a fall are not.

§ 4. AN EXPERIMENT IN CO-OPERATION

In September, 1962, an informal conference was held, attended by your Medical Officer of Health, when the Rev. H. Saxby, Vicar of St. Mary's Church, Cockerton, raised the question of closer co-operation between the services of the local health authority and religious organisations in his area. He felt a good deal of good will existed among members of his and other communities towards charitable actions of various kinds for other people which could supplement some of the services given by the local authority. What he had in mind was visiting the aged, sitting in with children or invalids, to allow married couples an evening to themselves, and similar functions. The upshot of this discussion was a meeting convened by your Medical Officer of Health in December, 1962, when representatives of the Anglican, Roman Catholic and Methodist Churches from Cockerton met at the Health Department various of its members, including Miss Winch and other health visitors, Miss Beckett and the district nurse for Cockerton, and Miss Lumb. At the meeting questions on the quantity and kind of help available were discussed and the need for free communications between the parties concerned. Each of the three clergymen present was confident that he had among his flock sufficient means to meet its own needs in respect of the services in question, but, as Mr. Saxby emphasised, many people in Cockerton have no more than formal connection with any church and the persons of good will upon whom reliance would be made for help to other parishioners must be willing to extend their benevolence to people of any denomination or of none. With this Father White and Mr. Hunter were in full agreement and a second meeting was arranged for 25th January, 1963, to allow for thought on the project and plans for further action. To this meeting the Chief Welfare Officer, Mr. A. Clarkson, was invited, but he was unfortunately unable to attend it. The outcome of this second occasion was the provision of certain names from the Health Department side where visiting, sitting-in and message-taking would be helpful, and these were passed on to the clergy for such action as they might be able to take. When, three months later on 26th April, 1963, a third meeting was held, a good deal of information was exchanged, though no very clear pattern had as yet emerged as to what lines of action could most profitably be pursued, and a fourth meeting was arranged for July, again for further reporting of progress. Here the Methodist Minister was unfortunately absent, as Mr. Hunter had retired and his successor was not yet available. Mr. Saxby and Father White were both satisfied with their own resources to meet needs known to them, but no wider extension of service in the manner originally foreshadowed seemed to have been achieved. It was proposed that the next meeting should be held in Cockerton itself, with representatives of the public present, but up to date it has not been convened.

Your Medical Officer of Health has included this note in the Annual Report, not because any striking achievement has been gained, but because it represents the sort of co-operation between voluntary and public bodies which needs to be developed if the maximum of available talent is to be properly used.

PART VII

Other Services**§ 1. HOUSING****General**

As in previous recent years, cases for special consideration in respect of housing under the Corporation scheme on account of unsuitable and unsatisfactory accommodation otherwise, perhaps for medical reasons, have been brought from time to time to the notice of your Medical Officer of Health. Most often the applicant has written to ask for an interview, frequently supporting his, or more often her, request with a doctor's certificate, or bringing a certificate with her when she came. In certain other cases members of the Council have mentioned them. Sometimes on investigation the circumstances did not permit of any action or perhaps rehousing was not the answer to the problem in hand, and in other instances rehousing in the normal course of events takes place very quickly after the enquiry, which meant that the Health Department obtained a credit which may not strictly be its due. Sometimes the case is argued for a shortening of the year's waiting period which normally the Housing Committee demands of all applicants, but during 1963 no example of sufficient gravity arose to justify your Medical Officer of Health in making such a request; in fact, in fifteen years shortening of this period has only been granted in 2 cases.

Pensioners' Bungalow Enquiry

During 1963 the circumstances of 109 applications, 184 individuals in all, were investigated. This compares with 90 in 1962, 86 in 1961 and 133 in 1960. The first year, 1959, in which the scheme was operated provided the largest number of applications, when 150 were visited and reported upon. Thus in five years the total figure of 487 gives some idea of the magnitude of the problem, which figure is actually less than the number of applications received by the Housing Department, since some move out of the town and are otherwise untraced, some write to say they have made their own arrangements and others are claimed by death. The total number of human persons is, of course, greater than this figure, since an applicant may be a single person or the head of a family unit, married couple or otherwise. The great majority of single people are widows.

Every service needs constant self-criticism and reassessment and the time may be ripe to consider what advantages are gained by this investigation which your Medical Officer of Health undertakes personally and which in itself and in its recording consumes a good deal of time. Quite obviously a change of residence is not the cure for all, nor for many of the misfortunes of old

age and while in some circumstances it has provided a much needed release from too large or inconvenient a house, or from sharing the hearth of another where welcome was worn out, to others the break with familiar even if resented surroundings has proved a regretted step and they have longed to return to their earlier conditions. For many the change seems to promise more than it can ever realise, becoming for them something of an earthly paradise, and for these it is undoubtedly better to travel hopefully than to arrive. Your Medical Officer of Health has to try to assess all the various factors, physical and psychological, which each case presents to him and to make an appropriate recommendation, but since he is much aware of the medico-social challenge presented at the present time by old age he welcomes this unique opportunity of contacting older citizens and learning at first hand how they find themselves. The usual distribution of natural phenomena is to be found as much here as elsewhere; there are a few outstandingly tragic and difficult cases, but most are coping with various disabilities with reasonable success. There will also be, of course, a few examples of outstandingly good adjustment, but these will not be anxious to change their environment and so will not apply under the Corporation scheme.

The following Table gives an analysis of the work carried out. There is not an exact correspondence between the number named by the Housing Department and the number investigated because of failure to contact some of them.

TABLE XXXVII

	Priority	Recommended	Retain without urgency	May be postponed	Total investigated	Made own arrangements	Died before visit	Untraced	Total named to Health Department
Couples living in rooms	—	—	—	—	—	1	1	—	2
One person living in rooms	1	6	8	1	16	2	1	8	27
Couples tenants of house	2	8	6	5	21	1	—	2	24
One person tenant of house	1	10	9	6	26	3	3	5	37
Couples owner-occupiers	1	2	8	2	13	1	—	1	15
One person owner-occupier	—	5	3	—	8	3	—	1	12
Tenants of Council houses	2	7	5	2	16	—	—	—	16
Seen out of turn or for special reason ...	1	3	5	—	9	—	—	—	9
Total	8	41	44	16	109	11	5	17	142

This year a somewhat different policy has been adopted and the report is upon all cases visited in 1963 as distinct from all cases eligible for consideration, as in the previous year. The earlier policy had involved the inclusion of the first quarter's visits with those made in the three last quarters of the year before and the change in reckoning has been compensated for in the figures given at the beginning of this chapter of work carried out in 1963 and previously, and in the statistics which follow the number appropriate for the first quarter of 1963, which were also included in the figures for 1962, are placed in brackets after the main figure.

Final Marking:

Ungraded or awarded no marks ...	...	...	4	(1)
Awarded $\frac{1}{2}$ mark ...	...	...	9	(4)
Awarded 1 mark ...	...	...	23	(8)
Awarded $1\frac{1}{2}$ marks ...	...	...	24	(3)
Awarded 2 marks...	...	...	42	(8)
Awarded 3 marks...	...	...	7	(4)

Adjustment:

Content ...	...	...	41	(10)
Adjustment fair ...	...	...	53	(13)
Overall unhappy ...	...	...	20	(5)
Miserable ...	...	...	3	(0)
Ungraded ...	...	...	2	(0)

Housekeeping:

House-proud ...	...	...	8	(2)
Good standard ...	...	...	51	(13)
Adequate standard ...	...	...	39	(11)
Sub-standard ...	...	...	5	(1)
Ungraded ...	...	...	6	(1)

The age distribution (this is given as of all applicants named by the Housing Department) was as follows:

60-69 years ...	...	23 (5) men	69 (19) women
70-79 years ...	...	25 (7) men	55 (15) women
Over 80 years ...	...	6 (2) men	6 (2) women

This last observation tends to confirm the finding reported by Sheldon and other gerontologists, that when extreme old age is reached the discrepancy between the sexes shown by the higher survival rate of women tends to disappear.

The civic state of the applicants investigated was as follows:

Married couples ...	...	...	40	(11)
Widowed men ...	...	...	4	(0)
Single men ...	...	...	1	(0)
Widowed women ...	...	...	51	(12)
Separated or divorced women ...	...	...	3	(1)
Single women ...	...	...	10	(4)

The circumstances of 4 of the 7 cases awarded priority were detailed in the Annual Report for 1962, having been visited in the first quarter of the present year ("D", "G.2", "H" and "T.1"). The other 3 cases presented the following adverse features:

- C/63 Widow oppressed by loneliness and dereliction, living in a house much too big for her and frightened both of the house and on account of its relatively isolated neighbourhood.
- F/63 A widow physically handicapped and living in uncertain circumstances without security of tenure on account of family complications.
- T/63 A widow, semi-invalid, living in Corporation property on periphery of town and needing more central site to enable her to receive help from family.

One applicant seen in the first quarter of the year and allocated for retention on list without urgency was seen again in October owing to a radical change in her circumstances, when the death of the occupier for whom she had been housekeeper rendered her incipiently homeless.

The Dynamics of Old Age

The following re-visits, 52 in all, were made to applicants in the previous year.

	Upgraded	Mark unchanged	Downgraded
First seen in 1959	9	3	—
First seen in 1960	13	6	—
First seen in 1961	7	1	—
First seen in 1962	12	—	1

Six of these revisits were upgraded to an award of priority on the following grounds:

- C/62 A spinster living alone who had shown deterioration of health in interim.
- W/62 Man and wife where former has hemiplegia. Wife now finding housework increasingly difficult.
- E/61 Widow living with married daughter. Growing family causes pressure on sleeping accommodation and old lady no longer welcome.
- G/60 Brother and sister with deteriorating health of each and threat of eviction.
- K/60 Man and wife. Deterioration of health of wife, for whom stairs are now impossible.
- McL/60 Man and wife. Difficult medical circumstances complicated by threat of eviction.

