[Report 1965] / Medical Officer of Health, Darlington County Borough.

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County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1965

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH
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Wm. Dresser & Sons Ltd., Crown Street, Darlington.

CONTENTS.

ANNUAL REPORT, 1965

To The Chairman and Members
of The Health Committee.

Mr. Chairman and Members,

I have the honour to present my Annual Report for 1965, my seventeenth complete year of service as your Medical Officer of Health.

During the year 1,424 persons were born alive in the town, giving a live birth rate of 16.9 per 1,000, and total deaths were 1,051, giving a death rate of 12.4 per 1,000 population. These figures are so similar to those of 1964 that no comment is required. The population of the town was estimated as having grown to 84,390 from 84,320 in 1964, which indicates that while efforts to attract new industry are holding our population there is still a loss to other areas because the net gain is less than the difference between births and deaths. Considerable effort will be required to reach the target figure of over 100,000 before the end of the century. With regard to detailed statistics, the infant mortality rate was 22.5 in 1965 as compared with 21.9 in 1964, a small but regrettable decline, for which however no definite cause can be attributed and which still remains better than the rate in 1963 (23.2). There were fewer deaths from cancer, including cancer of the lung, 190 as compared with 219, and 52 as compared with 62 respectively, but deaths from circulatory diseases had increased from 499 to 552, including which are those from coronary thrombosis, 150 from 128. Respiratory tuberculosis accounted for 3 deaths as compared with 7 in 1964, violence for 31 as compared with 46 in 1964 and there were no deaths from gastro-enteritis in children under two years. As far as mortality rates are a reliable index of health, which are, as must be remembered negative, these are satisfactory figures.

Perhaps the outwardly most notable achievement of 1965 was the final severance of the Health Department from the ancient property in Feethams. The new temporary offices in Archer Street were, of course, themselves an improvisation and presented some grave faults, particularly where the accommodation of the health visitors was concerned. This, however, was more a problem for the following year than for 1965.

Another less obvious but highly satisfactory achievement was the beginning of a cervical cytology service, established in the first instance for one session weekly at Springfield Health Centre. Dr. Markham acted as the medical officer, Miss D. Smith as health visitor and Miss M. W. Spence as clerk, and they formed an extremely successful team which by the end of the year had examined 277 applicants. This, of course, would have been impossible without the willing co-operation of Dr. J. Tregillus and the Pathological Department of the Darlington Memorial Hospital, since the

taking of smears is a useless process unless there is available some knowledgeable person to stain and examine them. It can be said that the development of this service hinges upon the availability of a Consultant Pathologist and skilled technicians in sufficient numbers to meet the demands made upon them. Dr. Markham has herself supplied a report on the work of the clinic, to which your attention is directed.

The chiropody service also advanced from strength to strength, and needed a supplementary estimate of £1,000 to meet its growing demands. This is indeed an index of the submerged need, which may easily require even larger expenditure before it is fully exposed and satisfied.

One event during the year caused great dissatisfaction in the department and to me personally, which was the failure to obtain regrading for the majority of your staff on whose behalf I applied for it. The trouble with a Health Department is that it only obtains notoriety when anything goes wrong; otherwise it is a silent service whose contribution to the health and welfare of the community cannot be fully estimated. The illness or the accident which never happens has no history and one cannot put a price on the absence of, say diphtheria or poliomyelitis. One is perhaps reminded somewhat of Rudyard Kipling's remarks on the attitude of the public to the professional soldier in peace time. In spite of these disappointments your staff continued to give of their best with that zeal and devotion which is taken for granted and my warmest thanks for their co-operation and help are given to them, one and all.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

Health Department,
Archer Street,
Darlington.

Tel. No. Darlington 5218.

MEMBERS OF THE HEALTH COMMITTEE

(at 31st December, 1965)

Councillor H. Carr, J.P. (Chairman)
Alderman A. M. Porter.
„ F. Stephenson.
Councillor A. E. Burley.
„ J. Davies.
„ H. Horsley.
„ J. Hughes (Vice-Chairman).
Councillor J. Hunter.
„ C. Hutchinson.
„ R. Kitching.
„ S. P. Oliver.
„ Mrs. G. W. Raine.
„ J. W. Stenson.

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

STAFF

Medical Officer of Health and Principal School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	Winifred Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	Elaine Marion Osborne, M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H. (till 31/5/65) John Lumsdaine Stewart, M.B., Ch.B. Hannah Newman, L.R.C.P., L.R.C.S., D.P.H. (from 1/1/66).
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. (till P. Waterfall, L.D.S. (from 1/2/65).
School Dental Officer (part-time) ...	J. I. Munro, L.D.S. (from
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 ...	J. E. Harris [1 2] R. E. Hinds [1 2] (till 28/2/65) W. C. B. Robson [1 2] K. Dixon [1 2] D. G. Wilson [2a] (from 1/7/65)
Pupil Public Health Inspectors ...	D. M. Wood P. Clayton (from 20/9/65)
Housing Inspector	S. R. Blackbourn
Authorised Meat Inspector	H. Teasdale [2b] (from 17/5/65)
Superintendent Health Visitor and School Nurse	Miss E. Winch [4a 5 6 7 8]
Health Visitor/School Nurses	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] Mrs. J. M. Preston [4a 5 6] Mrs. J. Robinson [4a 5 6] Mrs. R. A. Nicol [4a 5 6] Mrs. D. G. Glanfield [4a 5 6] (from 1/8/65) Miss A. B. Russell [4a 5 6] (from 1/8/65) Miss J. M. Rutter [4a 5 6] (from 1/8/65)
Student Health Visitors	Mrs. D. G. Glanfield [4a 5] (till 31/7/65) Miss A. B. Russell [4a 5] (till 31/7/65) Miss J. M. Rutter [4a 5] (till 31/7/65)
Temporary Assistant Health Visitor/ School Nurse	Mrs. M. Lord [4a]
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] Mrs. A. M. Armstrong (née Pratt) [4a 5]
District Nurses : Full-time	Miss M. Gill [4a 8] Miss M. Rodber [4a 5 8] Mrs. J. Beachim [4a 5] Mrs. A. Pottage [4a 4b] Mrs. J. Rutland [4a 5] (till 21/11/65) Mrs. N. Bennett [4a] Mrs. M. T. Williamson [4a] Mrs. S. Pratt [4a 5]

District Nurses: Full-time ...	... Miss E. Cruickshank [4a 5 8] (till (31/10/65)
	Mrs. J. I. Addison [9] (from 18/1/65) (till 20/10/65)
	Mrs. G. Lippett [4a 5] (from 18/10/65)
	Mrs. G. Anderson [4a] from (1/12/65)
	Mrs. A. E. Smith [4a] (from 16/1/65)
Part-time ...	... Mrs. G. Anderson [4a] (till 30/11/65)
	Mrs. T. Smelt [9] (till 31/1/65)
	Mrs. A. E. Smith [4a] (till 15/1/65)
	Mrs. J. Burgess [4a] (from 18/10/65)
Chief Clerk	... Hugh R. Kirk (till 26/5/65)
	I. Burnley (from 27/5/65)
Clerical Staff	... I. Burnley (Senior Clerk) (till 26/5/65)
	K. Watson (Senior Clerk) (from 14/6/65)
	W. Brown
	E. Nelson
	D. H. Stow (from 12/7/65)
	Miss G. W. Ruecroft (Senior Female Clerk)
	Miss M. Spence
	Mrs. J. Wilson (till 31/5/65)
	Mrs. D. Moore (till 23/7/65)
	Mrs. D. Porritt (till 31/7/65)
	Miss A. Lumb (till 21/11/65)
	Mrs. M. Nicholson
	Miss S. M. Ashton
	Miss E. Daynes
	Miss D. Carroll (from 17/5/65)
	Mrs. M. R. Sledge (from 5/7/65)
	Mrs. C. Rawson (from 1/9/65)
	Mrs. J. Herbert (from 15/11/65)
Chief Mental Welfare Officer ...	... C. W. Price
Mental Welfare Officers ...	... S. McAulay
	M. Duddin (till 31/7/65)
	Mrs. G. Sullivan
	D. English (from 1/9/65)
Junior Training Centre Supervisor	... Mrs. J. Paxton (till 5/1/65)
	Mrs. D. M. Brison (from 1/1/65-26/12/65 (died)
Asst. Supervisors	... Mrs. M. Kirk
	Mrs. M. J. Eglington
	Mrs. M. E. Gordon
	Miss K. E. Walmsley

Training and Industrial Centre—

Supervisor ... D. Sams

Instructors ... J. W. Coatsworth
A. C. Robinson

Short Stay Hostel—Warden ... ... N. H. P. Todd (till 30/6/65)
S. Dixon (from 1/8/65)

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. Public Health Inspector's Diploma.

2b. Meat Inspector's Certificate of Royal Society for Health.

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, 1965)—84,390

Resident population (last census 1961)—84,178

Density of population per acre—13.0

Percentage increase on last census population—0.25%.

Inhabited Houses (at 1st April, 1966):

(a) Dwelling houses	27,753
(b) Dwelling houses and shops	497
(c) Licensed premises	61
Total ...	28,311

Rateable value (at 1st April, 1966)—£3,761,819.

Sum represented by 1d. rate (at 1st April, 1966)—£15,400.

Relating to Mothers and Infants:

Live births—1,424 (Male—715, Female—709).

Live birth rate per 1,000 population—16.9.

Stillbirths—26.

Stillbirths rate per 1,000 live and stillbirths—17.7.

Total live and stillbirths—1,450.

Infant deaths—32.

Infant mortality rate per 1,000 live births—Total	22.5
" " " " " " " —Legitimate	23.5
" " " " " " " —Illegitimate	9.2

Neonatal mortality rate (first four weeks) per 1,000 live births—12.6

Early Neonatal mortality rate (under one week) per 1,000 live births—9.8.

Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)—28.0

Illegitimate live births per cent. of total live births—7.6%.

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)—0.

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

„ „ respiratory tuberculosis—3.

„ „ non-respiratory tuberculosis—2.

„ „ cancer—190 (Cancer of the lung—52).

„ „ circulatory diseases—552 (Coronary thrombosis—150).

„ „ pneumonia and bronchitis—114.

„ „ violent causes—31.

Deaths of persons 65 years and over—68.4% of all deaths.

Deaths of persons 75 years and over 38.2% of all deaths.

Inquests held—44.

Uncertified deaths—0.

Deaths in institutions—502 including 87 in institutions outside the Borough. (This is equvalent to 47.8% of all deaths compared wth 54.4% in 1964).

Death rate per 1,000 population—12.4.

Total deaths—1,051 (Males—555, Females—496).

Natural increase of population—373.

TABLE I

Comparable Table of Vital Statistics, 1945—1965

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population.	Dar-lington	England & Wales	Dar-lington	England & Wales	Dar-lington	England & Wales
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,460	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.4
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.6	11.9	11.7	34.0	23.7
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.1
1958	83,170	16.1	16.4	12.3	11.7	28.3	22.6
1959	83,300	15.9	16.5	12.2	11.6	27.9	22.0
1960	83,660	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
1964	84,320	17.3	18.5	12.8	12.1	21.9	21.1
1965	84,390	16.9	18.1	12.4	11.5	22.5	19.0

* Rate per Thousand

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

TABLE II

Deaths occurred from the following causes :—

CAUSE / WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	Total	Inward Transfers	Grand Total
1 Tuberculosis, respiratory	...	...	...	2	...	1	...	...	...	...	...	3	...	3
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	1	1	2	...	2
3 Syphilitic disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Malignant neoplasm, stomach	1	1	...	3	1	...	1	3	4	4	2	20	2	22
11 ,, lung, bronchus	3	4	5	5	5	3	3	6	4	5	6	49	3	52
12 ,, breast...	...	...	2	...	...	1	...	2	1	5	...	11	4	15
13 ,, uterus...	1	1	...	1	...	...	...	3	...	2	...	8	...	8
14 Other malignant and lymphatic neoplasms	14	7	8	7	10	3	5	11	5	8	7	85	8	93
15 Leukaemia, aleukaemia	...	...	2	...	...	1	1	...	...	1	2	7	...	7
16 Diabetes	...	1	1	...	...	...	2	1	...	2	...	7	...	7
17 Vascular lesions of nervous system...	8	9	3	16	11	8	7	16	13	20	15	126	8	134
18 Coronary disease, angina	11	8	10	19	14	6	8	13	8	20	17	134	16	150
19 Hypertension with heart disease...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
20 Other heart disease ...	4	2	7	4	7	3	5	5	8	8	9	62	5	67
21 Other circulatory disease	14	17	15	19	21	14	10	16	12	24	23	185	15	200
22 Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Pneumonia	3	2	5	4	3	6	3	3	1	6	5	41	3	44
24 Bronchitis	5	4	9	6	7	5	8	8	5	5	4	66	4	70
25 Other diseases of respiratory system...	1	1	2	1	...	...	1	...	1	2	4	13	3	16
26 Ulceration of the stomach or duodenum	1	1	1	...	...	...	...	...	...	...	...	3	1	4
27 Gastritis, enteritis and diarrhoea	...	...	...	...	...	1	...	1	1	1	2	6	...	6
28 Nephritis and nephrosis	1	...	...	...	1	...	...	...	...	...	...	2	1	3
29 Hyperplasia of prostate	...	1	...	...	...	...	...	...	...	...	...	1	...	1
30 Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital malformations ...	...	1	...	...	...	...	...	2	1	...	...	4	5	9
32 Other defined and ill-defined diseases ...	9	9	4	10	12	3	4	9	4	13	18	95	11	106
33 Motor vehicle accidents	1	1	1	...	...	1	...	1	2	...	...	7	3	10
34 All other accidents ...	1	...	1	4	3	1	1	2	...	2	1	16	2	18
35 Suicide	...	...	...	...	...	1	...	...	...	...	1	2	1	3
36 Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	78	70	76	101	95	58	59	102	70	129	117	955	96	1051