It will be appreciated that applicants under review in the later years of life are likely to suffer a deterioration of their circumstances, physical, mental and sociological, and the task of tracing their deterioration over the years is a melancholy one; thus as time elapses subsequent to the first visit of your Medical Officer of Health without any sign of the desired rehousing (as in fact will never happen if the award in the first instance was "May be postponed" or "Retain without urgency"), a request to explain why no action has been taken, or for a revisit, becomes ever more likely and when the revisit has been made the chance of an upgrading of category is probable. Your Medical Officer of Health is well aware that the numbers of "Recommended" applicants are greater than are likely to be satisfied and, while keeping a most rigorous control of the priority category, he will need to pay some thought to differentiating the "Recommended" into grades of greater or less urgency. During the year 45 applicants were rehoused to bungalows and flats. This is nearer a half than a third of the number investigated.

Slum Clearance

More detailed reference to this matter will be found in the Chief Public Health Inspector's section of the Report. Suffice it to state in this context that during 1963, 6 small clearance areas were represented, consisting in all of 121 houses and defined as Oxford Street, Wooler Street, Longfield Road, Model Place and Russell Street Nos. I and II Clearance Areas. This brings you still nearer to the end of the original five-year plan which was first launched in 1954 and has taken rather longer than five years to complete, but, as your Chief Public Health Inspector and Medical Officer of Health have often reminded you, relatively speaking the slum problem in Darlington is a small one.

Following the principle that by its nature there can be no end to the need to renew and replace houses, since all material things wear out, your officials presented a report to the Health Committee indicating certain further areas in the town where in their opinion the majority of houses are of insufficient structural soundness to merit improvement grants and to which the procedure of slum clearance might with advantage be extended during the next ten or fifteen years. In all, these areas constitute a total of 1,626 houses, a quite formidable figure by Darlington standards, and before any projects are launched your officials hope to confer with colleagues in other of your departments. There is also the question of town planning that has a bearing on health, which is whether the housing development of the County Borough of the future should go outwards or up. Your Medical Officer of Health favours the latter.

§ 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 XXXVIII

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1963

Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.70	29.10	44	8	2.04	.59	3	18
February	30.25	29.00	45	10	1.59	.45	7	16
March ...	30.25	28.55	55	12	2.14	.39	29	22
April ...	30.10	28.75	65	33	1.90	.32	3	18
May ...	30.30	29.10	72	34	1.13	.40	10	15
June ...	30.00	28.95	77	47	3.37	.73	28	16
July ...	30.30	29.35	83	41	1.33	.54	4	15
August...	29.90	29.05	78	41	4.04	1.40	4	19
September	30.15	29.00	78	40	2.34	.92	1	12
October	30.15	29.05	64	39	1.37	.36	31	8
November	29.00	28.35	56	26	4.16	.75	10	25
December	30.25	29.20	49	20	.89	.20	14	15
Totals ...	—	—	—	—	26.30	—	—	199
Averages	—	—	—	—	2.19	—	—	16

Atmospheric Pollution

Darlington is one of the 16 constituent member authorities of the Tees-side Clean Air Committee which operate a total of 57 deposit gauges (Darlington 4), 14 lead peroxide instruments (Darlington 1) and 26 volumetric smoke filters (Darlington 2).

Your Chief Public Health Inspector has regularly attended the meetings of the committee and its technical sub-committee at which problems of mutual interest are discussed, and enthusiasm is maintained in the quest for clean air.

In Darlington, your inspectors made 55 observations relating to all types of pollutant emissions, and 78 interviews or visits to plants were made regarding emissions.

Several worth-while improvements have been made to industrial apparatus which will reduce pollution, and intermittent pollution has also been reduced following interviews with operating personnel.

Grit emission from the Memorial Hospital chimney was responsible for numerous complaints towards the end of the year, and it was with feelings of relief that one noted the progress of work on the new boilerhouse, the completion of which will end the useful life of the existing chimney.

It is hoped that when the Darlington by-pass road is finally completed, the decrease in local traffic will result in cleaner air in the town.

New Furnaces and Chimneys

The Clean Air Act requires that new furnaces shall be capable of continuous operation without emitting smoke, and that new chimneys shall be of sufficient height to prevent smoke, grit, dust and gases being prejudicial to health. The responsibility for ensuring that these requirements are fulfilled is, to a large extent, that of the public health inspector who works in close liaison with the Borough Surveyor.

It is appropriate here to refer to the value of the Ministry's Memorandum on Chimney Heights published in 1963 which offers guidance on the calculation of chimney heights. Prejudice to health from flue gases should not arise from chimneys whose heights are calculated as recommended, the underlying principal being the higher the chimney the greater the area of dispersal, and therefore the lower the ground level concentration of sulphur dioxide.

The heights of all new chimneys in Darlington are now based on this method of calculation, as it is hoped will be the case with all other authorities in order that uniformity of enforcement will prevail.

The necessity for tall chimneys has sometimes created a conflict of interest with architects who prefer squat, unobtrusive chimneys which will be in harmony with contemporary architecture. The alternative to tall chimneys, of course, is to select a method of heating which is not dependent on solid fuel or oil.

Standard Deposit Gauge Results—Insoluble Matter Average Monthly Deposits in Tons per Square Mile

	<i>Industrial</i>			<i>Semi-Industrial</i>			<i>Residential</i>		
	1963	1962	1961	1963	1962	1961	1963	1962	1961
Darlington	9.05	7.25	9.10	4.29	4.19	4.19	4.17	4.07	3.24
Tees-side	20.03	21.82	20.99	10.86	10.90	11.72	6.34	6.08	5.84

Deposit Gauges measure only deposited matter in the close vicinity of the source. Suspended matter, of which domestic smoke is largely composed, is more accurately measured by volumetric smoke filters, figures from which appear in the following table.

Summary of Smoke Filter Readings in Darlington for the year 1963

	<i>Highest</i>	<i>Lowest</i>	<i>Average</i>
Victoria Road (January to October)	631	2	147
Gladstone Street (June to December)	936	13	120

Smoke filters measure the concentrations of smoke within $\frac{1}{4}$ to $\frac{1}{2}$ mile radius of the instrument.

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	14.0	8.0	7.0	5.1	17.8	24.1	12.4	6.2	3.9	1.5

§ 3. LABORATORY SERVICE

A good deal of work in the department is carried out by the Public Health Laboratory at Northallerton and the same use was made of it as in previous years. The personal interest taken by Dr. D. J. H. Payne, the Director of the Laboratory, and Dr. P. N. Coleman, must be acknowledged gratefully, as on previous occasions.

One important piece of research carried out on a national basis and entrusted to the Public Health Laboratory Service for local implementation has been in connection with virus diseases during pregnancy. As you will know, a specimen of blood is normally taken as a routine from every expectant mother to ascertain whether she is anaemic, her blood group and, especially in the case of a first pregnancy, her Rhesus factor. This blood would also show agglutinations to viruses had the mother suffered recently from infection by them and the object of the research was to examine every child born to a mother from whom a specimen of blood serum remained in store, when he or she had attained the age of a year old, in order to discover whether any congenital defects were apparent. In the event of such defects, e.g., hare lip, or deafness, being found a check would be made upon the corresponding maternal blood against common viruses and if positive agglutinations were found in a substantial proportion of such cases evidence of damage by virus infection during pregnancy would be materially increased. This is a valuable but complex piece of research, which could only show findings of value from a very large number of individual investigations, but your department co-operated with the Laboratory and a very large number of children at or about one year old were submitted to a more than usually rigorous examination in accordance with the request made by the Director of the Laboratory and the appropriate forms were completed. Your Deputy Medical Officer of Health, who has had considerable paediatric experience, acted as a collator of the forms for Darlington.

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

§ 4. MEDICAL EXAMINATIONS

In his Annual Report for 1962 your Medical Officer of Health made some notes under this heading respecting the value of medical examination of Corporation employees, whether for fitness for service or for superannuation, or for fitness after illness. During 1963 the matter was pursued with the Finance Committee, with a view to considerable modification of the number of employees submitted for such examination. Following the policy of numerous other authorities, it was recommended that no more than a signed and witnessed statement of freedom from illness should be required from the majority of new entrants to appointments, something more being necessary in respect of school teachers, those who for any reason were in close contact with children, and food handlers. During 1963, however, no actual change was made and the work carried out is summarised in the following Table,

TABLE XXXIX

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	1	...	...	...	1	...	2	...	2
Civil Defence	...	...	...	...	...	...	...	...	...
Education	1	2	...	11	47	50	48	63	111
Fire	2	...	9	...	16	...	27	...	27
Health	1	1	...	7	3	11	4	19	23
Library and Museum ...	1	1	...	...	...	2	1	3	4
Markets	...	...	2	...	2	...	4	...	4
Parks, Cemeteries and Baths	7	...	13	...	4	...	24	...	24
District Nurses	...	...	...	...	...	...	...	...	...
Surveyor's (incl. Water)	14	...	33	1	22	1	69	2	71
Town Clerk's	...	...	...	...	1	1	1	1	2
Treasurer's	...	...	...	1	5	1	5	2	7
Transport	24	6	4	...	9	3	37	9	46
Weights & Measures ...	...	...	...	...	1	...	1	...	1
Welfare (incl. East Haven Hos.)	...	2	1	17	...	...	1	19	20
Others	...	...	...	1	1	4	1	5	6
TOTALS ...	51	12	62	38	112	73	225	123	348

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

Details of the total water consumption per year since 1954 are given below. The water consumption increased by 90,370,000 gallons during the year. Approximately one-third of this increase was due to an increase in consumption by large industrial users and two-thirds to an increase in consumption by domestic and small industrial users. No water has been supplied to the Tees Valley and Cleveland Water Board since June, 1960.

Year ending 31st December					Gallons Pumped
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
1961	...	...	...	...	2,031,665,000
1962	...	...	...	...	2,045,440,000
1963	...	...	...	...	2,135,810,000

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. Work is now in progress on the construction of a 4,000 million gallon reservoir at Balderhead by the Tees Valley and Cleveland Water Board, 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 number of dwelling houses within the Borough is 27,682. The whole of these are supplied by water mains direct into the houses except 23 which are served by stand pipes, i.e., out of a total population of 84,210, 80 are served by stand pipes.

Sewerage—A scheme for the next stage of the Main Outfall Sewer from Feethams to the connection with the new Cocker Beck Valley Sewer at Valley Street has been approved in principle by the Ministry of Housing and Local Government.

A contract has been let for providing the foul and surface water sewers required in connection with the initial development of land to be used for industrial purposes in the Yarm Road Area.

Sewage Disposal Works—Modernisation of the Sewage Disposal Works is being carried out in stages.

The Primary Treatment side of the Works (stage 1B) comprising new Constant Flow Detritus Tanks, Automatic Screening and Comminutor Equipment, Flume and Channels to the Sedimentation Tanks has been completed at a cost of £42,000.

The Ministry of Housing and Local Government have approved in principle and have authorised the Corporation to invite tenders for the final stages of modernisation comprising Biological Treatment and Sludge Digestion processes.

Detailed design work is now proceeding preparatory to the invitation of tenders for the main Contract.

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 Corporation have taken over the service of the Crematorium in the West Cemetery.

§ 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.

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.

Warm Baths—Ladies' and gents' suites, 14 cubicles in all and 11,374 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 1963/64 a total of 304,937 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 400 Corporation certificates were awarded to children successfully swimming unaided 48 ft., the width of the Kendrew Bath. Since the commencement of the scheme 3,728 children have qualified as competent swimmers.

Poliomyelitis rehabilitation—A total of 3 patients registered during the year and collectively made 176 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 92% 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 80,517 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 3,000 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 72 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 VIII

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 writing this introduction to my 16th annual report on the work of the Public Health Inspectors.

Although it has not been possible to devote as much attention to some of our duties as one would have wished, at least it can be said that no single duty has been entirely neglected during the year. Our first aim always is to give speedy attention to complaints, and some routine work can usually be dealt with in the same locality. The acquisition of a van has been a wonderful asset, and its daily use has contributed to the efficiency of the Department.

This year has seen a change of mood from one of depression to one of optimism. New industries and new people are coming north, and in seeking to make the town more attractive, it becomes a more important part of our task to assist in the removal of second class housing conditions to make way for attractive development. Clean air and clean food from clean shops are other important factors in a town's attractiveness, and these matters are constantly exercising our attention. Unfortunately, the announcement during the year that new smoke control areas could not depend on coke suitable for open fires caused one's enthusiasm in that direction to be somewhat tempered.

Meat inspection has always been conscientiously performed, and therefore the new Meat Inspection Regulations have made little difference in Darlington except that the service may now be regarded as financially self-supporting because of the charges levied for each inspection.

The Offices, Shops and Railway Premises Act was passed during the year, but fortunately its operation was postponed until a date to be appointed. This delay will enable local authorities to assess the magnitude of the task, and to make appropriate staffing provisions to deal with it.

The increasing burden of responsibility placed upon us by the ever widening field of legislation forces one ultimately to the conclusion that some reorganisation within the department may become necessary. The creation of appointments for senior inspectors to be in charge of the department's principal activities, for instance, housing, food, clean air, offices and shops act would have a stabilising influence on the staff in that internal promotion prospects would be available. It would also facilitate project planning to ensure a steady flow of work from each section.

In conclusion, I have pleasure in expressing my thanks to the members of the Health Committee and to the Medical Officer of Health for their support and encouragement, and to my staff for their loyalty 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	...	...	...	...	1,047
Slum clearance	...	...	...	...	850
Improvement grants	...	...	...	...	230
Certificates of disrepair	...	...	...	...	19
Re-inspections	...	...	...	...	1,867
Overcrowding and re-housing investigations	...	...	...	...	34
Living vans	...	...	...	...	556
Common lodging houses	...	...	...	...	12
Sundry nuisances	...	...	...	...	186
Interviews with owners, builders, etc.	...	...	...	...	1,738
					6,539

Food Inspections

Abattoir	...	...	...	...	782
Private slaughterhouses	...	...	...	...	803
Registered food premises	...	...	...	...	160
Food shops	...	...	...	...	853
Unsound food	...	...	...	...	185
Catering premises	...	...	...	...	160
Bakehouses	...	...	...	...	102
Fish friers	...	...	...	...	57
Ice cream manufacturers	...	...	...	...	25
Ice cream vendors	...	...	...	...	303
Dairies and milk shops	...	...	...	...	188
Licensed premises and clubs	...	...	...	...	14
Market shops and stalls	...	...	...	...	149
Samplings	...	...	...	...	210
					3,991

Sundry Inspections

Rat infestation	...	...	...	...	1,607
Infectious diseases and contacts	...	...	...	...	206
Factories, outworkers and workshops	...	...	...	...	161
Pharmacy and Poisons Act	...	...	...	...	33
Offensive trades	...	...	...	...	53
Smoke abatement	...	...	...	...	272
Disinfections and disinfestations	...	...	...	...	426
Pet animals	...	...	...	...	21
Miscellaneous inspections	...	...	...	...	522
Ineffective visits	...	...	...	...	1,226
					4,527

Total Inspections

Housing conditions	6,539
Food inspections	3,991
Sundry inspections	4,527
	15,057

Nuisances and Complaints

674 complaints were received and investigated during the year. As usual, the majority of complaints referred to housing defects although some were found on investigation to arise from neighbours' quarrels. These usually concern matters of a trivial nature which are properly left to the opposing parties after informal efforts at settlement have been made.

During some weeks of the year, particularly in January and October, the deposit of grit was heavy in the area surrounding the Memorial Hospital which resulted in many complaints to this Department.

It is confidently expected that by the time this Report is published the old chimney and boilers will have been dismantled and modern equipment installed which will put an end to a serious problem of many years duration.

§ 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		289
(2) Number of houses in which insanitary conditions, not strictly of a structural character, were remedied ...		55
Action under Statutory Powers		
<i>(a) Proceedings under Section 9, Housing Act, 1957 :</i>		
(1) Number of dwelling houses in respect of which notices were served requiring repairs		14
(2) Number of dwelling houses rendered fit after service of formal notices :		
(a) By owners		13
(b) By Local Authority in default of owners ...		—
<i>(b) 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		76
(b) By Local Authority in default of owners ...		1
(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices		39
(3) Total number of defects remedied as a result of informal and formal action		1,794

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) Demolition or Closing Orders made under Sections 17(1) and 18(1)	1	4

Clearance Areas

During the year, official representations were made in respect of the following areas:—

Area	Number of Properties
Longfield Road (C.P.O.)	15
Oxford Street (C.P.O.)	8
Oxford Street (C.O.)	10
Wooler Street (C.P.O.)	5
Model Place (C.P.O.)	69
Russell Street No. 1 (C.P.O.)	6
Russell Street No. 2 (C.P.O.)	8
	121

The Minister confirmed the Longfield Road, Oxford Street and Wooler Street Orders which included 38 houses.

All houses included in the Fry Street Compulsory Purchase Order were demolished during the year.

Housing

A report was submitted for consideration by the Health Committee on the question of future clearance areas and the wider problems presented by areas of obsolescent houses in the town.

One of the main problems arising in these areas is the conflict of interest between clearance areas and improvement grants. Houses that are improved to the standard required for the approval of a grant, even a "standard" grant, are placed outside the unfitness category for a long period of time, and whilst this is a laudable objective in areas which should be perpetuated, it tends to create difficulties or barriers in areas which are obviously in need of redevelopment, or where re-planning should follow as a logical consequence of clearance area procedure.

The areas nominated in the report each contain blocks of property that are deemed to be eligible for clearance, and as such would form the nuclei for redevelopment schemes. The fact that the majority of the houses surrounding these nuclei also have some aspects of unfitness permits of a certain degree of latitude in the selection and size of clearance areas after paying due regard to planning requirements. It will be seen, therefore, that indiscriminate approval of improvement grants would not only be a wasteful investment, but could also be an impediment to progress.

It is also important to bear in mind that the sites of small clearance areas usually cannot in themselves be satisfactorily developed, and if useless derelict sites are to be avoided, it is necessary that comprehensive redevelopment of wider areas be considered in each case. Such development should have regard not only to land requirements for road schemes, public buildings, and other municipal projects, but also to residential redevelopment for its own sake.

The estimated number of houses whose future is likely to be affected by the report is 1,354 in addition to 212 already scheduled in proposed clearance areas.

The acceptance of the report was deferred pending its further consideration by a sub-committee.

RENT ACT, 1957

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

(a) For Certificates of Disrepair	...	...	...	12
(b) Certificates refused or withdrawn	...	...	...	1
(c) Undertakings received	...	...	...	7
(d) Certificates issued	...	...	...	4

Caravan Sites

Terms were agreed between the Council and the Showmen's Guild for lease by the latter of land in Cricketfield Row as a caravan site. The Guild accepted responsibility for providing the basic amenities, and since opening, the site has been well-maintained and has served a useful purpose for a limited number of active and retired members of the Guild. At the same time, it solved the problem of unauthorised parking of caravans in Harry Street, that site now being closed.

The McMullen Road site has remained fully occupied during the year, but the waiting list reveals that there has been a decline in the demand for sites.

The electrical installation was completed early in the year, and the site is now adequately lighted, and each caravan standing is separately metered. This was an expensive project, but the improvement has been greatly appreciated by the tenants, and the cost has been offset by increases in rent.

The two small yards off Parkgate are doomed by the ring road proposals, and were to have been vacated in August. A temporary reprieve was arranged in the hope that it would solve the over-winter problems of some of the regular users. The permanent users have been offered the alternative of housing, or permanent sites in McMullen Road.

The usual problem of unauthorised parking on clearance sites and car parks has been kept fairly well under control by putting into operation the agreed enforcement action whenever offenders are observed on the usual trouble spots. Prohibition notices on car parks do not deter those people who conveniently cannot read.

Nuisance on Undeveloped Land

Brunswick Street Clearance Area has long been the haunt of car breakers and scrap metal collectors whose bonfires, noise and rubbish have frequently given residents in that area cause to complain to this Department. Since making a small plot of land on the outskirts of the town available for rent for the principal offenders, the situation has greatly improved. A considerable amount of officials' time is used in controlling this type of nuisance as the legal powers for preventing its recurrence are ineffective.