TABLE III

Deaths occurred at the following ages :—

	CAUSE	YEARS								
		0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1	Tuberculosis, respiratory ...	...	...	...	...	...	...	2	1	...
2	Tuberculosis, Other ...	...	...	...	...	...	1	1	...	...
3	Syphilitic disease	...	...	...	...	...	...	...	...	...
4	Diphtheria	...	...	...	...	...	...	...	...	...
5	Whooping cough	...	...	...	...	...	...	...	...	...
6	Meningococcal Infections ...	...	...	...	...	...	...	...	...	...
7	Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8	Measles	...	...	...	...	...	...	...	...	...
9	Other Infective and parasitic diseases...	...	...	...	...	...	...	...	...	...
10	Malignant neoplasm, stomach...	...	...	...	...	...	...	7	7	8
11	,, ,, lung, bronchus	...	...	...	...	...	3	23	20	6
12	,, ,, breast ...	...	...	...	...	...	1	5	5	4
13	,, ,, uterus ...	...	...	...	...	...	2	3	2	1
14	Other malignant and lymphatic neoplasms...	...	...	1	1	...	3	38	30	20
15	Leukaemia, aleukaemia ...	...	...	...	...	1	1	4	...	1
16	Diabetes	...	...	...	...	...	...	1	4	2
17	Vascular lesions of nervous system...	...	...	...	...	...	1	18	50	65
18	Coronary disease, angina ...	...	...	...	...	...	4	51	54	41
19	Hypertension with heart disease...	...	...	...	...	...	...	...	...	1
20	Other heart disease ...	...	...	...	...	...	1	14	13	39
21	Other circulatory disease...	...	...	...	...	...	3	38	67	92
22	Influenza	...	...	...	...	...	...	...	...	...
23	Pneumonia	6	...	1	...	...	...	4	9	24
24	Bronchitis	...	...	...	...	...	...	15	27	28
25	Other diseases of respiratory system...	1	1	...	...	...	...	5	2	7
26	Ulceration of the stomach or duodenum...	...	...	...	...	...	...	3	...	1
27	Gastritis, enteritis and diarrhoea...	2	...	...	...	...	...	3	...	1
28	Nephritis and nephrosis ...	...	...	...	...	1	...	...	1	1
29	Hyperplasia of prostate ...	...	...	...	...	...	...	...	...	1
30	Pregnancy, childbirth, abortion...	...	...	...	..	..	...	...	...	...
31	Congenital malformations	6	...	...	...	...	...	2	1	...
32	Other defined and ill-defined diseases...	16	2	...	...	1	5	13	19	50
33	Motor vehicle accidents ...	...	...	...	...	3	1	4	1	1
34	All other accidents ...	1	1	1	...	...	1	4	2	8
35	Suicide	...	...	...	...	...	1	...	2	...
36	Homicide and operations of war...	...	...	...	...	...	...	...	...	...
	TOTALS ...	32	4	3	1	6	28	258	317	402

TABLE IV

1965 Cancer Deaths—Parts of Body Affected

Parts Affected	under 35		35–45		45–55		55–65		65–75		75 and over		Total		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	...	...	...	...	...	...	...	1	...	1	...	2	...	1.0
Gastro Intestinal	1	...	...	...	2	7	12	5	13	13	10	9	38	34	37.9
Genito Urinary ...	...	1	...	3	...	7	3	4	5	4	4	4	12	23	18.4
Breast	...	...	...	1	...	1	...	4	...	5	...	4	...	15	7.9
Bones	1	...	...	...	...	...	1	2	...	...	...	...	2	2	2.1
Glands	...	...	...	...	2	...	...	...	...	2	...	...	2	2	2.1
Thorax	...	...	1	2	2	1	17	3	20	...	3	3	43	9	27.4
Skin, etc.	...	...	...	...	...	1	...	...	...	1	1	...	1	2	1.6
Brain	...	...	1	...	...	1	1	...	...	...	...	...	2	1	1.6
Total	2	1	2	6	6	18	34	18	39	25	19	20	102	88	100.0

TABLE V

Seasonal Incidence of Deaths Under 1 Year, 1965

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
ALL CAUSES	11	4	10	7	32
Influenza	...	...	...	...	...
Measles	...	...	...	...	...
Whooping Cough	...	...	...	..	...
Bronchitis	...	...	...	...	...
Pneumonia (all forms)	5	...	1	1	7
Meningitis (not T.B.)	...	...	...	...	...
Gastro-Enteritis	1	1	...	...	2
Injury at Birth	1	1	...	...	2
Atelectasis	1	...	...	...	1
Congenital Malformations ...	2	2	3	2	9
Premature Births	1	...	3	2	6
Atrophy, Debility and Marasmus	...	...	...	...	...
Suffocation and Asphyxia... ...	...	...	1	...	1
Other Causes	...	...	2	2	4

TABLE VI

Infant Mortality, 1965

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	14	1	1	2	18	7	3	2	2	32
All Causes — Uncertified	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	4	2	1	...	7
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	1	1	...	...	2
Injury at Birth	1	...	...	1	2	...	...	...	...	2
Atelectasis	1	...	...	...	1	...	...	...	...	1
Congenital Malformations	4	...	1	1	6	2	...	...	1	9
Premature Birth	5	1	...	...	6	...	...	...	...	6
Atrophy, Debility and Marasmus	..	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	1	...	...	...	1	...	...	...	...	1
Other Causes	2	...	...	...	2	...	...	1	1	4
TOTAL	14	1	1	2	18	7	3	2	2	32

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
Broncho Pneumonia	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Acute Laryngo Tracheitis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Neuroblastoma (Retroperitoneal)	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Status Asthmaticus	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Sarcoma—Rt. Humerus	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Hæmophilus Influenzal Meningitis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Drowning	1	...	1	...	2	...	...	...	...	...	...	...	...	...		2
TOTAL	4	1	1	1	7	...	...	...	...	...	...	...	...	1	...	8

PART II

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

This year some change has been made in the presentation of the statistics by a modification of Table VIII, which in its previous form had remained unchanged for many years. In its new form it economises somewhat in space, but where patients from rural and other districts are concerned the category of military as well as civilian has been retained as it still has relevance where Catterick Camp and Airfield are concerned. Incidentally, an analysis of patients from outside the County Borough boundary is strictly speaking irrelevant to this report, but your Medical Officer of Health believes that you may care to have an overall picture of the work he carries out as Consultant Physician for Infectious Diseases. Table IX has been retained as in previous years, though the natural divisions of the town do not correspond exactly with ward boundaries. As will be dealt with more fully in the note on infective hepatitis, quite marked differences of incidence do occur in the pattern of disease from one area to another, though in a town of the size of Darlington it is difficult to assess significance here.

TABLE VIII

Incidence of Infectious Diseases

DISEASE	Borough Cases		Cases removed to and Deaths in Hundens Hospital					
	Notified	Deaths	From Borough		From Rural and other Districts			
			Cases	Deaths	Cases		Deaths	
					C.	M.	C.	M.
Smallpox	—	—	—	—	—	—	—	—
Scarlet Fever	45	—	2	—	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—
Meningococcal Infection ...	—	—	—	—	1	—	—	—
Erysipelas	2	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—
Pneumonia	4	24	2	—	—	—	—	—
Measles	537	—	8	—	4	—	—	—
Respiratory Tuberculosis ...	26	3	18	1	16	1	1	—
T.B. Meningitis	—	—	—	—	—	—	—	—
Other forms of Tuberculosis ...	—	2	—	—	—	—	—	—
Whooping Cough	49	—	3	—	2	—	—	—
Infective Encephalitis	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—
Dysentery	13	—	4	1	3	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—
Infective Hepatitis	200	—	1	—	1	—	—	—
Para-Typhoid Fever	—	—	—	—	—	—	—	—
TOTALS	876	29	38	2	28	1	1	—

TABLE IX

1965—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever	5	8	3	3	6	...	2	4	6	4	4	45
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	2	6	8	1	3	1	...	2	21	1	4	49
Measles	40	52	53	30	27	27	47	33	116	66	46	537
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...
Infective Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	1	...	...	...	1	...	1	...	1	4
Infective Hepatitis	10	15	9	11	8	16	8	26	66	16	15	200
Erysipelas	...	1	...	...	...	...	...	...	...	...	1	2
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	5	1	1	...	...	...	2	4	...	...	13
Food Poisoning	...	...	...	...	...	...	...	...	...	...	...	...
Respiratory Tuberculosis ...	...	6	4	4	1	4	1	1	1	1	3	26
Non-Respiratory Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	57	93	79	50	45	48	59	68	215	88	74	876

Commentary

In only one respect did the year show any unusual feature as compared with previous years, the incidence of all notifiable diseases running very much the same as hitherto. It is pleasant to note that no established case of food poisoning appeared, though a number of suspected food poisonings were notified, and the incidence of dysentery remained small. The diseases as shown were not for the most part serious, it being noticed for instance that among 537 patients notified as suffering from measles and residing in the town only 8 were removed to hospital and only 2 of the 45 patients suffering from scarlet fever. The complications which led to admission were not serious.

In 1965 the incidence of infective hepatitis, which as you know is a disease locally notifiable, was greater than ever before, 200 cases being notified from Darlington and its immediate environs. Most of these patients received a visit from a health visitor, who made a note on home care and management, severity of illness and possible source of infection. Analyses of their findings are shown as follows:

Distribution by month:

January	17
February	14
March	17
April	18
May	33
June	18
July	19
August	15
September	18
October	12
November	11
December	8
	200

TABLE X

Age and Sex Distribution

	Under 5	5–15	15–45	45+	Total
Males	9	81	19	6	115
Females ...	5	53	23	4	85
Total ...	14	134	42	10	200

In connection with the above Table, in previous years the age distribution was slightly different, showing merely three categories, of pre-school and school children, adults and elderly persons, but in 1965 there were no patients over 60 years of age and it seemed therefore more appropriate to divide as shown. The slight excess of males over females is not in my opinion significant though it was also present in about the same degree in 1964. The epidemic, so to call it, was already under way towards the end of 1964 and reached a climax in the month of May, subsequently declining as the year went on and also into 1966. Of these patients, only 2 were admitted to hospital. Since one of these was a resident in East Haven this was for administrative convenience rather than for clinical necessity. A further patient was admitted in the first instance to the Darlington Memorial Hospital, where the diagnosis of infective hepatitis was suspected though subsequent investigation proved that this was not so and hence she has not been counted in this series. She illustrated, however, a point of considerable importance, which was discussed at the Control of Infection Committee of the Darlington Hospital Group, when the question was discussed whether all patients suffering from jaundice where the diagnosis had not been already established should be admitted on admission to the cubicle block as presumptively suffering from acute hepatitis until proved otherwise. As is well appreciated, this disorder is one of the most infectious of the infectious diseases and when such very great anxiety is shown, particularly in the children's ward of the Darlington Memorial Hospital, about all cases of looseness of the bowels, the great majority of

which are not infectious at all, special precautions for acute hepatitis become the more relevant. Your Medical Officer of Health as Consultant Physician for Infectious Diseases, expressed his willingness to admit such patients for investigation should his bed state permit him to do so, but to the end of the year no action had been taken in this matter. From the picture as given in 1965 it would not seem likely that many cases of infective hepatitis would in fact be admitted by this means.

Another project which your Medical Officer of Health had in mind and towards which local notification was regarded as an important step was the admission of a larger proportion of patients to hospital where examination of liver function could be carried out, it being suspected that liver damage, though transient in most cases, is likely to be more severe than sometimes shown. This as a matter of fact was confirmed by such investigations as were possible on the 2 patients submitted, but when, as it always should be, the prime interest is the patient and his welfare, there is no point in admitting to hospital someone who can be effectively nursed at home.

The health visitors reported that 12 patients otherwise nursed at home, or 6% of all, were severe or fairly severe. The number of cases where the source of infection could be reasonably assessed were relatively few, but numerous enough to be significant. In 25 instances the source of infection was another patient at home and seven family outbreaks accounted for 16 patients. Another case in the neighbourhood was mentioned in 8 instances and the probable source of infection at school in another 8, while school was suspected as the source in a further 13 investigations. One patient contracted the disease away from Darlington.

An interesting feature was the geographical distribution of cases in the town, with a great preponderance in the south-eastern sector enclosed by Yarm Road and the railway to York, which accounted for no less than 76, or 38.0% divided between Firth Moor—47, and Eastbourne—29. Harrowgate Hill, including in this area all that lies between the railways to Durham and to Bishop Auckland, contributed 20 patients, most of them suffering during the last six months of the year, while Skerne Park contributed 19 mostly during the first six months. Albert Hill, a relatively small and self-contained area, contributed 13 notifications, which is rather high for the population at risk. On the other hand, the thickly populated area to the north-west of the centre bounded roughly by Greenbank Road and Salisbury Terrace, Brinkburn Road, West Auckland Road and Woodland Road, showed only 15 patients, Haughton and Springfield only 6 and the whole of Cockerton west of West Auckland Road 9. In this connection it may be interesting to observe that in 1964, 19 of the 52 cases notified were in the south-east section, which was equivalent to 36.7%. It is difficult, however, to attribute any special importance to these remarks.

The health visitors reported on home care and housekeeping in 159 households, where 5 were graded as excellent or very good, 49 as good and 60 as satisfactory. In only 11 was an adverse situation found, either through overcrowding or deficient management or both, which is equivalent to 6.9% and must correspond fairly closely to the incidence of sub-standard housing conditions in the town. The balance were described as council houses without comment and may be taken as satisfactory. It would seem that home conditions played no significant part in the incidence of the disease.

As has been said, the majority of patients showed only mild illness and one cannot help thinking that a good many patients who showed transient symptoms were not notified, since reference was made to family contacts as sources of infection whose names did not in fact appear. Probably much more numerous were sub-clinical infections without definable symptoms, which would constitute a carrier population from whom the majority of notified cases derived.

These observations are submitted as an interim report since there is little if anything about them from which epidemiological conclusions can be drawn apart from what is already known or surmised that the carrier state is a common one. The severity of the disease as shown at least in 1965 would not justify any substantial diversion of interest to research towards preventive vaccination or immunisation, though it is to be remembered that occasionally cases, perhaps 1 in 1,000, end fatally.

Adverting to an unrelated though relevant theme, an analysis of the notifications gave some insight into the problem of allocation of health visitors to general practitioners in the circumstances prevailing in Darlington. As you know, some authorities have allocated health visitors to particular practitioners, with apparently good results, but where Darlington is concerned it would seem that the way ahead lies in improving relations between all practitioners and all health visitors, since all physicians on the list of the Darlington Executive Council have patients in all parts of the town. As an example, the 47 families (48 notifications) in Firth Moor were attended by ten practitioners or firms of practitioners, the 18 families (19 notifications) in Skerne Park by six practitioners or firms, and the 14 families (15 notifications) in the north-west by seven practitioners or firms.

§ 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:

"The arrangements for dealing with diseases of the chest including tuberculosis were unchanged during 1965. The number of new notifications of respiratory tuberculosis and the comparable figures for preceding years were as follows:

1960	...	...	45
1961	...	...	35
1962	...	...	33
1963	...	...	35
1964	...	...	28
1965	...	...	26

"There were no notifications of non-respiratory tuberculosis. Of the 26 respiratory cases no fewer than 15 were over 45 years old and of these 13 were men and 2 were women. In 12 men and 5 women tubercle bacilli were present in sputum and these patients were therefore potential sources of infection to their families and social contacts and in need urgently of isolation and treatment. Of the 17 sputum-positive cases 5 were classified as "early", 5 as "moderately advanced" and 7 (all men) as "far advanced" according to the degree and extent of lung damage.

"Respiratory tuberculosis gives rise to approximately 400 new notifications in England and Wales each week and there are about 40 deaths a week from this cause so the disease cannot be regarded as unimportant or as well under control as diphtheria or poliomyelitis now are.

"The low incidence of new cases in Darlington reflects the pattern of the disease in the country as a whole and the noteworthy features are that few cases occur in women, most cases occur in middle-aged or old men and in 1965 there were no notifications of non-respiratory tuberculosis. The hard core of the problem resides in older males who are retired or getting on towards the end of their working life and it seems likely that they break down as a result of some stress at work which causes activation of a dormant endogenous infection rather than as a result of exogenous infection or re-infection. It is a fair assumption also that the absence of non-respiratory tuberculosis notifications indicates that there is not a substantial amount of hidden or undiscovered tuberculous infection in the community. The increasing use of B.C.G. vaccine in children and young people, giving protection against casual exposure to infection, must also be taken into account in this context.

"If progress towards the complete elimination of tuberculosis in this country is to continue the importance of early diagnosis of the clinical case must be emphasised as it leads to isolation and treatment of those who are otherwise a danger to themselves and their neighbours. In this area in 1965 it was unsatisfactory that 17 out of 26 persons were already infectious when a diagnosis was made and 12 of the 17 were already well advanced in the disease when found. The factors contributing to this state of affairs are well known and difficult to combat.

"Once a diagnosis was made, a bed was immediately available to those who required it and treatment was begun promptly. The use of antibiotic and chemotherapy followed well established lines, treatment in most cases being begun in hospital and continued at home after discharge. Isolation of the tubercle bacillus in pure culture and determination of its sensitivities to the various drugs in use was done at the Public Health Laboratory at Northallerton and the Tuberculosis Reference Laboratory in Cardiff respectively.

"At the end of the year there were 5 patients whose organisms were classified as resistant to one or more of the drugs used in chemotherapy.

"The thoracic surgery out-patient clinic was held at six-weekly intervals and Mr. E. Hoffman, consultant thoracic surgeon, dealt with new patients and also the supervision of post-operative cases. As mentioned in last year's Annual Report, the work of the surgical clinic was concerned more with non-tuberculous chest diseases and particularly malignant rather than tuberculous conditions.

"The examination, skin testing, X-raying and vaccination with B.C.G. in contacts continued on the usual lines.

"I should like to express my thanks to the staff of the Health Department for their unfailing help and co-operation and in particular I am indebted to the Medical Officer of Health for his continued personal interest in the welfare of tuberculous persons and their families".

The following paragraphs relate to the work of the chest service in Darlington in 1965:

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 arrangements were continued in 1965 whereby part of the clinical work including relief for sickness and annual leave was undertaken by Dr. M. Walton of Poole Hospital or by Dr. P. Ryan acting on his behalf. The liaison between the clinic and the thoracic unit in the hospital has substantially improved as a result.

The number of beds available to Darlington patients was unchanged as follows:

	Male	*Female*
Hundens Unit, Darlington ...	14	11
Friarage Hospital, Northallerton	10	—
Poole Hospital, Nunthorpe ...	As required	

Notifications

The following Table shows the age and sex distribution of patients notified in 1965:

TABLE XI

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

Deaths

There were 3 deaths from respiratory tuberculosis compared with 7 in 1964, 8 in 1963, 14 in 1962 and 8 in 1961. Six 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 1964.

TABLE XII

	15—25	—45	—65	65+	Total
Male	3 (1)	5 (7)	10 (6)	3 (—)	21 (14)
Female	1 (1)	2 (4)	2 (3)	— (1)	5 (9)
Children... ...	—	—	—	—	— (3)
TOTAL ...	4 (2)	7 (11)	12 (9)	3 (1)	26 (26)

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, 56 new contacts were tuberculin tested and 81 vaccinated with B.C.G. including 34 babies who were vaccinated without the preliminary skin test.

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.

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.

TABLE XIII

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

Examinee Group		Miniature Films taken	To Chest Clinic	Pulmonary Tuberculosis			Non-Tuberculous Abnormalities								
				Requiring treatment	Requiring supervision	Healed no further action	Pleural abnormalities	Bronchiectasis	Pneumonia	Cardiac abnormalities	M'lign'nt Neoplasm	Misc.	Normal	Failed to attend Clinic	Still under investigation
Public Sessions ...	M.	1,603	27	4	2	1	—	2	5	2	7	—	4	—	—
	F.	1,481	18	1	1	2	—	1	3	3	2	2	3	—	—
Factory Surveys ...	M.	1,626	13	1	1	3	4	—	1	—	—	1	2	—	—
	F.	886	2	—	—	—	—	—	—	1	—	—	1	—	—
Others ...	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	80	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...		5,676	60	6	4	6	4	3	9	6	9	3	10	—	—

Patients on the Register

On 31st December, 1965, there were 150 Darlington patients on the Chest Clinic register compared with 186 in 1964 and 209 in 1963, suffering from respiratory tuberculosis.

There were 50 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 XIV

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	—	—	—	—	—	—	—	—	—	—	1	1
„ 15 ...	—	1	—	—	—	—	—	—	—	—	—	—	—	1
„ 45 ...	15	5	3	3	—	—	6	4	8	6	1	4	33	22
„ 65 ...	12	3	2	1	2	—	6	5	14	6	13	5	49	20
Over 65 ...	1	1	2	1	—	—	1	—	10	1	6	—	20	3
Totals ...	29	11	7	5	2	—	13	9	32	13	20	9	103	47

B.C.G. Vaccination for School Children

The scheme described in previous years, whereby B.C.G. vaccination was offered to school children of a particular age-group following a preliminary skin test to indicate whether in fact such vaccination would benefit them, was postponed in 1965 to allow for an intensive campaign of poliomyelitis vaccination in the schools.

It is the intention in 1966 to continue the policy of testing two yearly age-groups to eventually bring the age of testing down to 10 years from the original one of 13 years, to conform with the recommendations of the Ministry of Health.

In addition, B.C.G. vaccination continues to be offered to students of the Darlington College of Education and the College of Technology but the numbers of students availing themselves of the opportunity is small, due no doubt to the fact that most of them will have been vaccinated already when they were thirteen years of age.

§ 3. VENEREAL DISEASES

Once more your Medical Officer of Health is indebted to the Consultant Venereologist, Dr. Edward Campbell, for a valuable and interesting report on the work of his clinics in the Tees-side area, wherein, of course, Darlington shares. From the figures he has given it would appear that the total patients in the area and in Darlington divide as follows, the figures in brackets representing the numbers for the previous year:

	Total No. of Patients	*Syphilis*	*Gonorrhoea*	*Others*
For the whole area	1,368 (1,375)	20 (40)	399 (431)	949 (904)
For Darlington ...	98 (117)	1 (4)	22 (30)	75 (83)

Dr. Campbell points out that many patients suffering or afraid they may be suffering from venereal diseases have recourse to a clinic outside their own home town and the figures given above have been derived from place of residence of the patient and not from the clinic attended. They may, therefore, be taken as accurately reflecting the situation. As far as it goes, the information reflects a satisfactory trend, though the decline in numbers would have to be constant over several years before there were any real grounds for congratulation. Where syphilis is concerned, the number of patients in Darlington and even in the whole area is much too small to draw much by way of conclusions. In the case of gonorrhoea Dr. Campbell notes that a study of the age groups of patients shows little change from the previous year. The majority of the male patients' ages were 25 and over, while the female patients, who normally fall into a lower age group, have during the last few years shown fewer patients aged 20 to 24 than aged 25 and over. The two groups of 20 years and over still account for 80% of female cases of gonorrhoea and the number of teenagers attending the clinics with this infection remains at a low level. In 1965, for instance, aged 15 years and under there were 17 cases as compared with 18 during 1964, and aged 16 to 20 years 57 cases as compared with 54 during 1964. These figures, let it be repeated, are for the area as a whole; a breakdown for Darlington alone would not reveal significant findings.

Venereal diseases are some of the few maladies that possess a social and moral context and for this reason they are a particularly sensitive index to the state of public health. It will be remembered, of course, how these disorders, whose causative organisms were and still remain sensitive to penicillin, suffered an immense decline in the years following the second World War, but have lately shown an unfortunate recrudescence which has not been due to any significant change in the resistance of the organisms to antibiotics. Some have argued that this has been an index of a decline in the social and moral standards of the population, and particularly of adolescents, and they have seen in sex education a possible answer to the problem. You have requested your Medical Officer of Health to submit a memorandum of his views about sex education and this would appear to be a satisfactory context wherein to do so.