Noise Abatement Act, 1960

A nuisance has been defined as an inconvenience materially interfering with the ordinary physical comfort of human existence. Noise has been defined as sound which is undesired by the recipient. Precise measurements can be taken of its intensity, but its effect is a matter of human individual evaluation, and is variable according to environment.

The majority of complaints investigated under this section have referred to intermittent noise such as dogs barking or street vendors' sounds. Nuisances from such sources are difficult to prove, even after a succession of visits, and in some cases, direct action by the neighbours themselves could be more effective, provided that the requisite minimum number of three was affected.

Insect Pests and Disinfestation

The following table shows the number and type of infestation, etc., dealt with during 1963:—

Council house relettings	...	...	...	307
Infectious diseases	...	...	...	39
Ants	...	...	...	10
Cockroaches	...	...	...	9
Blow flies	...	...	...	6
Bugs	...	...	...	5
Clover mites	...	...	...	2
Wasps	...	...	...	19
Bees	...	...	...	2
Bluebottles	...	...	...	3
Silverfish	...	...	...	4
Crickets	...	...	...	1

§ 3. FOOD HYGIENE

Food hygiene quite rightly continues to be one of our major activities. A low incidence of food poisoning during the year is a matter for some satisfaction, but not necessarily for complacency, for it is so easy for an isolated incidence of carelessness to spark off a chain reaction of trouble. Irresponsible behaviour amongst food handlers can be of far greater consequence than imperfection of premises, and therefore the importance of scrupulous cleanliness, both personal and otherwise, must be instilled into all food handlers.

Owing to staff shortage it has not been possible to devote as much time to this important work as one would have wished, but at least we have tried to concentrate our efforts on those premises where unsatisfactory conditions

could have the most serious consequences. These, of course, are those in which open food is handled, particularly in the course of manufacturing processes or in catering.

Generally speaking, co-operation has been extremely good, and in only one instance was it deemed necessary to resort to legal proceedings for a contravention of the Food Hygiene Regulations. This was a smoking offence committed by a butcher who had been warned previously, and a fine of £15 and £3 respectively on two offences was imposed together with an order for £6 6s. 0d. advocate's fee. Other minor infringements have been dealt with satisfactorily in an informal manner.

Customers' complaints of unsatisfactory food always result in most thorough investigation, and a great deal of time is spent in conducting the enquiries. The majority of such complaints refer to foreign bodies or mould in food or to dirty milk bottles, and as these are usually indicative of carelessness somewhere in the production/distribution chain, it is customary to report them to the Health Committee.

Legal proceedings were taken in 3 cases with the following results:—

1. Wire in fried chipped potatoes—Fined £10 0s. 0d. + £8 11s. 0d. costs.
2. Mouldy pork pie—Fined £10 0s. 0d. + £5 5s. 0d. costs.
3. Insects in tin of fruit—Case against vendor dismissed.

The total number of food premises and inspections in the various categories are as follows:—

Types of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	524	853
Markets	2	149
Catering premises	100	160
Bakehouses	45	102
Fish friers	47	57
Licensed premises	64	14
Registered food premises	66	160
(for the manufacture of potted, pressed, pickled or preserved food)		
Ice cream manufacturers	10	25
Vendors of pre-packed ice cream	324	303
Vendors of unwrapped ice cream	41	
Dairies other than dairy farms	4	
Milk distribution premises (ready bottled milk)	178	188
	1,405	2,011

The following samples were taken during routine sampling at slaughtering and meat manufacturing premises to detect the incidence of salmonella organisms:—

<i>Samples submitted to the Public Health Laboratory</i>	<i>Samples reported to be positive</i>	<i>Total positive Salmonellae</i>
122 sausage meat		Nil
11 pork pies		Nil
243 drain/sewer swabs	18 salmonella cubana	38
	1 " montevideo	
	3 " newport	
	1 " bredeney	
	2 " meleagrides	
	1 " typhimurium	
	3 " dublin	
	3 " livingston	
	2 " senftenburg	
	2 " westerside	
	1 " orion	
	1 " liverpool	
235 pig mesenteric glands	1 " typhimurium	3
	1 " enteridides	
	1 " copenhagen	
529 pig faeces	1 " cubana	3
	1 " typhimurium	
	1 " oranienburg	
240 pig caecal swabs	1 " typhimurium	2
	1 " dublin	
Total 1,380		46

In addition, 355 samples of human faeces were submitted to the Public Health Laboratory in connection with suspected food poisoning and dysentery. 318 samples were negative and

23 samples were negative after 1 positive shigella sonnei

6	"	"	"	"	2	"	"	"
4	"	"	"	"	3	"	"	"
1	"	"	"	"	4	"	"	"
2	"	"	"	"	6	"	"	"
1	"	"	"	"	9	"	"	"

§ 4. PRODUCTION AND DISTRIBUTION OF MILK

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

Dairies	Other than Dairy Farms	...	...	...	...	4
Distributors	(a) Bottled milk only (as received)	...	...	...	...	183
	(b) Residing outside, but retailing inside the Borough	...	...	...	...	5

The Milk (Special Designation) Regulations, 1960

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	1
Dealer	...	86	68	124

Bacteriological Examination of Milk

Samples have been taken throughout the year as a check on the efficiency of the pasteurising plants and the cleanliness of all milk retailed in the Borough, with the following results:—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Pasteurised	Methylene Blue Phosphatase	34 34	0 0
T.T. Pasteurised	Methylene Blue Phosphatase	29 29	0 0
Tuberculin Tested	Methylene Blue	41	4
Sterilised	Turbidity	16	0
TOTAL		183	4

In connection with the four samples of tuberculin tested milk which were reported to be unsatisfactory, the facts were reported to the appropriate authority for investigation. Further samples taken were reported to be satisfactory.

In order to check on the efficiency of pasteurising plants, 16 samples of milk bottles were taken from the bottle washing plant and submitted for bacteriological examination. The Bacteriologist reported 8 to be satisfactory and 8 fairly satisfactory.

Biological Examination of Milk

A periodical check of all milk sold in the Borough, particularly that which is not subjected to heat treatment, is made to ascertain its 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 Brucella Abortus	34 30	0 4
Total		64	4

In connection with the four samples which were reported to be unsatisfactory, the facts were reported to the appropriate authority for investigation. Further samples taken were reported to be satisfactory.

§ 5. FOOD AND DRUGS ACTS, 1938 to 1955

147 informal samples of various food and drugs were taken and submitted for chemical analysis. All the samples were reported to be satisfactory with the exception of 3 which showed some slight irregularity and which were dealt with as follows:—

1. Sample of evaporated milk which showed slight fat deficiency. This matter was taken up with the importers and a satisfactory conclusion was reached.
2. A sample of peas. The suppliers agreed to a re-designed label.
3. Sample of fish cakes slightly deficient in fish content. Advice given to manufacturers and further samples reported to be satisfactory.

Ice Cream—Production and Distribution

Registered premises or persons are as follows :—

Manufacturers (Hot mix) ...	...	...	6
Manufacturers (Cold mix) ...	...	...	4
Vendors (Pre-packed) ...	...	...	324
Vendors (Unwrapped) ...	...	...	41

10 samples of ice cream were taken and submitted for bacteriological examination. All the samples were reported to be Provisional Grade A.

§ 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 1963

	Cattle	Calves	Sheep	Pigs	Total
Abattoir	14,144	1,468	31,125	15,861	62,598
Private Slaughterhouses ...	2,518	40	7,392	3,783	13,733
TOTAL ...	16,662	1,508	38,517	19,644	76,331

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

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	13,554	3,108	1,508	38,517	19,644	—
Number inspected	13,554	3,108	1,508	38,517	19,644	—
All diseases except Tuberculosis and Cysticerci.						
Whole carcasses condemned ...	27	61	36	149	110	—
Carcasses of which some part or organ was condemned ...	1,401	219	14	493	1,080	—
Percentage of the number in- spected affected with disease other than tuberculosis or cysticerci	10.53	9.01	3.31	1.66	6.06	—
Tuberculosis only.						
Whole carcasses condemned ...	2	12	2	—	1	—
Carcasses of which some part or organ was condemned ...	56	60	5	—	31	—
Percentage of the number in- spected affected with Tuber- culosis	0.43	2.32	0.46	—	0.16	—
Cysticercosis.						
Carcasses of which some part or organ was condemned ...	4	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration ...	—	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

The Meat Inspection Regulations, 1963

These Regulations, which became operative on 1st October, 1963, require all local authorities to arrange for the inspection by competent inspectors of all animals slaughtered within their districts for sale for human consumption.

The inspections must be done in the detailed manner as prescribed, and when the inspector is satisfied that the carcase is fit for human consumption, he shall mark the carcase with a stamp identifying the inspector. Local authorities are permitted to make charges within prescribed limits for inspections, and the charges payable in Darlington are calculated to cover the cost of the service.

Apart from the charges the important differences that the Regulations have made in Darlington are that the code of practice formerly contained in a memorandum on inspection is now given legal backing, and that each inspector in applying his mark is virtually endorsing his work, and must be prepared to support his own judgment.

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 47 tons 6 cwt. 2 stones 5 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 4 tons 3 cwt. 3 stones 4 lbs. were also found to be unfit for human consumption.

Disposal of Condemned Food

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 the case of the largest private slaughterhouses where a direct collection is made by the processor.

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

Unsalvageable foods are disposed of by controlled tipping.

§ 7. OFFENSIVE TRADES

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

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

With one exception, these trades have been carried on without creating serious nuisances. The exception is a fat melter who in the early part of the year was confronted by an unusual combination of circumstances with the result that raw material reached his premises far in excess of the normal daily capacity of the processing plant. This resulted in stock-piling of the excess putrescent material which soon became a source of nuisance.

The influx of dead sheep coincided with the arrival of a large consignment of pig carcasses sent for destruction by the District Veterinary Officer under the new measures for combating the spread of swine fever.