The first problem to decide is what one means by sex education, for it is quite certain that behaviour in any context of life is not wholly determined by knowledge about it and least of all where strong instinctive and emotional drives are involved. Thus your Medical Officer of Health would not regard

this subject as adequately covered if treated as an extension of the school subject of biology; it is not, in short, a satisfactory matter for schoolroom instruction apart from elementary anatomy and physiology, when it should be dealt with with neither more nor less emphasis than any of the other systems of the animal body. How to make proper use of a bodily function is, however, another matter and since all children are born into a family, which is in itself the expression of sex in practice, the obvious people to impart education are the parents. This, of course, is generally recognised by all concerned, but the problem arises when parents so conspicuously fail to discharge their obligation. It is worth nothing that the children growing to maturity today are themselves the offspring of parents who in their young days regarded themselves as highly emancipated and who, if earlier conventions with regard to sexual behaviour were wrong, should have been able to do much better by their children than their own parents. This, however, does not appear to have happened and the emancipated young people of the 1920's and 1930's are no more efficient in this respect than their forebears of the "despised" Victorian era. Probably the Victorians were more successful because for the most part their families were larger and they lived in closer communal contact with neighbours and friends.

Before asking what can be done to supplement inadequate parental teaching or to correct bad example given by parents and other adults, your Medical Officer of Health would like to express as his very firm opinion that the situation at the present time is very little different from what it has been in previous generations at almost any period of human history. Much more is talked about sex today than was customary a century ago, but the part popular fashion plays in this must not be forgotten and if one would like a simple example from literature to illustrate what is in mind one might compare Sherlock Holmes with James Bond. The point, therefore, where maximum advantage is likely to be gained by educational efforts is among older school children and young people when they are considering marriage. Such groups are likely to have an overall serious interest and will be anxious for the most part to do the right thing even though they may recognise they will have frequent lapses. It is important for young people to accept that degrees of feeling differ very much from one person to another, so that what is normal in one case would be unsatisfactory in another. Another very important principle is that while sex plays a large part in life, the ingredients for a successful marriage are many more than sex alone and it may also be worth reminding children when they are old enough to understand it that they will be tempted under the impulse of their sexual feelings to irrational behaviour. History bristles with examples of folly and treachery arising from this source and while foreknowledge will not necessarily prevent similar misadventure it at least will warn its hearers of dangers ahead.

The role of the Health Department in all this is clearly of one agency among many. In the view of your Medical Officer of Health it would be no part of its function to arrange for elementary biological instruction since, as has already been noted, this is not the main problem. On the other hand, at a later stage when information has been given, but an attitude to life in general and to sex in particular has not yet crystallised, appropriate personnel of the Health Department might be able to do a great deal, particularly as leaders of discussion groups for older children, where questions could be

frankly asked and as frankly answered. Behind a good deal of superficial sophistication ignorance still remains, not so much of the facts themselves but of their implications, and your Medical Officer of Health has had some experience of the kind of thing he has in mind when he was in fact acting by invitation of two schools in a neighbouring authority. These were a secondary modern boys' and a secondary modern girls' school and in each case some thoughtful and searching questions were put to him in an atmosphere free from embarrassment. On an occasion when he met the secondary modern girls a second time the questions were unsigned and drawn from a box, so that the questioner was unknown to anyone save herself. This method worked even better than a previous technique where the class, after listening to a short preliminary talk, divided into syndicates whose leaders put questions verbally. After the ice was broken with the routine questions there was, of course, on the second occasion ample opportunity for direct questions and answers. The discussion leader would not necessarily be a medical man or woman; a health visitor would do just as well, and where this matter is concerned it does not seem necessary that the discussion leader should be of the same sex as the children. Thus no very revolutionary suggestions are laid before you, but closer co-operation between the Health and Education Departments along the lines suggested might give some help and allow a few puzzled young people to realise that many others shared their problem.

It will be appreciated that this is an extremely partial report on a very extensive and complicated subject, about which it seems to be more difficult to give a firm opinion the more one knows about it.

PART III

National Health Service Act, 1946

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

(a) Normal Mothers and Children

Although under the National Health Service medical amenities are available for all members of the family, the demand made on the baby clinics of your authority shows no diminution whatsoever and indeed the need for better facilities has never been more obvious. The purpose-built centres at Springfield and Skerne Park operated throughout the year and illustrated how much more satisfactory such accommodation is than improvised premises, though gratitude remains as warm as ever towards those churches where has been made available schoolroom accommodation. During 1965 plans for a new purpose-built centre at Firth Moor were under consideration, but to the year's end no work had begun. This meant that the improvised premises at Geneva Road Baptist Church were under very great strain since Firth Moor is one of the most populous areas of the town, at least where mothers with young children are concerned. The health visitors continued to give instruction to expectant mothers in relaxation techniques and the midwives too held ante-natal clnics as hitherto. The times and places of the clinics were as follows:

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 Baptist School Room.
Tuesday	10 a.m. and 2 p.m.	Albert Road School House.
	10 a.m. and 2 p.m.	Geneva Road Baptist School Room.
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School.
	10 a.m. and 2 p.m.	Skerne Park Health Centre.
Thursday	10 a.m. and 2 p.m.	Coniscliffe Road Methodist School Room.
	2 p.m.	Cockerton 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.

(b) **Care of Premature Infants**

The number of premature births at home was 7 and they were all nursed at home and all survived to the end of a month. Like births in general in the town, the majority of premature births took place in Greenbank Maternity Hospital, of which the total number was 134, and of these 9 died during the first twenty-eight days, leaving 125 surviving at the end of a month.

(c) **Risk Register**

Your Medical Officer of Health is indebted to his Deputy, Dr. W. Mary Markham, for the following report on the Risk Register.

"The Risk Register was continued during the year and based mainly as in 1964, on reports from the maternity hospital. This included 25 cases of congenital malformations listed below and 117 premature babies. A further 175 were notified in which prenatal or perinatal anoxia played a part. This together with post maturity, maternal disorders such as diabetes and haemolytic disease of the newborn, accounted for varying degrees of risk but only in 8 cases were definite signs or symptoms present immediately after birth. These children were noted and kept under observation in the clinics or by health visitors within the normal routine. It was decided that a special review should be carried out at 2 years of age, which is a convenient time for making arrangements for further treatment or special education. At this age the majority of children can be removed from the register as their development is clearly within normal limits and they require no further special observation. The small remainder can be followed up at suitable intervals and retained on the register while any doubt remains. The same principles apply to premature babies but a somewhat larger number may be retained on the register for a longer period of time.

"The following congenital malformations have occurred in Darlington families:

Anencephalis	1
Anencephaly and spina bifida	1
Bilateral talipes	4
Right talipes	2
Hemivertebrae lumbar Defective mandible	1
Polydactyly—bilateral	1
Spina bifida	1
Hydrocephalus	2
Defect of cervical and thoracic spine	1
Dyschondroplasia and ectopic anus	1
Skin defect—scalp	1
Spina bifida with paralysis of lower limbs	5
Hypospadias and R. hyrdocele	2
Meningoencephalocele	1
Cleft palate (soft only)	1

"Of these, 7 were stillborn or died within a few days of birth. The total of 25 is a little higher than in 1964, when it was 19. This may have no significance but may indicate a greater awareness of these disorders and more careful reporting. All these babies are kept under close observation by the health visitors in their homes and many attend the child health clinics. This, however, may be impossible or inadvisable while hospital treatment is being carried out."

We are looking forward to the time when the children under special observation are old enough to assess whether it is necessary to have kept them thus under obtrusive surveillance. This will show more definitely than any theoretical consideration what value the Risk Register serves. It is unnecessary to say that unless abnormality shows itself no hint is given to the mother that there may be abnormality about her child.

(d) **Means taken to detect and follow up Handicapped and Subnormal Children**

Where pre- and peri-natal hazards are concerned the Risk Register provides the best possible means of anticipating them and alerting your department to potentially defective children at a very early age. As is, of course, clear, the vast majority of newly born infants reported for inclusion in the Risk Register prove at an early age to be quite normal and hence require no follow-up, but where in fact a defect occurs there should be every opportunity of finding it since your Deputy Medical Officer of Health takes a particular interest in this matter and the health visitors are appropriately alerted. The previous section indicates how communications are maintained to keep the register up to date. Subsequently, among pre-school childhood the problem resolves itself into one of communications. A large number of children make periodical attendances at your infant welfare centres, much more frequently during their first year than afterwards, but an effort is made when the immunisation programme is finished to persuade mothers to bring them back for a birthday check. A test of urine for the metabolic defect phenylketonuria is made as a routine for all notified births, the health visitor carrying it out at a home visit. The health visitors are also alerted to be on the look-out for deafness, for the early detection of which they have received training, and they also bear in mind other defects of special senses and such congenital deformities as dislocation of the hip. Often childish defects follow illness, such as strabismus after measles, or more serious trouble such as deafness or mental sub-normality after meningitis, and the need for communication between the Health Department and other branches of the health service is particularly urgent in this respect. Fortunately where infectious disease is concerned, your Medical Officer of Health is also Consultant in this speciality and the majority of serious cases from which residual defect might be anticipated come under his care. A copy of his letter to the child's practitioner is always supplied to the department and duly included in the child's record. Similar letters are obtained from Consultants outside Darlington, the Children's Department of the Royal Victoria Infirmary at Newcastle upon Tyne being particularly meticulous in this respect. Your Medical Officer of Health would like as a council of perfection to see copies of all letters from consultants to practitioners forwarded to the department and if this is asking too much, certainly where those categories of special interest, such

as children and pre-school children, are concerned. This ideal is in process of achievement and it is to be noted in passing that resistance to it was encountered not from the consultants but from the practitioners, though if the good of the patient is the supreme law it is difficult to see where such objection arises. Fortunately relations in this respect are continuously improving. Thus we might hope in time for notification to the Health Department of any illness in childhood quite apart from hospitalisation where the practitioner suspected some residual damage or thought that it might arise, so that oversight by a health visitor might be continued.

This, as you will see, is a question bound up with the wider one of the allocation of health visitors to general practitioners, or perhaps more accurately their closer co-operation in all contexts.

Where school age is reached, detection and oversight become much simpler and at this point it is possible to distinguish two streams, that of the mentally sub-normal and that of the physically handicapped. Children who are mentally backward are either capable of education in a special school or in their own interest are better trained at the Junior Training Centre. Sometimes a mentally sub-normal child who is over five years of age is retained at a nursery school by courtesy of the local education authority and is then admitted to the appropriate place for continued help, and there is of course an exchange where necessary between Junior Training Centre and special school for educationally sub-normal pupils. The close links between these two establishments will be strengthened, it is to be hoped, when the new Junior Training Centre at Glebe Road has come into operation. At the end of school life, which in this case is 16 years, educationally sub-normal children are considered in case conference between the Head Teacher, the Youth Employment Officer, the Educational Psychologist, the Chief Mental Welfare Officer, and the Deputy Medical Officer of Health, and in most cases work within his or her capacity is found. Otherwise, of course, the Adult Training and Industrial Centre is available. In similar manner, pupils from the Junior Training Centre of 16 years are considered for further training and employment, either in the open labour market or at the Training and Industrial Centres, details of which will be found in Part IV of this Report. As has happened very satisfactorily in several instances, ordinary employment has been found after a period of such training. The majority of mentally sub-normal children come to light in early school life or at late pre-school age, and though in the past there has been a tendency to conceal the matter, with the disappearance of the stigma that used to be attached to mental disorder of all kinds, and the provision of much better services for looking after it, little if any attempt at concealment is made in these days. Children attending the Junior Training Centre are medically and dentally examined as other children of the same age and treatment for physical defects is organised as and when necessary.

Where physically handicapped children are concerned, wherever possible these are educated in ordinary schools, as for instance where the deaf are concerned. Otherwise they are placed in the Open Air School where they are kept under careful surveillance by your medical officers and by a health visitor. Once again, whenever possible such children are returned to ordinary schools on the grounds that they should not cultivate a

reputation for invalidism unless it is completely unavoidable. A similar pattern for placing in employment takes place here as where the educationally sub-normal are concerned, the Head Teacher, the Youth Employment Officer and the Deputy Medical Officer of Health taking part and finding where they can the appropriate job. In the case of such few as are incapable of work in the open labour market facilities are available under the Ministry of Labour in respect of training and employment in sheltered workshops, though not in Darlington. Where even these do not meet the case there remains the workshop for the chronically handicapped provided by the Welfare Committee of this authority.

There remains a category of children who are sent away to special schools either on account of maladjustment or of some particular defect which requires specialised care and there are also a few mentally subnormal who for home or other reasons require accommodation in hospital. While these are away they receive careful medical as well as educational oversight and when they return for holidays they are reviewed by your medical officers and their progress carefully noted. Maladjusted children attending residential schools are also kept under review by the Child Guidance Clinic.

Thus, taking an overall picture of facilities available and their administration, you may rest reasonably content that a close net exists and is used to find and provide for handicap of all kinds among children and young persons, but your Medical Officer of Health does not wish to imply that it is so good that it might not be improved.

When young people leave school and go to work they will for the most part come into the purview of industrial medical schemes, but it has to be admitted that the oversight of youngsters in late and mid-adolescence is far from complete and your Medical Officer of Health believes that more medical man hours might be expended on them even if it meant less time available for school children, for whom surveillance is fairly complete though it does not necessarily ensure the avoidance of bad habits such as cigarette smoking and the use of improper footwear.

(e) Supply of Dried Milks, etc.

The central depot at the Health Department was maintained until December at Feethams for the distribution of dried milk, which continued to be available at baby clinics in addition. During the year Mrs. D. Moore retired from your service, to be replaced by Mrs. M. R. Sledge with effect from 5th July, and Mrs. J. Herbert to give further assistance from 15th November. This latter appointment arose as a result of a transfer of one of your personnel who had been employed in food distribution to the central office for clerical duties. Mrs. D. Peden continued to give part-time service. During the period 12,823 tins of dried milk, 21,280 bottles of orange juice, 1,854 bottles of cod liver oil and 1,256 packets of vitamin tablets were distributed.

As you will appreciate, this valuable service, though closely related in scope with baby welfare, nevertheless involves your department in onerous and in a sense extra duties. It is to be remembered, of course,

that originally the provision was made through the Ministry of Food and was brought into the health departments of the nation because of their well known ability to absorb extra duties with efficiency and without complaint. The transfer of premises at the end of 1965 created a crisis in this section because of the unavailability of sufficient storage accommodation for welfare foods, and this to the time of writing has remained an embarrassment as it is necessary to store packages in waiting room space.

(f) Dental Care

It is difficult to understand why so small a demand is made on the facilities for dental care which are available for expectant and nursing mothers and for pre-school children. The figures for 1965 are shown as follows, with those for 1964 in brackets after them.

Expectant and Nursing Mothers	5	(4)
Children under 5	106	(136)

(g) Care of Unmarried Mothers and their Children

The Corporation continued to make a yearly subscription towards the maintenance of St. Agnes' Home, 45 Duke Street, which as in previous years gave assistance to unmarried mothers and their children. Mothers are, of course, confined in Greenbank Maternity Hospital and the home exists to give them shelter and rehabilitation before and after the event. The indoor work for the year is shown as follows:

Indoor Work—Total number of residents was 38 consisting of:

(1) Unmarried mothers	33
(2) Married women with illegitimate babies ...	2
(3) Temporary residents	3
Girls who kept babies	6
Adoptions	23

(From the 38 residents, 1 was a Darlington girl)

Commentary

During the year a development is worthy of note in connection with a moral welfare worker appointed by the Darlington and District Moral and Social Welfare Committee to contact difficult cases of unprepared for and unwanted pregnancy. Your Medical Officer of Health is a member of the Committee which receives her reports and whose influence for good is undoubted. From the point of view of the local authority an application was made for monetary assistance towards the maintenance of the moral welfare officer, though to date you have not seen your way to make a substantial contribution. It must always be remembered that whoever pays the piper expects to call the tune and few authorities, least of all when they dispose of public money, are prepared to commit themselves to the support of an organisation where they will not have a controlling interest. Possibly it would be to the advantage of Darlington women who are in difficulties if the annual sum contributed to St. Agnes'

Home were in fact given as the annual contribution to the Moral and Social Welfare Committee, with payment of maintenance charges for such women of Darlington as were accommodated at 45 Duke Street. This would open the question of accepting responsibility for maintenance, at least for the last weeks of pregnancy and over the puerperium, of those of Darlington address who were accommodated in homes outside the County Borough, who are of course by far the most numerous. Up till now applications from outside homes and welfare societies have always been rejected on the grounds that St. Agnes' Home exists for all, and Darlington girls would be as welcome there as anybody else. It must, however, be accepted that many young women with unprepared for or at first unwanted pregnancies prefer to have their confinement away from their native place, and such feelings should be respected. On the other hand, should you decide to revise your policy along the lines indicated here, you must be advised that it is likely to cost you more.

§ 2. DOMICILIARY MIDWIFERY (Section 23)

This is one of your services which shows a high degree of stability, since the number of confinements outside hospital remains at a low level, 222 in 1965 as compared with 326 as recently as 1961. The work carried out during the year is summarised as follows:

Gas and Air Analgesia

	1961	1962	1963	1964	1965
Number of patients using it	229	250	204	216	171
Percentages of total domiciliary confinements	70	76	72	78	77

Pethidine

Number of patients using it	117	128	147	149	111
Percentage of total domiciliary confinements	36	40	52	54	50
Total domiciliary confinements	326	327	284	277	222

These figures, however, do not give an entirely true picture of the work undertaken by your midwives because owing to the heavy pressure on the beds of Greenbank Maternity Hospital a large number of lying-in mothers are discharged home very early in the puerperium and the statutory visits which must be made up to the fourteenth day devolve therefore upon your midwives. They are very glad to co-operate with their hospital colleagues in this work, but have sometimes found an embarrassment when a heavy list of discharged mothers has been presented to them without much previous notice. It is easier, however, to point out a difficulty than to remedy it and your Superintendent Midwife and the Matron of Greenbank Maternity Hospital have been in close conference to ensure as good co-operation as possible. Though your midwives in taking up patients already delivered by others have in one sense a less responsible task, it is also a somewhat frustrating one because the full consummation of the midwives' work is to be present and to assist at the actual delivery of the baby. Thus to some extent the score is equalised.

	Cases attended as Midwives	Cases attended as Maternity Nurses
1956	282	42
1957	298	40
1958	253	22
1959	255	27
1960	288	23
1961	297	29
1962	294	33
1963	258	26
1964	244	33
1965	205	17

§ 3. HEALTH VISITING (Section 24)

The year 1965 was notable in that during the course of it the permitted establishment of health visitors was attained and maintained. This was due to the training scheme which you have authorised in the past and which has continued to function satisfactorily until the present. As you will recall, the details are that three-quarters of the minimum salary payable to a health visitor is paid during the year of training, with tuition fees also provided by the local authority, on the understanding that the candidate gives a year's service if required on qualification or reimburses the amount spent upon her if she defaults during the course or fails a second attempt at the examination at the end of it. Student health visitors served in your department for a variable period, and ordinarily about three months, before they were sent on the course in order to assess their suitability and whether, having experienced it, they still liked the work.

Various relevant questions were considered during the year, including the somewhat vexed one of secondment to general practitioners, but for the time being the best plan would seem to be to cultivate ever more friendly relations with the practitioners since in Darlington there is so wide a distribution of all practices throughout the County Borough that district secondment as achieved in certain other authorities does not seem practicable. It would, of course, be possible to second health visitors to practitioners and let the district pattern go by default, but your Medical Officer of Health is strongly of the opinion that the attachment of a health visitor to a particular district is too valuable lightly to be abandoned.

TABLE XV

Work of Health Visitors

	Total cases
Children born in 1965	1,411
Children born in 1964	1,290
Children born in 1960-1963	4,783
Other classes	935
Tuberculous households	190
	8,609

§ 4. HOME NURSING (Section 25)

Of all the services administered by your department the one most widely appreciated by the general practitioners of the town is home nursing and it is your Superintendent's proud boast that no call from a doctor upon the time and skill of the district nurse is ever neglected. Thus there does not appear to be an unrealised need under this heading, but it would seem that a good deal of your nurses' time is taken up with services that do not need a nursing qualification to carry them out, for instance helping an elderly or infirm patient to have a bath, and the high standard of meeting all requests is only attained by encroachment upon your nurses' free time off duty. Towards the end of the year the question of the appointment of two bath attendants was under consideration, though no decision had been reached. Miss Beckett has pointed out that the items of service conveyed by your nurses tends to differ with prevailing fashions in therapeutics. Thus injections are much less in demand today than perhaps ten years ago because of the greater availability of antibiotics and other medications in edible form, but this does not mean much overall diminution of calls on the nurses, as Table XVI illustrates, and ideally the work they give could increase if more patients were discharged earlier from hospital, so that attention at present given there could be discharged with equal efficiency in their own homes. In the words of Dr. R. H. M. Stewart, the Senior Administrative Medical Officer of the Newcastle Regional Hospital Board, "the hospital is a place where advice is given rather than where the patient is taken in and put to bed". Although perhaps it may be a long time before this ideal is fully realised, the more extensive and efficient the domiciliary services, the more likely it is to be achieved.

TABLE XVI

Analysis of Patients and Visits Paid, 1949, 1954 and 1965

	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
1965	12	159	13	25	666	26	58	1,583	27
	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
1965	202	7,247	35	608	18,686	30	905	28,341	31

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

§ 5. VACCINATION AND IMMUNISATION (Section 26)

From an administrative point of view there is very little to add under this heading to remarks in previous reports. Once more the effectiveness of vaccination and immunisation was shown by the absence or triviality of diseases against which protection is given. There were no cases of diphtheria or of poliomyelitis in the town in 1965 and though whooping cough still occurs it presents as a much milder disease than hitherto. There may be two factors in the pathogenesis of whooping cough, in which case vaccination as practised at present only gives protection against one of them. However this may be, the gravity of the disease has become much modified. This year the Ministry of Health has only required records to be kept of immunisations and vaccinations among children and young people under 16 years of age and this accounts for the difference in the accompanying Table compared with previous years. The protection of any community against a particular infection does not require 100% immunisation and the safety figure is possibly somewhere about 40%, though this may vary from one disease to another and has not been ascertained with certainty in respect of any malady. Here we have an example of a wise few saving the heedless many but this is no excuse for any parents of children to think that because their neighbours are fulfilling their responsibilities in this respect there is no occasion for them to do likewise.

In this context a study of the number vaccinated against poliomyelitis in Darlington will be of interest and you will see that here our figures, though by no means excellent might very well be worse and are probably above the safety level.

Year	*Births*	*Fully Immunised including Boosters*	*Percentage*
1961	1,441	922	64%
1962	1,446	1,041	72%
1963	1,421	994	70%
1964	1,463	997	68%
Total to end of 1964	5,771	3,954	68.8%

TABLE XVII

Vaccination of Persons under age 16 completed during 1965

Completed Primary Courses

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Diphtheria/Tetanus/Pertussis/ Poliomyelitis	1	2	—	1	—	—	4
2. Diphtheria/Tetanus/Pertussis ...	575	629	46	35	15	4	1,304
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	3	7	3	8	40	8	69
5. Diphtheria	—	—	—	—	1	—	1
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	308	30	338
8. Poliomyelitis (Sabin)	127	774	87	61	457	370	1,876
TOTAL Lines 1, 2, 3, 4, 5 (Diphtheria)	579	638	49	44	56	12	1,378
TOTAL Lines 1, 2, 3, 6 (Whooping cough)	576	631	46	36	15	4	1,308
TOTAL Lines 1, 2, 4, 7 (Tetanus)	579	638	49	44	363	42	1,715
TOTAL Lines 1 and 8 (Polio) ...	128	776	87	62	457	370	1,880

Reinforcing Doses

	1965	1964	1963	1962	1958-61	Others under age 16	Total
1. Diphtheria/Tetanus/Pertussis/ Poliomyelitis	—	—	3	1	1	—	5
2. Diphtheria/Tetanus/Pertussis ...	—	10	569	146	150	5	880
3. Diphtheria/Pertussis	—	—	—	—	1	—	1
4. Diphtheria/Tetanus	—	1	16	6	230	4	257
5. Diphtheria	—	—	1	—	248	8	257
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	—	—	4	—	5
8. Poliomyelitis (Sabin)	—	—	36	80	2,082	2,580	4,778
TOTAL Lines 1, 2, 3, 4, 5 (Diphtheria)	—	11	589	153	630	17	1,400
TOTAL Lines 1, 2, 3, 6 (Whooping cough)	—	10	572	147	152	5	886
TOTAL Lines 1, 2, 4, 7 (Tetanus) ...	—	12	588	153	385	9	1,147
TOTAL Lines 1 and 8 (Polio) ...	—	—	39	81	2,083	2,580	4,783

One issue that arose during the year may be worth a more detailed report. You will remember how during the early summer a number of cases of poliomyelitis were reported from Blackburn. Neither then nor later was there any evidence of significantly increased incidence in the North-East, but your Medical Officer of Health gave some thought to what ought to be done in anticipation of deteriorating circumstances and he requested the Education Committee to agree to an intensive campaign in the schools of booster doses of Sabin vaccine for those who had already been vaccinated against poliomyelitis and for a full course to be available for those who had not. The full course was only to be offered, of course, with parental consent, but it was assumed that the parents of children who were already immunised against poliomyelitis would be agreeable to a booster dose and no attempt was made to contact them individually. The operation involved a great deal of additional work by your office staff, there being as yet no computer available to simplify record-keeping, which was carried out according to the usual principles of the Health Department with maximum efficiency and least possible fuss. Some delay in B.C.G. vaccination for protection against tuberculosis was inevitable, but otherwise not very much disturbance of normal routines was apparent. A few complaints reached the department from parents who were aggrieved because booster doses had been given without consent being asked but your Medical Officer of Health felt very strongly that these were exactly the sort of people who would have been the first to criticise if poliomyelitis had increased in incidence and nothing had been done to provide against such a situation. No one was prepared to threaten litigation.