As soon as your Chief Public Health Inspector became aware of the trouble, he arranged a meeting with the management concerned and it was agreed that factory employees would immediately be organised into shifts to operate 24 hours a day. The source of the nuisance was thus eventually cleared.

Similar steps will be taken by the management to deal with any future contingencies, which in this instance has been caused by the prolonged severe winter exacting its toll of sheep, which could only be collected from the various farms after the thaw.

§ 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 additional 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 29th April to 8th June, 1963 and the second from 14th October to 23rd November, 1963.

	1st	2nd
Total number of manholes in foul and connected systems	1,869	1,869
Manholes baited	286	283
Manholes showing pre-bait take	85	86
Schemes of baiting used	1st, 4th, 1st, 4th 8th, 14th, 8th 14th	
General :		
Premises dealt with		492
Visits made		1,316
Bodies seen—rats		1,409
mice		300
Estimated number of rats killed (assessed Ministry of Food formula)		2,918
Estimated number of mice killed (assessed 1/5th oz. per mouse)		974

§ 9. FACTORIES ACT, 1961

Part 1 of the Act

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

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	33	8	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	305	88	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	17	36	1	—
TOTAL	355	132	3	—

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	Referred By H.M. Inspector	
Want of cleanliness (S.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	—	—	—
(b) Unsuitable or defective	2	6	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	3	8	—	6	—

Part VIII of the Act

Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Sec. 133 (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.	4	—	—	—	—	—
TOTAL ...	4	—	—	—	—	—

MISCELLANEOUS PROVISIONS

Slaughter of Animals Act, 1958

52 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 37 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

33 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 at which 98 beds are available and 12 inspections were made during the year.

These premises are administered by the Salvation Army and under the capable stewardship of Brigadier Lane. Satisfactory conditions have prevailed and it has been his constant endeavour to improve the amenities and to maintain a high standard of cleanliness.

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.

21 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.

Fertilisers and Feeding Stuffs Act, 1926

The principal requirement of this Act is that fertilisers of the soil and animal feeding stuffs must, within narrow limits of variation, measure up in nature, substance and quality to the details given on the Statutory Statement to which every purchaser is entitled.

The Statutory Statements must also conform in detail to the prescribed information in relation to the numerous types of fertilisers and feeding stuffs.

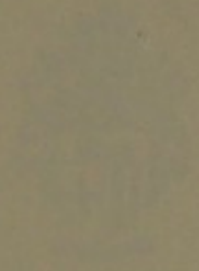
3 formal and 7 informal samples of fertilisers were submitted for analysis.

Quality discrepancies were found in 2 formal and 2 informal samples.

Information on Statutory Statements did not conform to prescribed requirements in relation to 2 formal and 2 informal samples.

Legal Proceedings were instituted in respect of the faults in the formal samples, and the defendants were fined £1 on each of the four offences, and ordered to pay advocate's fee of £7 7s. 0d.

Production has now ceased at the source of supply of one of the unsatisfactory informal samples.



County Borough of Oldham

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALLACE, F.R.S.C., D.M.S.

AS OF

Year Ending 31st December, 1963

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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, 1963

ANNUAL REPORT, 1963

School Clinic,

Feethams,

Darlington.

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

Ladies and Gentlemen,

Once again I am able to submit a satisfactory report on the working of the School Health Service during the year 1963. It is presented in the accustomed form and contains no outstandingly new features though the year under review presented a number of important news items both good and bad.

To deal with the most unsatisfactory item first of all, I have with great regret to record the death of Dr. John F. Bishop. As you all know, Dr. Bishop's health had for some years been precarious but with unflagging devotion he persevered with his tasks, only absenting himself when his degree of illness was quite beyond the mastery of his will. The end came rather suddenly in July, 1963 and a widespread tribute to his memory and respected standing in the town was shown by the large attendance at his funeral service at St. George's Presbyterian Church, where the Minister, the Rev. Stanley O. Jones, praised his past services in a few well chosen words. Dr. W. E. Hutchinson was appointed as a locum following Dr. Bishop's decease and continued with the department to the end of the year, much to the satisfaction of everybody.

Other staff changes include the resignation, for personal reasons, of Mrs. G. Emery, Speech Therapist and Dr. L. F. Mills, Educational Psychologist, who left your service to take up a most promising and important appointment with the City of Newcastle. The fact that his post will involve the building up of a school psychological service from the ground bears the fullest possible witness of his competence and high reputation and though your loss will be another's gain, that does not make it the less onerous.

Another long serving member of your staff to leave you during the year, this time on superannuation, was Miss D. M. Goodinson. She too has shown in later years sincere perseverance in the presence of physical handicaps but again inspired by the highest traditions of service she carried on with the minimum of complaint. Miss Goodinson's retirement took place in December but during the year two School Health Visitors had been appointed, Mrs. M. Crisp and Mrs. J. M. Preston and also an Assistant School Health Visitor, Mrs. D. G. Glanfield, while Mrs. J. Robinson and Mrs. R. A. Nichol were sent for training under the terms of conditions of the Local Authority's Health Visitor Training Scheme.

An important departure was the opening of the Skerne Park Health Centre in April and the Springfield Centre in September. These buildings were primarily for child welfare purposes to supply a newly built up part of the town and to replace unsatisfactory premises. Amenities for school health purposes were included and the Springfield Centre has been chosen to become the base for an experiment in the selective examination of school children in which the Springfield and Haughton Schools are co-operating.

As you will know, the traditional periodical routine school inspection of school children has been under discussion, one might say under fire, for a great many years but no common agreement has been reached in respect of a more efficient system and the Springfield experiment will represent your contribution towards an attempt at the solution of the problem. Within the field of operations the inspection of entrants will remain as before and your School Medical Officer, Dr. E. M. Osborne, who as you know in addition to her medical qualifications possesses the Specialist's Diploma in Child Health, hopes to spend even more time on this work than has been possible elsewhere. Subsequently, however, apart from routine weighing and measuring and testing of sight and hearing, formal medical examination will be in abeyance until leaving age is reached. In the meantime, the School Medical Officer will pay frequent visits to the schools and discussions with the teachers will take place on any child whose progress, scholastically or socially, or whose appearance in school gives occasion for concern. In favour of selective examinations is the economy of time which in traditional usage is expended on normal and healthy children but opponents argue that a good many defects are only discovered by medical examination and would not be brought to notice otherwise. By carrying out what may be called the Springfield Experiment on a limited number of schools of all age groups in the town it may be possible by comparison and contrast to estimate advantages and disadvantages for appropriate future guidance. The schools involved will be Springfield, Haughton Primary and Haughton County Secondary. The Health Centre is conveniently sited for holding discussions with parents and for such examinations as are necessary and as Dr. Osborne frequently visits the schools the obligation to do so on the occasion of a medical inspection will be adequately met.

As the figures and details of the following report confirm so fully, the present generation of school children appears to be about the healthiest this country has ever seen but there are certain adverse sides to the picture which must be recognised. Older adolescents, in particular from school leaving age onwards, as observed out and about in the town, do not appear in many cases to maintain the standard of health achieved in their school days. It is of course true that modern fashions do not help their appearance in this respect and some would almost seem to have entered into a conspiracy to make a period of life, which is not very attractive in any case, as unattractive as possible. Modern habits of entertainment may have some part in this and the desire to take exercise except within a limited sphere, like the practice to religion, seems often to lapse with the end of school days. This sour comment on the lavish expenditure and genuine idealism of modern education is that it seems to create a generation without aim or interest in so many spheres of worthy human activity.

I should like to convey my thanks to all colleagues, medical and non-medical, whose co-operation has made possible this satisfactory report and particularly my thanks are due to my Deputy, Dr. W. Mary Markham, who has compiled it.

To you too, Ladies and Gentlemen, I should like to express the thanks of your staff and myself for your continuing interest and support.

I have the honour to remain,

Your obedient Servant,

JOSEPH V. WALKER.

MEMBERS OF THE EDUCATION COMMITTEE

Ald F. Thompspon (The Mayor till May, 1963).	
Coun. J. W. Stokoe (Chairman till May, 1963).	
Coun. J. W. Skinner (Chairman from June, 1963).	
Coun. The Rev. M. A. Beaton (Vice-Chairman till May, 1963).	
Coun. Cecil Spence (Vice-Chairman from June, 1963).	
Ald. H. P. Bell, M.B.E., J.P.	Coun. C. Hutchinson (from June,
(Resigned 11.7.63)	1963).
Ald. A. J. Best, O.B.E., J.P.	Coun. E. Jackson (from July, 1963)
Coun. J. E. Angus, J.P.	Coun. P. Jameson
Coun. A. Brown.	Coun. R. H. Loraine, J.P.
Coun. Mrs. M. Cottam	Coun. A. M. Porter (from June, 1963)
Coun. T. Donnelly, J.P.	Coun. Mrs. G. W. Raine.
Coun. R. P. Ekins, A.R.C.Sc., B.Sc.	Coun. G. W. Welford (till May, 1963)
(from June, 1963)	Coun. Mrs. M. Wilkinson (till May,
Coun. H. Hannah.	1963)
	Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer

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

Deputy Principal School Medical Officer

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

School Medical Officers

John F. Bishop, M.B., Ch.B., C.P.H. (Deceased 8.7.63).

Elaine M. Osborne, M.B., Ch.B., D.P.H., D.R.C.O.G., D.C.H.

W. E. Hutchinson, O.B.E., M.D., D.P.H. (from 16.9.63).

Principal School Dental Officer

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

School Dental Officer

P. Waterfall, L.D.S., R.C.S.

Consultant 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. McClemont, M.B., Ch.B., D.O.M.S. (part-time).

Consultant Physician in Physical Medicine

D. R. L. Newton, M.R.C.P.(Lond.), D.Phys.Med. (part-time).

Educational Psychologist

L. F. Mills, B.Sc., B.Ed., Ph.D. (resigned 31.10.63).

Consultant 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. G. Emery (part-time) (resigned 31.12.63).

Physiotherapist

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

Superintendent School Health Visitor

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

School Health Visitors

Mrs. E. Allan, 1a, 2, 3.