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

Typhoid and Paratyphoid (T.A.B.)	15
Cholera	45
Tetanus (T.T.)	4

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
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
1964	31,705	151,593
1965	34,756	156,867

As will be seen from a study of the number of patients conveyed and the mileage covered during the last 10 years, while the former shows no very considerable increase the latter reveals a quite steady rise, which would seem to show that patients from the remoter parts of the hospital area are making more use of the amenities of the Darlington hospitals. This, of course, is in accordance with modern hospital theory, which, in the words of Dr. R. H. M. Stewart, Senior Administrative Medical Officer of Newcastle Regional Hospital Board, regards the hospital not as a place where patients are admitted and put to bed, but as a centre where investigations are made and treatment prescribed, the latter often to be carried out at home. A universal application of this principle would, of course, mean a very considerable review of the whole National Health Service and not of the ambulance section alone. Meanwhile, your Medical Officer of Health cannot refrain from expressing once more what has been his constant opinion since the initiation of the National Health Service that the ambulance section should be administered by the hopsital and not by the local health authority. This is perhaps more obvious in Darlington than in some other places because of the already existing agency arrangement with the fire service, but the organisation of a means of transport, even when the cargo consists of ill people, has no connection with preventive or social medicine and since the hospital is the largest user of the service then surely it should be within the hospitals' administrative orbit.

§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Diseases of the Chest

There is little to add to what has been reported in previous years on the work of the Darlington Tuberculosis Care Committee, which, as you will remember, discharges an obligation laid upon local health authorities under the National Health Service Act, 1946, of providing a care service for tuberculosis patients. Thanks to the satisfactory position with regard to this malady, both from a preventive and a curative angle, the work of the Committee has become steadily less. Unfortunately new cases still arise, but tuberculosis, once described as "Captain of the men of death", plays a relatively small part in the overall picture of morbidity and mortality at the present time. Thus, the question alluded to in previous years of widening the scope of this Committee has become ever more pressing and your Medical Officer of Health was instructed to prepare a report for the Annual Meeting in 1966 to show how the scope of work could be extended. As you will know, a large number of organisations exist for the care of chronic sick and handicapped persons, which, while discharging their function for the most part with considerable zeal and efficiency, remain in water-tight compartments from each other. As it has functioned up to the present, the Tuberculosis Care Committee would seem to be just such another, except that it fulfils a statutory duty as agent for the Health Committee, for which it is subsidised to the extent of £600 per annum. It is not likely to be suggested that an overall Care Committee should come into existence whereby all or most of the various separate organisations should be absorbed into it, as such a project, if for no other reason, would be

unacceptable at the present time to such groups as the Infantile Paralysis Fellowship and the Spastics Society. On the other hand, there are considerable fields of chronic sickness associated with handicap among middle aged and elderly people for whom no organisation at present takes responsibility. Arthritis deformans in its various forms is an outstanding example of this and so, of course, are patients suffering from handicapping effects of cardio-vascular disease (such, for instance as semi-recovered sufferers from coronary thrombosis and convalescent victims of apoplexy).

The kind of service to be extended, if at all, to such other categories would not necessarily be the same as hitherto provided for the tuberculous since this last has often been associated with sub-nutrition, so that additions in kind to diet have constituted a very valuable assistance towards recovery. This is not true of the other diseases mentioned, but a scheme for home visiting by interested knowledgeable and sympathetic persons might be extremely valuable to maintain their morale.

Chiropody

The successful history described in the Annual Report for 1964 continued with an equally satisfactory sequel in 1965, when the total number of patients treated was shown as follows:

CHIROPODY 1965

	Male	Female	Total
Expectant & Nursing Mothers	—	1	1
Handicapped Persons (not pensionable)	12	4	16
Persons of pensionable age ...	243	1,052	1,295

As approved by the Minister, the proposals, which involve the treatment of patients either in their own homes or at the surgery of approved chiropodists for a fee to the patient of 2s. 6d. per visit, with reimbursement to the chiropodist at an agreed national scale, extend to expectant and nursing mothers, to the chronic handicapped and to persons of pensionable age, but as will be seen from the above figures the last category is far and away the largest.

As you will appreciate, the scheme as administered by the authority has no limitations except those of the defined categories to its applicability and this accounts for the greater success attained under your auspices as compared with the achievements of the original scheme under the Darlington Aged People's Welfare Council, where benefit was limited to membership of the aged persons' clubs promoted by that organisation. Perhaps the simplest index to success is shown by the fact that whereas the estimate for the service for year was put at £2,000 the actual cost exceeded this figure by another £1,000 and it has to be admitted that no ceiling can yet be given to possible expansion. This is not, of course, because such expansion is limitless but because to date one may well believe that total potential want has not been met. Moreover,

once the potential has been achieved it will remain constant since the problems of chiropody in later life are the results of injudicious footwear in adolescence and the cult of the unhygienic shoe is, or was until very lately, as vigorous as ever.

Cervical Cytology Service

In the autumn of 1964 preliminary consultations took place, first at Regional Board level and later locally, between hospital and local authority representatives. It was agreed that the Regional Board should provide for the pathological examination of slides taken at clinics set up by the local authority. In Darlington this work would be done at the Memorial Hospital after laboratory technicians had been trained and it was expected that they would be ready by the spring of 1965. A weekly session for taking smears would then be started by Dr. Elaine M. Osborne. Training of the technicians proceeded according to plan, but unfortunately Dr. Osborne left the authority and could not be replaced.

As the establishment of this service was considered to have high priority, sessions were started in August when other commitments were less urgent by Dr. W. Mary Markham. She had visited a clinic in Manchester earlier in the year and had gained very useful experience there. Sessions were held at the Springfield Clinic on Tuesday afternoon by appointment. By the end of the year the clinic had been firmly established and plans were made to provide a second session when a newly appointed Assistant Medical Officer took up her duties in the New Year.

From the beginning Miss D. Smith, Health Visitor, has been in charge of equipment and has played a major part in the smooth running of the clinic by her tactful guidance of the women who attend. The test, quickly and easily done, is completely painless, but somewhat embarrassing and reassurance is often essential. Clerical work and recording has been carried out efficiently by Miss M. W. Spence. Applicants for the test were given individual appointments and informed of the result by letter, the family doctor being notified simultaneously. She also has been responsible for taking the slides to the hospital after each session and collecting fresh bottles of fixative and slides. Examination of the slides was the responsibility of Dr. J. Tregillus and his co-operation and prompt reporting much appreciated.

In the five months the clinic was open 277 smears were taken. Only one proved to be positive. Applications were invited from women between the ages of 30 and 65, but no applicant was refused the test. The following Tables show an analysis by age and social class.

Age Groups

Pre-1900	1900-	1910-	1920-	1930-	1940
1	13	53	144	63	3

Social Class

I	*II*	*III*	*IV*	*V*	*N.S.*
12	35	172	19	11	28

Although the clinic was provided to serve the needs of the County Borough, applications from women living in adjacent areas were accepted and 12 were tested. As clinics in the North Riding and Durham County increase these applications will be fewer.

At the end of December the waiting list totalled 557.

§ 8. DOMESTIC HELP (Section 29)

Your Medical Officer of Health is of the opinion that he cannot do better under this heading than reproduce a report he made to you on 6th March, 1965, wherein he described some research undertaken among his colleagues in general practice and from other local authorities, and also indicated what he regarded as the correct establishment for the service and for its administration. At the time of writing (June, 1966) some further research has shown with considerable accuracy the actual establishment required to meet all anticipated needs, but the information contained here is relevant to 1965.

"At the January meeting of the Health Committee a letter from the Ministry of Health dated 13th January, 1965, was presented, wherein it was pointed out that the figures submitted by this authority for the home help service as foreseen in 1973 were considerably below those mentioned in paragraph 60 of the Command Paper 'Health and Welfare: The Development of Community Care', which showed a ratio of 0.73 home helps per 1,000 population as compared with our own proposed ratio of 0.45 per 1,000 population. As you have also read frequently in my Annual Reports that I personally believe a good deal of need to exist which is not at present met by your home help service, you instructed me to report more fully on the matter.

"My own belief is drawn mainly from the returns I analyse of the visits made by your Superintendent Health Visitor in connection with chronic sick and geriatric patients in need of admission to hospital. As you will remember, I make each year a fairly detailed analysis of the information she has obtained and it appears that during the five years 1959 to 1963 inclusive out of 770 chronic sick and geriatric patients visited by health visitors only 81, or 10.5%, were in fact in receipt of home help. It may be interesting to note in this context that the equivalent number in receipt of home nursing was 229, or 29.7%

"In order to obtain the views of my colleagues in general practice I requested their co-operation in my weekly bulletin of 8th February, 1965, and out of the 30 circularised 23 replied, as follows:

'*Question* 1—Do you recall occasions when a home help has been required by a patient and she has been unavailable?

Affirmative replies were given by 7 practitioners, 5 indicating that such instances had been few and 2 that they had been numerous. Your Assistant Organiser, when this response was discussed with her, expressed surprise since she would have been of the opinion that all requests received from doctors had been met.

"*Question* 2—Have patients who in your opinion would benefit from the services of a home help failed to apply for one?

Sixteen practitioners answered affirmatively and gave opinions for the reasons of such failure, that it was due to ignorance of the existence of the service in 6 cases, that it was too expensive in 4, that the patient resented strangers in the house in 4, that in the patient's opinion the service was inadequate in 3, difficulty found in contacting office in 1 and patient too lazy to apply in 1. It will be appreciated that some practitioners gave more than one reason.

"I discussed these returns with the Assistant Organiser, who agreed that in her opinion the cost of the service to the patient, even though small, was an effective dissuasion and some years ago, in 1962, when I had thought of presenting a similar report to you I collected statistics from other authorities, whose returns were as follows:

	From 17 *comparable County Boroughs*	*From* 5 *larger County Boroughs*	*From* 5 *great cities*
Home help free on liberal terms ...	3	1	—
Home help free to applicants on National Assistance	9	3	4
Home help given at discretion of authority	1	1	—
All pay for home help	4	—	1

"Another reason why the Assistant Organiser thought the service was not as fully used as might be was shortage of staff and she was of the opinion that full employment could be found at present for 50 whole-time home helps. She also said that the office staff was badly pressed for time and that it was quite impossible for her to pay the visits to the homes of the applicants which she desired to do. Thus, while few, if any, complaints in writing about the home help service ever reach this department, your own staff are agreed that the service ought to be and could be expanded. As you will appreciate, the work of the home help service is very largely monopolised by chronic sick and geriatric patients. In 1963, out of 660 patients attended, 559 were chronic sick and this relative distribution is to be seen in previous years. The next numerous were maternity patients, including expectant mothers, of whom 51 were attended, and others, emergencies of all kinds and including tuberculosis, were 50, there being only 1 tuberculous patient.

"My own feeling is that a mistake was made in the policy of the authority by allowing the home help service to exist for a time on an agency basis, because this has meant a certain psychological separateness even when the service became your direct responsibility and I am not sure whether co-ordination between the home helps, the health visitors and the district nurses is as close as it might be at executive levels. This is a matter I will deal with more fully in committee and it is not intended to convey the least criticism of any individual personnel.

"My own recommendations are as follows:

1. The service should be free to all recipients of National Assistance and otherwise at the discretion of the Authority.

2. The establishment of whole-time home helps should be immediately increased to the equivalent of 30.

3. The office staff should be increased to 3, consisting of Organiser, Assistant Organiser and Clerk.

4. Consideration should be given to the possibility of employing temporary home helps, i.e., a member of a household who would be prepared to look after a sick relative, perhaps at sacrifice of her job, and who would then be eligible to receive pay as a home help so long as her commitment lasted. Some authorities have pursued this alternative with considerable success."