Miss D. Smith, 1a, 2, 3.

Mrs. D. Barry, 1a, 1c, 2, 3.

Miss E. Jackson, 1a, 2, 3.

Mrs. M. D. Whalen, 1a, 2 (part 1), 3.

Mrs. C. H. Ellis, 1a, 2, 3.

Miss D. S. Owen, 1a, 2 (part 1), 3.

Mrs. M. Crisp, 1a, 2, 3 (from 1.5.63).

Mrs. J. M. Preston, 1a, 2, 3 (from 1.7.63).

School Nurse

Miss D M. Goodinson, 1a, 2 (retired 9.12.63).

Assistant School Health Visitors

*Mrs. J. Robinson, 1a, 2 (till 30.9.63).

*Mrs. R. A. Nichol, 1a, 2 (from 1.5.63 till 30.9.63).

Mrs. D. G. Glanfield, 1a, 2 (from 1.11.63).

* As Student Health Visitors from 1.10.63.

Clerks

Miss A. C. Smith (Senior Clerk).

Miss M. Langhorne.

Miss M. Stobart.

Miss M. Allen.

Miss B. Gregg.

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

GENERAL INFORMATION**School Population**

Nursery Schools and Classes	...	...	396
Primary	...	...	6,916
Secondary	...	...	5,494
Special	...	...	141
Total			12,947

SCHOOL CLINIC**The Minor Ailments Clinic**

These are now dealt with at the Central Clinic, Alderman Leach Primary School, Skerne Park and Springfield. The Central Clinic has been open daily from 9—10 a.m., as previously and the Alderman Leach Clinic on Tuesday and Thursday afternoon at 1.30 p.m. The Skerne Park Clinic, which was

opened in April, is available from 9—10 a.m., but as yet only serves the one school. The Springfield Clinic has been open since September, is available at the same time and serves schools in the Haughton area.

The peripheral clinics are proving to be very popular and are obviously much more convenient for children living in those areas.

Attendances during the past five years

1963	—	2,784
1962	—	3,691
1961	—	3,049
1960	—	3,261
1959	—	2,055

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>
1963	...	256	20	30	228
1962	...	267	22	24	354
1961	...	195	12	32	360
1960	...	209	18	58	287
1959	...	42	25	55	439

Special Examinations

Many children have again been seen by appointment at the School Clinic for special examination. These included a variety of minor disorders, many of which are found to be psychosomatic in aetiology but it is unusual to find any more serious complaints. Many of these cases, however, are time consuming and need to be seen on several occasions. The special examinations included children referred with a view to admission to the Open Air School, Barnard School or Special Residential Schools.

Children attending residential schools are seen before returning each term for a brief medical examination. This enables the Medical Officers to keep in touch with them and assess their progress in every way. From time to time problems arise which can be solved by communication with the Medical Officer of the school.

328 school children attended for medical examination with a view to taking up part-time employment.

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

College entrants	—	79
Teachers and others	—	109

SPECIAL SCHOOLS

Salters Lane Open Air School

There have been no major changes or developments at this school. Dr. D. R. L. Newton has continued to attend and to give valuable advice.

The type of children admitted remains very much the same as in previous years. Their care by the School Nurse, Nursing Assistant and Physio-therapist has continued. Many of the children classed as delicate are admitted for relatively short periods of one to two years. When their health is established they return to the ordinary schools. In some cases a period of "convalescence" is required after serious or prolonged illness. In others, where there is an inadequate home background, good health improves the child's ability to tolerate it. Physically handicapped children usually remain longer—often for the whole of their school days. Special treatment is frequently needed continuously but where rehabilitation is possible they again transfer back to the other schools if possible.

At the end of the year, 80 children were attending. Of these, 60 were classed as delicate, 19 as physically handicapped and one partially deaf.

Barnard School for Educationally Subnormal Pupils

At the end of the year, 61 children were attending and there was a waiting list of 25. Unfortunately the waiting list is increasing. This is partly because there is a greater awareness of the value of the school and children are being referred more readily with a view to admission. Children who remain for a long time on the waiting list become frustrated and depressed and by the time they reach Barnard School are less able to respond to treatment there. Four of these children have been waiting for over a year.

During the year, 19 new pupils were admitted including 3 who moved in from other authorities, 3 were ascertained as unsuitable for education in school and 11 left on attaining 16 years of age.

Handicapped Children attending Schools outside the County Borough

Blind and Partially Sighted—9 in Residential Special Schools.

Deaf and Partial Hearing—8 in Residential Special Schools and 7 travel daily to Middlesbrough School for the Deaf.

Delicate—2 in Residential Special Schools.

Physically Handicapped—4 in Residential Special Schools.

Educationally Sub-Normal—15 in Residential Special Schools.

Maladjusted—4 in Residential Homes.

Epileptic—2 in Hospital Special Schools.

Handicapped Children in Normal Schools

Many children suffering from chronic disabilities are able to attend normal schools. These include 6 epileptics and 35 with other physical disorders.

Home Tuition

This has been arranged for 10 children during the year for varying periods of time and many different types of disability. There is one child with multiple defects who is never likely to be able to attend school.

ILLNESS AMONGST SCHOOL CHILDREN

Notifiable Infectious Disease Amongst School Children

	<i>Cases</i>
Measles	500
Food Poisoning	3
Whooping Cough	24
Dysentery	6
Meningococcal Meningitis	1
Infective Hepatitis	1
Scarlet Fever	20

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	138
Otitis Media	6
Treatment of other conditions	54

Diseases of the Eye

Operative correction of squint	6
Other conditions, including injuries	10

Acute Surgery

Appendicitis	32
Osteomyelitis	3
Other acute conditions	3

Non-Acute Surgery

Orthopaedic procedures	19
Hernia Repairs	7
Dental operations	5
Circumcision	3
Other conditions	30

Various Medical Conditions

Congenital Disease of the Heart	1
Diabetes	1
Epilepsy	2
Other conditions	38

Infectious Diseases

	Cases
Encephalitis	2
Gastro-enteritis	2
Scarlet Fever	3
Chickenpox	1
Dysentery	2
Measles	5
Meningococcal Meningitis	1
Pertussis	1
Pneumonia	7

Accidents

Burns and Scalds	4
Fractures and Dislocations	26
Foreign Bodies	6
Other Injuries	47

Skin Conditions	4
-------------------------------	---

The following Deaths occurred amongst School Children

Malignant Ependymoma of 4th Ventricle	1
Congenital Heart Disease	1
Infection due to Acute Appendicitis	1

IMMUNISATION

During the year, 18 children completed a full course of immunisation and 494 were given reinforcing injections. As before every effort was made to complete immunisation against diphtheria, whooping cough and tetanus before school entry.

The normal course of immunisation against poliomyelitis was previously three doses given preferably in the first year of life. During the year, the Ministry of Health advised that a fourth dose should be given at school entry. It is now being offered at the school entrance medical examination and at this time a primary course can be offered if this has been omitted previously.

It is now advised that B.C.G. vaccination should be given at an earlier age in order to protect girls against tuberculosis of the genital tract before puberty. As the incidence of pulmonary tuberculosis has been very greatly reduced this other site of infection has attained greater prominence. It is, however, a rare disorder. It is planned, therefore, in the future to offer B.C.G. vaccination at 11 years of age instead of at 13 years. In order to cover the age groups between 11 and 13 years conveniently, two years are being dealt with at a time.

This year vaccination was offered to children of 12 and 13 years and next year 11 and 12 year olds will be dealt with. These changes account for the greater numbers quoted. Consent was given in 85.8%, i.e., 1,817 acceptances and 298 refusals. The number of positive reactors found on testing was 397 which is 21.9%. This is a slight improvement on last year's figure of 23.6%. Vaccination was also offered to students at the College of Further Education and Darlington Training College for Teachers.

SCHOOL MEALS SERVICE

Of the 1,253,698 meals taken by school children, 133,184 were provided free. The average number distributed per day was 6,396.

2,171,793 bottles of milk were supplied.

Specimen Menu

Week 1

Monday

Shepherds Pie, Carrots, Potatoes,
Gravy.
Steamed Ginger Sponge/Custard.

Tuesday

Roast Mutton, Baked Potatoes,
Turnip, Onion Pudding, Gravy.
Lemon Curd Tart/Custard.

Wednesday

Fried Fish in Batter, Potatoes,
Haricot Beans in Tomato Sauce.
Bilberry and Apple Sponge/Custard.

Thursday

Roast Beef, Yorkshire Pudding,
Potatoes, Cabbage, Gravy.
Coconut Cheese Tart/Custard.

Friday

Steak and Kidney Pie, Carrots,
Turnip, Potatoes, Gravy.
Sago Pudding, Stewed Fruit.

Week 2

Monday

Spam and Egg Pie, Peas, Baked
Potatoes.
Stewed Fruit/Blancmange.

Tuesday

Roast Beef, Yorkshire Pudding,
Potatoes, Cabbage, Gravy.
Orange Flan/Custard.

Wednesday

Baked Mince and Dumplings,
Potatoes, Carrots.
Milk Pudding, Rose Hip Syrup
Sauce.

Thursday

Roast Mutton, Potatoes, Gravy,
Mixed Vegetables.
Apple Crumble/Custard.

Friday

Braised Steak and Onions,
Potatoes, Mashed Turnip.
Isle of Wight Pudding/Custard.

DENTAL REPORT

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

The routine of the Clinic has again proceeded along normal lines during the year. Unfortunately the continuity of treatment was at one time disrupted by illness of both Dental Officers. This naturally resulted in a decrease in the total of conservative work done but all other forms of treatment and School Inspections remained close to normal.

In order to try and reduce the arrears of treatment, a weekly Evening Session was instituted during the year and these have proved to be highly successful, attendances being extremely encouraging. It is hoped to continue with these Sessions.

Again the percentage of acceptances for treatment is slowly rising along with the number of children returning for regular inspection and treatment. Unfortunately the amount of treatment required to be done also continues to rise only too rapidly.