You were duly impressed by this report and recommended the appointment of an Organiser as your Medical Officer of Health has so frequently advised in the past. The inscrutable counsels of the Establishment Sub-Committee of the Finance Committee frustrated your effort in this respect, but your Medical Officer of Health hopes that you will persevere until this service is properly organised. Actually, as you know, the home help service is much more than a municipal domestic service agency and has important sociological functions to discharge. Every service, however, whatever its nature, takes its tone from the top and if there is insufficient recognition of administrative ability the effect on morale will be apparent everywhere. In November, 1965, Miss A. Lumb left your service, never having received the status and grade which she merited by the actual work she did, and your Medical Officer of Health hopes that the day will soon come when he no longer needs to adopt a petulant tone in respect of this section which has become almost habitual with him.

The following Table summarises the work of the year.

TABLE XVIII

Type of Case	1965	1964	1963	1962
	Number of Cases	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	38	49	51	49
Tuberculosis	—	—	1	2
Chronic sick (including aged and infirm)	657	588	559	513
Others	58	58	49	35
TOTAL ...	753	695	660	599

PART IV

Mental Health

Your Medical Officer of Health is indebted to your Chief Mental Welfare Officer, Mr. C. W. Price, for the following report. He endorses completely all the sentiments expressed.

1. Mental Illness

During the year the now well established pattern of care for the mentally ill in the Darlington area continued. The Mental Health Department is now so well known to all agencies that as a matter of fact referrals are made to them in many cases where their services are not required. It is probably better, however, for the Mental Welfare Officer to be implicated in the very early stages and in as many cases as possible on the grounds that the beginnings of psychotic illness are obviously better for being investigated at once rather than left neglected and dealt with at a later stage when the illness has probably developed a gross character. There are, however, drawbacks to this in that people who are not so well informed tend to contact the Mental Welfare Officers at all hours of the night reporting people who have odd behaviour or the first signs of depression which could well be left until the usual hours of office duty. Nothing tends to raise the blood pressure more quickly than the psychopath who disturbs not only the Mental Welfare Officer but the whole of his family by ringing at 2 a.m. demanding immediate attention under the threat of committing suicide. The normal pattern of procedure, however, whereby General Practitioners and Hospitals contact the Mental Welfare Officer has been considerably assisted by the fact that Dr. E. A. Burkitt, Consultant Psychiatrist, Winterton Hospital, moved his residence into the Darlington County Borough during the latter part of the year. This has meant the team work of Consultant, General Practitioner and Mental Welfare Officer in investigating cases of mental illness in the community has been greatly facilitated. Dr. Burkitt is at all times available to the Department for consulation and is unsparing in his efforts at co-operation and co-ordination with the Section. This gives, of course, much better service to the community and to the patient in particular. Relatives have the satisfaction as well of knowing that the case is investigated from the beginning at top level. It also means that as far as Hospital beds are concerned a better selection is made from the point of view of priority and, therefore, beds are used to the best advantage. Officers continue to attend the weekly Case Conference at Winterton Hospital which is most valuable and also present themselves to the Out Patient Clinic two days each week in order to collaborate with the Consultant Psychiatrist. In addition a helpful procedure was established during the year when Dr. Burkitt used the office of the Chief Mental Welfare Officer for one session each week to see relatives and if necessary the occasional patient. This has obvious advantages in that relatives have not to travel the long distance to Winterton Hospital for interviews and it saves cluttering up the Out Patient Clinic giving more facility for seeing patients. In addition it helps again to orientate the public towards the activities of the Mental Health Department. This is still necessary in spite of all which has been said previously together with the publicity given from time to time in the press. The public, and

indeed some members of the Council, still appear to be confused as to the duties of this Department and that of the Welfare Department. It is perhaps rather galling to the Officers concerned to find that another Department is often credited with the solving of difficult problems in the community which have in fact been performed by Mental Welfare Officers. Indeed complete ignorance of the functions and responsibilities of the Mental Health Department in relation to Training Centres, Hostels, and Industrial Centres has been shown. Whether it would be better to redesignate the Mental Welfare Officers as Mental Health Officers to give some differentiation is a point probably worth considering along with the idea of redesignating the Mental Welfare Sub-Committee to Mental Health Sub-Committee.

The following tables show the incidence of all acute cases reported to the Department for investigation during the year 1965 and in comparison with cases reported the previous year it will be seen there is an increase of 85 or 19%. The large number of cases reported from the Memorial Hospital are indicative, of course, of the fact that this Hospital has a larger catchment area than the County Borough and, therefore, cases of attempted suicide in particular or acute attacks of depression are admitted to the Hospital from outlying districts. Each case is investigated by the Mental Welfare Officer on the grounds that the patient is then within his area of responsibility. It takes no great intelligence to imagine the amount of work involved and the great stress and burden placed on the Officer concerned. The Short Stay Hostel continues to perform a most useful function in the rehabilitation of long term patients discharged from Winterton Hospital. Though the Hostel was organised during the year to make eight male and four female beds available it is interesting to note that no demand for female beds was forthcoming and eventually the male occupants overflowed once more into occupying the whole Hostel.

TABLE XIX

Particulars of cases reported during the Year 1965

Source of Referral	Under 65		Over 65		Total
	M.	F.	M.	F.	
Family Doctor	53	54	13	36	156
Consultant Psychiatrist	30	24	—	5	59
Memorial Hospital	53	48	3	11	115
Police	31	19	—	8	58
Magistrates' Courts	—	—	—	—	—
Other Sources	11	21	2	10	44
Totals	178	166	18	70	432

Disposal of cases reported during the year 1965

	Under 65		Over 65		Total
	M.	F.	M.	F.	
Admitted informally	66	64	8	35	173
Admitted under Observation Certificate	12	16	—	7	35
Admitted under Treatment Certificate	9	7	—	1	17
Admitted under Urgency Certificate	20	8	1	2	31
Referred for domiciliary visit	6	13	1	7	27
Referred to Out Patient Clinic	28	28	1	5	62
Supervision by Mental Welfare Officer	11	12	2	2	27
Guardianship of Local Health Authority ...	—	—	—	—	—
Other disposals	26	18	5	11	60
Totals	178	166	18	70	432
After care visits and interviews					4,435

Patients referred for Community Care

	Under 65		Over 65		Totals
	M.	F.	M.	F.	
Referred following I/P Treatment	181	122	45	43	391
Referred following O/P Treatment	70	53	10	11	144
Referred by G.P.	120	49	37	45	251
Referred by other sources	59	52	9	16	136
Total cases referred	430	276	101	115	922

Of those referred who were:

Old Cases	259	153	53	60	525
New Cases	171	123	48	55	397
TOTALS ...	430	276	101	115	922
Returned to Employment	195	64	1	—	260

TABLE XX

Short-Stay Hostel

Admissions and Disposals

Admissions

	Age Group Male		Female		Total
	16-35	35-65	16-35	35-65	
Classification of Illness:					
(a) Simple schizophrenia	1	3	—	—	4
(b) Paranoic schizophrenia	—	3	—	—	3
(c) Psychopathic personality	1	—	—	—	1
(d) Inadequate personality	—	—	—	—	—
(e) Depressive states	—	—	—	—	—
(f) Alcoholic and drug addictions ...	—	—	—	—	—
(g) High-grade sub-normality ...	1	3	—	—	4
(h) Other (Organic disorders, confusional state, etc.)	—	—	—	—	—
Totals	3	9	—	—	12

Disposals

Placed in employment	4	6	—	—	10
Placed in I.R.U.	—	1	—	—	1
Placed in Lodgings	1	7	—	—	8
Returned to home or relatives	1	2	—	—	3
Returned to hospital	1	—	—	—	1
Left of own accord	—	—	—	—	—
Totals	7	16	—	—	23

Case Conferences

(a) **Winterton Hospital**—33
Officer Attendances—81

(b) **Aycliffe Hospital**—3
Officer Attendances—6

Psychiatric Social Club

Number of Meetings—19
Number of Attendances—252

Out Patient Clinic

Memorial Hospital—75
Officer Attendances—134
Case Histories on Wards—68
Number of patients escorted to clinic—41

2. Mental Subnormality

Anyone who has seen the impact of an untrained mentally handicapped child within a family will realise at once the desperate need to give this family some assistance and also create a service where training is given as an automatic right. Fortunately the majority of mothers with the help of the specialised staff of the Mental Health Department are able to cope with their children but the Local Authority still need in Darlington to provide the special facilities which are needed if parents are to be continually asked to cope with their problems at home as distinct from admitting their children into specialist and expensive Hospitals. The Mental Health Act of 1959 gave Local Authorities the opportunity to commence schools of training as distinct from the old idea of simple occupation. We have continued to deal adequately with the problems thrust upon us by the use of our facilities at the Junior Training Centre, The Girls' Senior Training Centre and the Hopetown Training and Industrial Centre. Nevertheless something further is required. The urgent need for a Hostel has been stressed in previous reports. In addition a Special Care Unit is urgently needed to give much needed relief to harassed mothers. This Unit would take in children severely handicapped probably both mentally and physically at a very early age at say 6 to 12 months. This early admission is very necessary if we accept the view that the intelligence of these children ceases to grow at a much earlier age than that of the average child. This means of course every effort must be made to ascertain correctly and commence training as soon as ever possible because of the limited time at disposal. Furthermore the relief given to parents already harassed by family life cannot be estimated and no doubt by giving this specalist assistance and relief it will reduce the pressure as already mentioned for Hospital beds. The standard of training in the Junior Training Centre continues to run broadly speaking along the lines of a Primary Infant School.

Schemes of training include activities such as:

Hygiene
Art (water colours and crayons)
Music
Music and Movement
P.E.
Modelling (Plastics)
Water/Sand play
Shops (Post Office, Groceries)—Money
Crafts (Boys)
Domestic (Girls)
Reading—words like exit, toilet, go, bus, stop, etc.
Writing—signatures—printing
Practical arithmetic
Social training
Habit training
Sense training

The whole idea behind this training in the Junior Centres and the Senior Centres is to enable our mentally handicapped children to take their place within the family circle, to be accepted by the community at large and to feel, that they themselves have some reasonable standing within the community itself. The development of repetitive employment in the Senior Centres has proved that many of our handicapped people are not only able to do simple jobs quite well within the Centres themselves but after a period have been able to go out into open industry and earn a living wage on the shop floor alongside their better endowed brothers and sisters. It has to be noted, however, that the whole scheme is creaking at the joints because of lack of accommodation. The Junior Training Centre is stretched to capacity and the efforts of Dr. W. M. Markham in placing children in Local Authority Nursery Schools to relieve the problem has so far prevented breakdown but this cannot obviously go on much longer as the slack is now being taken up and efforts will need to be made to accommodate the children at present in the Nursery Schools when they have to leave at the age of 7 years. In this respect the fact that we have been given notice to quit our premises at North Road is a blessing in disguise for we are now in the process of planning a new Centre which will incorporate the special facilities already mentioned and our forseeable needs for the next 10 years.

This report should not end without reference to the sad loss suffered by the Junior Training Centre when Mrs. Brison died in December. Mrs. Brison brought with her in the 12 months she was with us many new ideas coupled with freshness and enthusiasm for the job which was felt by all who came into contact with her. Her loss was a great shock to us all.

The co-operation of Dr. W. Dunn, Medical Superintendent, Aycliffe Hospital, is extremely valuable to the Department and the number of parents receiving relief for holiday periods and during times of sickness continues to increase annually. The Department benefits greatly from the close co-operation between itself and the Hospital.