Every opportunity of pointing out the importance of Dental Health and care to the children personally, is taken by the Staff and this is slowly but surely helping towards more care and attention being paid to care of the teeth.

One point to which considerable thought has been given is the amount of school time lost by pupils attending the clinic for treatment. With new schools being opened on the outskirts of the town, considerable time is taken up proceeding to and from the clinic. As time goes on this problem may probably increase and I think that in the future some consideration could be given to the provision of a Mobile Clinic which could be taken to these schools and all forms of treatment, apart from General Anaesthetics, given on the spot. This would effect a considerable saving of time both to the children and to the Dental Officers as the problem of broken appointments would be almost eliminated. This suggestion could well be considered in the future.

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

OPHTHALMIC CLINIC

Mr. Wilkie and Mr. McClemon continued their alternate weekly sessions and in addition Mr. McClemon extended his normal time in order to reduce the very large waiting list.

During the year there were 752 attendances of which 644 had errors of refraction. Glasses were prescribed in 378 cases.

New apparatus has been provided and the Consultants wish to thank the Committee for their co-operation and generosity.

CHILD GUIDANCE

The Consultant Psychiatrist, Dr. L. W. Robinson, reported as follows:—

1. Establishment and Present Staff

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

Educational Psychologist: Vacant.

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

Secretary: Miss M. Thornberry.

Dr. Mills left on the 31st October, 1963, to take up the post of Senior Educational Psychologist to the Newcastle Authority.

Dr. Mills has given 8½ years' service in the Clinic and during this time there has been a steady growth in the number of referrals. In addition to his normal duties in the Clinic and in the schools, Dr. Mills gave a lot of his spare time to promoting good "public relations" by talking to the Parent-Teachers' Association and other interested groups and in this way he brought the Clinic's facilities to the notice of many parents who have since received help here.

2. Premises

The Clinic continued to occupy the Back Beaumont Street premises which are inadequate as there are not separate rooms for the three members of the Child Guidance Clinic team, and this, while not leading to acute difficulty, is a great inconvenience.

Ideally, the Clinic needs a separate building such as a converted large dwelling house with an adequate number of rooms including a playroom as well as consulting rooms for the three members of the Clinic team. A second

waiting room would be an asset, as although it would only be used occasionally, there are times when it is advisable to separate an acutely disturbed child from other children or from parents who might be affected adversely by such a child.

3. New cases referred in 1963

TABLE I

Year Ending	New cases opened		
	Boys	Girls	Totals
31.12.63	114	74	188
31.12.62	111	78	189

There is no increase in the number of new cases seen this year but in part this is due to the Clinic being without the services of an Educational Psychologist for the last two months of the year. The actual number of referrals has again increased.

The total figures include cases from Darlington and County Durham. Of the new cases seen this year, 12 were referred by the Deputy Principal School Medical Officer, Durham.

4. Case Work

TABLE II

Year Ending	Number of interviews	
	with children	with parents
31.12.63	1127	1024
31.12.62	1305	1091

Waiting List Situation

TABLE III

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Totals
31.12.63	40	12	6	58
31.12.62	27	12	9	48

The waiting list is becoming unwieldy and in December of 1963 we were seeing cases referred as long ago as August. However this is inevitable given the present rate of referral and our present staffing.

5. Sources of referral in 1963 as compared with 1962

TABLE IV

	1962	1963
Chief Education Officer	8	28
School Medical Department	88	79
Mental Health Department	—	1
Head Teachers	32	20
Teachers of the Deaf	2	—
Children's Officer's Department	—	1
Welfare Department	—	2
Parents	18	18
Family Doctor	21	15
Youth Employment Officer	1	1
Hospital Consultants	2	1
Consultant Psychiatrist	3	3
Juvenile Bench	2	4
Probation Officer	1	2
Solicitor	1	—
Clergy	—	1
School Medical Department—Durham	10	12
	189	188

6. Causes of Referral

The six headings under which the referrals in 1963 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 psychological disturbances 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 1963**TABLE V**

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational/ Vocational (vi)	Totals
Boys ...	21	14	40	—	—	41	116
Girls ...	20	8	13	—	—	31	72
Totals	41	22	53	—	—	72	188

The 72 children placed in the Educational/Vocational category were referred mainly for information or advice regarding their response to the type of education they were receiving. Of these 72 referrals, 35 children were found to need special school education and 6 were considered to be incapable of being educated at school.

The intelligence testing for ascertainment of children as being ineducable was carried out for the last two months of this year by the School Medical Officers, who also kindly offered to do any essential testing of Clinic cases.

7. Action taken on the 1963 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, family doctor, parent or other person seeking information, together with a recommendation as to a course of action considered desirable.

(ii) Treatment

Treatment at the Child Guidance Clinic is essentially a group activity involving all three members of the Clinic team. However, the bulk of the treatment would normally be carried out with the psychiatrist seeing the child and the social worker doing case work with one or both parents. The educational psychologist's role being to advise the school of the difficulties which individual children are experiencing and to give advice on handling and generally to interpret the clinic's findings in so far as they are relevant to the teaching situation.

Of the 188 cases opened in 1963, the action taken was as follows:— Advice—113, Treatment—65. The investigation and assessment of the assessment of the remaining 10 has not yet been completed.

8. Treatment Situation

At the present time we have a short treatment waiting list; cases taking about two months from the initial investigation to the first treatment interview. This does not apply of course, to cases of any urgency. In this connection early referral is of the greatest importance as if the environmental or emotional factors are of long standing, treatment is protracted and in extreme cases, the child or parents will not respond to our techniques.

Always there is a small proportion of cases referred when because of unmodifiable factors in the child such as extreme dullness, or environmental factors such as those often experienced by so-called 'problem families', the Clinic's role is limited to diagnosis and advice to the parents or to other agencies such as the Welfare Department which may be able to offer some help to the family.

TABLE VI

	Cases Closed in 1963		Continuing to 1964	Totals
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	51	22	29	102
Opened in 1963 ...	11	7	46	64
Totals ...	62	29*	75	166

* 3 left district, 22 Non-co-operation, 2 admitted to residential special school, 2 in Care—Children's Homes outside Darlington

9. Conferences

Dr Mills attended the Nineteenth Child Guidance Inter-Clinic Conference in London in April, and Dr. Robinson attended the Study Week-end of the Child Psychiatry Section of the R.M.P.A. at Hoddesdon, Herts, in July.

10. Durham Cases

Twelve cases were seen which were referred by Dr. Reid, the Deputy Principal School Medical Officer, County Durham, and the disposal was as follows:—

1 case diagnostic and advice only,

11 cases proceeded to treatment, and of these 11, 2 have been closed within the year.

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 1963. In particular, thanks are due to the Chief Education Officer and his Staff, the Principal School Medical Officer and his Staff, Head Teachers, and 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:—

Cases dealt with during the year

Sweep Frequency Tests in Schools

No. of children tested—306.

No. of re-tests—33.

Instead of the routine method of testing a selected age group, a new scheme was given trial whereby different 'suspect' groups of all ages were tested as follows:—

1. Children backward in reading
2. Children with speech defects
3. Children who confuse verbal instructions and require their repetition
4. Withdrawn and timid children
5. Children with behaviour problems, those who show definite reluctance in attending school and mixing with other children.

This method reduces the time spent in a school and means more schools can be visited.

When parents accompanied children who had failed the sweep frequency test for re-tests at the clinic, it was found that many of them had already mentioned to class teachers that they suspected their children had difficulty in hearing. Unfortunately they were not detected until tests were given in school. In October a circular was sent out with information to help teachers

recognise pupils who should be recommended for tests of hearing and also stressing the importance of early referral. There was immediate response to this circular from four Primary Schools—one Secondary Modern School.

Children Suspected of Partial Hearing who were referred for Tests of Hearing

Sources of referrals:—

School Medical Officer	...	...	...	46
Headteachers	...	...	...	23
Educational Psychologist	...	...	...	1
Speech Therapist	...	...	...	10
Parents	...	...	...	5
				—
			Total ...	85
				—

Children Suspected of Educational Subnormality

No. referred by the School Medical Officer—34

No. found to have a hearing loss—8

Children known to have a hearing loss but not ascertained as Partially Hearing

No. reviewed from previous years—71

No. found to have a hearing loss during 1963—40

Most of these children suffer from variable catarrhal deafness and are receiving treatment or are under observation following the removal of tonsils or adenoids.

In December 1963 cards were printed to inform Headteachers of:—

- (a) Children known to have a hearing loss
- (b) Children supplied with hearing aids

They will be requested to attach these to School Record Cards so that the information will be readily available when a child moves from one school or class to another.

Classes for Children with Impaired Hearing

Pre-school children who attended for speech and auditory training plus parent guidance—3.

No. of children from ordinary schools who attended for lipreading and instruction in the use of hearing aids—6.

No. who attended for lipreading and where necessary, speech improvement—14.

Speech Defects (not associated with hearing loss)

Clinic Treatments

No. of children with speech defects who received treatment from the Teacher of the Deaf—19.

No. discharged in December 1963—9

No. placed under observation following treatment—5

Treatments in Special Schools

Barnard School—15 (7 weekly, 8 fortnightly)

Salter's Lane—5

In September 1963 arrangements were made for children attending Salters Lane to come to the clinic for treatment. Better results are obtained when children attend with their parents, it is possible to foster more interest in treatment and stress the importance of regular practice.

Conclusion

I should like to express my thanks to the Members of the Education Committee, the Chief Education Officer and his Staff, the Principal School Medical Officer and his Staff and the Headteachers for their help and co-operation throughout the year.

SPEECH THERAPY

Mrs. G. Emery, Speech Therapist, reports as follows:—

Number of Children Referred	...	...	...	64
Number of Interviews	...	...	...	64
Number of Children Treated Regularly	...	...	...	54
Number of Children seen periodically (i.e., under observation)	...	...	...	74
Number of Children Discharged				
Adjusted	...	...	...	29
Conditionally	...	...	...	5
Left District	...	...	...	1
Left School	...	...	...	2
Poor Attendance	...	...	...	7
Transferred to Miss Sproates	...	...	...	7
Refused Treatment	...	...	...	0
				—
				51
				—
Number of Children Remaining on Waiting List	...	...	...	47

PHYSICAL EDUCATION

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

General

The year's progress in Physical Education is not so apparent in things achieved or acquired but in the amount of basic thinking, towards the future, which has been going on. Allied with the development of Physical Education in schools is the amount of thought which is now being given to the development of facilities for post-school physical recreation. There is little purpose in a child spending the whole of his school career being trained in physical skills, for which there are few facilities to put this training to good use when he leaves school.

The North-East's population is calculated to rise by up to 15 per cent., leisure time by 10 per cent., mobility by 50 per cent., and demand for recreation facilities by 150 per cent.

In planning for a 150 per cent. rise in demand for recreation it would seem reasonable to think to the future in terms of facilities at schools which can continue to be used, not only in the immediate post-school years, but well into adulthood. In other words we should be thinking in terms of recreation centres attached to schools which are suitable for use during the day by pupils and by families in the evening.

Primary Schools

A marked advance has been noted in the abilities of children, particularly in the 9-11 age group, in recent years. Many pupils are achieving standards in various activities which, in former years, would have normally been associated with 12 or 13 year olds. Activities such as athletics, swimming and gymnastics have indicated this upward trend in ability quite clearly.

One hesitates to attribute this to any particular facet of the pupils' lives, but it does give room for thought in the provision of facilities for, and in the methods of teaching, physical education.

It is also noticeable that Infants are now completely at home with apparatus which was formerly designed for junior pupils.

Secondary Schools

With specialist teachers available in secondary schools the technical side of sport becomes more predominant. Skills are more easily taught and understood, creating a greater interest in physical endeavour. Achievement breeds confidence and the resultant improvement in all round standards is most heartening.

Amenities

The facilities for Physical Education continue to improve. The demand for new and improved equipment and facilities does not abate, however. The subject is accepted as an important feature in a balanced, complete and effective education.

It has been justifiably declared that often the tone of a school depends on the effectiveness of its Physical Education department.

The Future

One looks forward to the future with anticipation. Undoubtedly better facilities are on the way, particularly for Primary Schools, in the provision of facilities at least equal to those common in Secondary Schools.

There is also every indication that the interest in outdoor activities is likely to increase. The Duke of Edinburgh's Award Scheme has offered the incentive to young people to seek activities in the countryside, in the hills and on the rivers.

It would appear that, in the near future, consideration will require to be given to the acquisition of a residential centre, suitably situated, which will cater for the growing needs in this direction.

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)	No. of Pupils inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	192	192	100	—	—	—	24	24
1958	658	658	100	—	—	4	71	75
1957	613	613	100	—	—	—	64	64
1956	57	56	98.2	1	1.8	2	12	13
1955	21	21	100	—	—	—	2	2
1954	23	23	100	—	—	1	1	2
1953	440	440	100	—	—	15	53	66
1952	504	503	99.8	1	0.2	28	56	79
1951	147	147	100	—	—	8	15	23
1950	7	7	100	—	—	—	4	4
1949	79	78	98.7	1	1.3	2	5	7
1948 and earlier	1,328	1,328	99.6	5	0.4	57	63	114
Total	4,069	4,061	99.8	8	0.2	117	370	473

TABLE B. Other Inspections.

Special Inspections	...	...	...	...	...	1,429
Re-inspections	...	...	...	...	...	161
						—
					Total ...	1,590
						—

TABLE C. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	30,680
(b) Total number of individual pupils found to be infested	459
(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	—

TABLE D. Screening Tests of Vision and Hearing.

1. (a) Is the vision of entrants tested?	Not as a routine.
(b) If so, how soon after entry is this done?	—
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	At 8 years of age.
3. How frequently is vision testing repeated throughout a child's school life?	Repeated at 10-11 years and 14-15 years.
4. (a) Is colour vision testing undertaken?	Yes.
(b) If so, at what age?	14-15 years.
(c) Are both boys and girls tested?	Boys only.
5. By whom is vision and colour testing carried out?	School Medical Officer and Health Visitor.
6. (a) Is audiometric testing of entrants carried out?	Yes.
(b) If so, how soon after entry is this done?	During first year.
7. If the hearing of entrants is not tested at what age is the first audiometric test carried out?... ..	—
8. By whom is audiometric testing carried out?	Teacher of the Deaf.

PART II. Defects found by Medical Inspection during the Year.

TABLE A. Periodic Inspections.

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS			
			ENTRANTS (3)	LEAVERS (4)	OTHERS (5)	TOTAL (6)
4	Skin	T	19	9	36	64
		O	10	3	11	24
5	Eyes— <i>a</i> Vision	T	5	59	53	117
		O	4	2	22	28
	<i>b</i> Squint	T	19	1	8	28
		O	5	—	5	10
	<i>c</i> Other	T	3	3	5	11
		O	1	2	—	3
6	Ears— <i>a</i> Hearing	T	14	4	4	22
		O	4	—	5	9
	<i>b</i> Otitis Media	T	5	1	4	10
		O	1	—	—	1
	<i>c</i> Other	T	6	2	—	8
		O	—	—	4	4
7	Nose and Throat	T	39	3	29	71
		O	74	8	66	148
8	Speech	T	9	3	10	22
		O	87	1	27	115
9	Lymphatic Glands	T	5	1	1	7
		O	10	1	18	29
10	Heart	T	—	1	3	4
		O	4	2	6	12
11	Lungs	T	5	3	7	15
		O	21	7	11	39
12	Developmental— <i>a</i> Hernia	T	2	—	2	4
		O	4	—	2	6
	<i>b</i> Other	T	5	4	5	14
		O	5	—	9	14
13	Orthopaedic— <i>a</i> Posture	T	—	1	1	2
		O	1	6	10	17
	<i>b</i> Feet	T	1	1	5	7
		O	17	8	26	51
	<i>c</i> Other	T	5	8	5	18
		O	18	3	26	47
14	Nervous System— <i>a</i> Epilepsy	T	—	1	4	5
		O	—	—	—	—
	<i>b</i> Other	T	—	1	6	7
		O	4	—	4	8
15	Psychological— <i>a</i> Development	T	5	15	23	43
		O	8	—	9	17
	<i>b</i> Stability	T	9	2	18	29
		O	28	4	20	52
16	Abdomen	T	—	—	7	7
		O	10	1	12	23
17	Other	T	2	6	9	17
		O	4	1	8	13

TABLE B. Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	21	4
5	Eyes a. Vision	23	3
	b. Squint	9	1
	c. Other	6	1
6	Ears a. Hearing	26	9
	b. Otitis media	9	—
	c. Other	12	—
7	Nose and Throat	40	37
8	Speech	36	37
9	Lymphatic Glands... ..	3	5
10	Heart	8	6
11	Lungs	33	11
12	Developmental :—		
	a. Hernia	1	1
	b. Other	10	7
13	Orthopaedic :—		
	a. Posture	3	5
	b. Feet	7	14
	c. Other	26	11
14	Nervous System :—		
	a. Epilepsy	9	4
	b. Other	3	—
15	Psychological :—		
	a. Development	53	13
	b. Stability	54	43
16	Abdomen	5	1
17	Other	90	11

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

TABLE A. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	26
Errors of refraction (including squint)	644
Total ...	670
Number of pupils for whom spectacles were prescribed	378

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	2
(b) for adenoids and chronic tonsillitis	138
(c) for other nose and throat conditions	43
Received other forms of treatment	61
Total ...	244
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	5
(b) in previous years	13

TABLE C. Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	42
(b) Pupils treated at school for postural defects ...	—
Total ...	42

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

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	2
Scabies	7
Impetigo	20
Other skin diseases	252
Total ...	281

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	278

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	115

TABLE G. Other Treatment given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	228
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,408
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds	4
Injuries	47
Various Surgical Repairs and Procedures	129
Total	1,816

PART 4. Dental Inspection and Treatment carried out by the Authority.**(a) Dental and Orthodontic work.**

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(i) Periodic	3,215
(ii) Specials	1,176
Total (1)	4,391
(2) Number found to require treatment	2,683
(3) Number offered treatment	2,683
(4) Number actually treated	1,631

(b) Dental work (other than orthodontics)

(1) Number of attendances made by pupils for treatment, excluding those recorded at (c) (1) below	...	...	...	...	...	4,453
(2) Half days devoted to:						
(i) Periodic (School) Inspection	...	...	...	...	...	27
(ii) Treatment	...	...	...	...	...	770
					Total (2)	797
(3) Fillings:						
(i) Permanent Teeth	...	...	...	...	...	2,062
(ii) Temporary Teeth	...	...	...	...	...	36
					Total (3)	2,098
(4) Number of Teeth Filled:						
(i) Permanent Teeth	...	...	...	...	...	2,062
(ii) Temporary Teeth	...	...	...	...	...	36
					Total (4)	2,098
(5) Extractions:						
(i) Permanent Teeth	...	...	...	...	...	795
(ii) Temporary Teeth	...	...	...	...	...	2,043
					Total (5)	2,838
(6) (i) Number of general anesthetics given for extraction						1,202
(ii) Number of half days devoted to the administration of general anaesthetics by:						
A. Dentists	...	...	...	...	...	10
B. Medical Practitioners	...	...	...	...	...	85
					Total (6)	95
(7) Number of pupils supplied with artificial teeth						18
(8) Other operations:						
(i) Crowns	...	...	...	...	...	1
(ii) Inlays	...	...	...	...	...	2
(iii) Other Treatment	...	...	...	...	...	572
					Total (8)	575

(c) Orthodontics

(i) Number of attendances made by pupils for orthodontic treatment	1,125
(ii) Half days devoted to orthodontic treatment	—
(iii) Cases commenced during the year	26
(iv) Cases brought forward from the previous year	38
(v) Cases completed during the year	18
(vi) Cases discontinued during the year	7
(vii) Number of pupils treated by means of appliances	64
(viii) Number of removable appliances fitted	51
(ix) Number of fixed appliances fitted	—
(x) Cases referred to and treated by Hospital Orthodontists	1