TABLE XXI

"B" Mental Subnormality

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 ...	6	1	—	—	7
(b) On leaving special schools	—	—	5	4	9
(c) On leaving ordinary schools	—	—	—	—	—
Transfer in from other local authorities	1	—	1	—	2
Hospitals—following discharge	—	—	—	—	—
Magistrates' Courts	—	—	1	—	1
Police	—	—	—	—	—
Other Sources (N.A.B., Probation Officer, etc.) ...	—	—	—	2	2
TOTALS ...	7	1	7	6	21

Disposal of cases reported

Admitted to Junior Training Centres	6	1	1	—	8
Placed under Guardianship of L.H.A.	—	—	—	—	—
Placed in employment	—	—	6	3	9
Admitted to Hospital	1	—	—	2	3
Admitted to Hostel	—	—	—	—	—
Remaining at home under supervision of Mental Welfare Officer ...	—	—	—	1	1
Total cases referred for supervision by M.W.O.	7	1	7	6	21

Patients who have during the year

Removed from the district	1	—	—	—	1
Died	2	—	—	1	3
Been removed from supervision	—	—	11	1	12
Totals	3	—	11	2	16

TABLE XXII

Patients admitted to Hospital during 1965	Under 16		Over 16		Total
	M.	F.	M.	F.	
Informally (Sec. 5, M.H.A., 1959)	1	1	—	3	5
Observation Certificate (Sec. 25, M.H.A., 1959) ...	—	—	—	—	—
Treatment Certificate (Sec. 26, M.H.A., 1959) ...	—	—	1	1	2
Urgency Certificate (Sec. 29, M.H.A., 1959) ...	—	—	—	—	—
Temporary (Circular M.O.H. 5/52)	5	11	3	5	24
Totals	6	12	4	9	31
Patients awaiting vacancies in hospital	3	3	1	2	9

TABLE XXIII

Patients in the community who are:	Under 16		Over 16		Total
	M.	F.	M.	F.	
(a) Attending Junior Training Centre	24	18	—	—	42
(b) Attending Female Adult Centre	—	—	—	25	25
(c) Attending Male Adult Centre	—	—	18	—	18
Totals	24	18	18	25	85
Patients in the community for whom suitable employment has been found	—	—	76	31	107

TABLE XXIV

Total cases under supervision at the end of 1965	Under 16		Over 16		Total
	M.	F.	M.	F.	
In the community	25	21	117	83	246
Under Guardianship	—	—	1	—	1
In hospitals (including patients on leave)	9	5	68	47	129
Totals	34	26	186	130	376

Total after care visits and interviews 2,048

SENIOR TRAINING CENTRES—work completed at:

	£	s.	d.
a. Hopetown			
Sticks as per contract to Education Committee	177	10	0
Welfare Committee	70	0	0
Health Committee	26	10	0
Other sources	22	0	6
Total	296	0	6
Patons & Baldwins—cleaning dye bags	68	13	0
Hugh Stevenson & Sons—assembling divisions	305	8	4
Robsons' Refractories—making and assembling wood pallets ...	103	0	0
Other sources—Car Washing	10	0	0
Total	487	1	4
b. North Road Senior Girls			
Heyman & Co. Counting assorted rubber bands	163	5	0
Counting cellophane bags etc.	5	1	3
Stamping prescription pads for Executive Council	8	17	6
Total	177	3	9
Gross Total ...	960	5	7

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 one of your Assistant Medical Officers of Health 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 1965:

TABLE XXV

Age Distribution of Blind Persons in Darlington

	Under 16	16—29	30—49	50—64	65—69	Over 70	Total
Men	3	–	6	13	10	28	60
Women	1	1	4	14	6	49	75
Total ...	4	1	10	27	16	77	135

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 5

PART VI

Growing Points

§ 1. HEALTH EDUCATION

It has to be admitted that during the year 1965 less apparent attention was given to health education than in some previous years. No particular theme was adopted for intensive propaganda and no bulletin on a health subject was in fact issued to the seventy-odd groups in communication with the Health Department. It may, however, be noted that in 1965 there was a certain amount of propaganda in the reverse direction, whereby the public, particularly through the vehicle of the press, exercised an influence on the Health Department. This was particularly instanced by pressure to establish a cervical cytology service, upon which your Deputy Medical Officer of Health has contributed a detailed note on another page. Towards the end of the year there was some similar pressure, this time sponsored with special enthusiasm by a member of the Council, in favour of a "Well Persons" clinic, whereby citizens and their wives could attend for a check-up, where at least some of the major hazards to health would be looked for and if detected advised upon. The cytology service once launched has run with great smoothness and success, but it was not possible during the year in question to establish a "Well Persons" clinic, which in the first instance would have to be for an experimental period. Such other authorities as have made attempts in this direction have met with considerable success. The discouragement of smoking still remains a major interest of the Health Department, as, of course, of the Minister of Health, who, in the instructions issued for the compilation of the Annual Report for 1965 has asked as in previous years for a special note on what you as an authority are doing. The issue of posters published by the Ministry's Central Office of Information were obtained and sent for exhibition in the schools as in previous years, and whenever occasion arises your Medical Officer of Health and health visitors do what they can to further ministerial policy. Your Medical Officer of Health would like to make clear that he personally has no doubt that it is best not to smoke at all and if one must smoke much better to make use of pipes and cigars than cigarettes, but so long as so much publicity is allowed to be printed in advertisements and also in entertainment towards the encouragement of smoking, and particularly be it noted of cigarettes, the efforts made by local authorities, which at best must be relatively small, will be ineffective. There is a certain vicious circle in all this. Frequently in moments of tension and crisis, as also on more tranquil occasions, people do in fact smoke cigarettes and it is therefore a reflection of life to show actors doing the same in say a televised play, but the fact that such action is shown will readily impress upon viewers that it is the appropriate thing to do, and the same is of course true for theatre plays, films and stories.

In these days when publicity can so vitally affect behaviour the responsibility of advertising in entertainment in this connection can hardly be exaggerated and though I would be the last to advocate any form of

censorship, the stronger the influence exercised to determine what is and what is not permissible, the better for the health, both mental and physical, of the community, provided always of course that the influences concerned are themselves benevolent. Undoubtedly, the section of the community where health education can be most valuable is adolescents (popularly, of course, teenagers) because these tend to set the fashions which school children emulate and at their period of life the general trend of their future development is determined. At no time is this section particularly amenable to influence, since it is characteristic of maturing powers to desire independence and change from established customs. One would think that health at least would be common grounds for action among all young people and one detects what almost looks like a cult of unhealth among at least some of these youngsters, and unfortunately a segment of them attract undue publicity. One need only think, for instance, of those who have habitual recourse to stimulating drugs of the amphetamine class, which is an unhealthy phenomenon in itself because life in those years should be exciting enough without artificial stimulus. It is a commonly observed phenomenon throughout history that people, nations as well as individuals, are at their best when they are facing some challenge which is difficult but not impossible to overcome and it may be that young people at the present time are finding life too easy. Yet in a society whose economic viability depends upon the ready turnover of producer goods it is difficult to see an answer. Your Medical Officer of Health has included these remarks because he wants to convince you of the difficulty of health education and one can find other examples to illustrate the theme.

The following talks and lectures were given during the year.

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 6	Ladies' Circle	The Mentally Handicapped	Mr. Price
15	British Red Cross Society (I) ...	Meat & Foods Inspection	Mr. Ward
22	British Red Cross Society (I) ...	Food Hygiene & Food Poisoning	Mr. Ward
26	British Red Cross Society (II) ...	Food Hygiene & Food Poisoning	Mr. Ward
Feb. 4	St. Mary's Men's Society ...	Community Care — The Short Stay Hostel ...	Mr. Price
6	British Red Cross Society (II) ...	Housing	Mr. Ward
16	Hummersknott Townswomen's Guild	Food Hygiene	Mr. Ward
23	Croft & District Literary Society	The Mentally Handicapped	Mr. Price
Mar. 3	Greenbank Young Wives ...	The Mentally Handicapped	Mrs. Sullivan
4	Industrial Life Officers Association	The Mental Health Services	Mr. Price
17	Cockerton Co-operative Women's Guild	Cytology	Dr. Walker
Apr. 7	Albert Road Sisterhood	The Psychopath in the Community	Mr. Price
June 29	Bondgate Women's Own	The Mentally Handicapped	Mr. Price
July 2	The Inner Wheel	Children who will never Grow Up	Mr. Price
Nov. 11	Elm Ridge Young Wives ...	Children who will never Grow Up	Mr. Price
Dec. 2	Salutation Townswomen's Guild...	What do we mean by Health?	Dr. Walker
7	Darlington High School Parents	Healthy Adolescence ...	Dr. Markham

§ 2. GERIATRICS

It is a characteristic of change that even if the overall advantage be great there is something lost by the process and this is true of the development of the geriatric service in Darlington. In previous years, as you will remember, a careful analysis was included of returns made by the Superintendent Health Visitor on the occasion of her visits to the homes of infirm aged persons to assess the urgency of their need for hospitalisation, and from these returns a good deal of information was gathered with regard to the conditions prevailing among the older citizens of the town. With the development of the hospital services under the expert guidance of Dr. D. P. Degenhardt the need for such visits on the part of Miss Winch has declined, so that, as you will read, during 1965 only 50 were made, which is an insufficient number for an analysis. Your Medical Officer of Health has, however, the first report by Dr. Degenhardt himself on the work of the geriatric department of the Darlington Hospitals group, with its close associations with the Health and Welfare Departments of your authority, and I am very greatly indebted to him for what follows. Dr. Degenhardt writes thus:

"The care of the elderly is the field of public health where the close co-operation of the various Health and Welfare Services dealing with the problem is most essential. In Darlington we have been attempting, in the last three or four years, to improve the Geriatric Services. While my main concern as Geriatric Physician has been the provision of an adequate hospital service, the Local Authority Health, Welfare and Housing Departments have played an important part also.

"On January 1st, 1964, the new Assessment Ward at Hundens Unit was opened and since then elderly patients requiring hospital care or assessment as to need for either hospital, welfare hostel or community care were admitted to this ward, only those needing long-term hospital care being transferred to East Haven Hospital or Cambridge House, Barnard Castle.

TABLE I

	Female	*Male*
Assessment Unit	15	10
Medium and Long Stay Beds ...	113+ 8 Orthopaedic	81 + 10

Table I gives a summary of the beds available.

TABLE II

	Male	*Female*	*Totals*	
	1965	1965	1965	1964
Admissions	168	160	328	350
Died	52	45	97	108
Discharged Home	46	52	98	76
To Long Stay Beds	49	29	78	101
To Part III accommodation ...	1	12	13	18
Other Hospitals or Wards ...	10	7	17	12

Table II gives a summary of the fate of the patients admitted to the Assessment Ward, comparing also 1965 with 1964.

"It has become clear that the number of beds is not really sufficient especially during the winter months, above all on the female side and increasing use has had to be made of other beds at Hundens Hospital and

the wards at the Memorial Hospital have also had to admit a good many geriatric patients. The position has been aggravated by the delay in finding accommodation in Old People's Homes (Part III accommodation). The waiting list especially in Darlington itself has grown rapidly and there have been few female vacancies for patients already in hospital.

"Unfortunately, the Darlington Hospital Service has not got the services of an Almoner or Social Worker and it has become more and more obvious that it is not really possible to provide a satisfactory Geriatric Service without such a person.

"It has been possible to keep the waiting list fairly well down and on the male side there has been no waiting list except during the winter months. We have again had a certain number of admissions for short periods to allow relatives to go on holiday or for other social reasons. Many of these patients have again had to go to Cambridge House, Barnard Castle. This is the field where the close co-operation of the Superintendent Health Visitor has been of such benefit. She has paid many visits to patients' homes to assess the urgency of admission from the social aspect and her reports have been of great value to me.

"Once a week we have a meeting of the Medical Staff, Ward Sister, the Superintendent Health Visitor and the Senior Welfare Officer to discuss mutual problems and this has been our main meeting point to co-ordinate the services.

"Many elderly patients were admitted in a confused, depressed or demented state and indeed, it was often difficult to establish the border line between the need for the geriatric or psychiatric hospital. This problem has been overcome by the close co-operation of the Psychiatrist, Dr. E. Burkitt and the Mental Welfare Officers, to whose work I should like to pay tribute.

"We have also had a useful Out Patient Clinic and our main aim has always been to keep the elderly person in their own home and if hospital admission became necessary, to return them to their own home, this is where the community services of the Local Authority are so important. I refer here, first of all, to the help given by Health Visitors and District Nurses, this has been, at all times, available and in fact, is still not often enough called upon. The next most important services are the Home Help Service and the Meals-on-Wheels. The former has suffered from a shortage of staff and, in my opinion, also is not often used because of the means test applied and the consequential financial burden on many patients. The Meals-on-Wheels Service is also much appreciated but requires further expansion. Some elderly frail people need more than two hot meals a week provided and I understand there has, at times, been a waiting list also.

"The provision of a Day Hospital or Day Centre would go a long way towards solving some of these difficulties. Unfortunately, it does not seem likely that the Hospital Services will be able to provide this for some years but I should like to think that in co-operation with the Local Authorities some such centre could be started soon.

"The provision of housing suitable for the elderly is, of course, another important duty of the Local Authority and we should like to see the provision of more old people's bungalows and flats grouped together with a warden

service. This would allow many elderly people to live in their own homes who now have to go into welfare accommodation.

"But even if all these services were brought up to a high standard there would still remain a substantial number of elderly persons who, though not needing hospital accommodation, are unable to look after themselves and require accommodation in welfare homes. Unfortunately, Darlington has, during 1965 had an increasingly long waiting list for this accommodation especially for women. It is hoped that the provision of new welfare homes this year and next will help to solve this problem, but in my opinion, the demand is likely to increase and we may well still have waiting lists.

"One of the difficulties in planning for the future is that we do not know the size of the problem we are dealing with. Your Medical Officer of Health has often said that there is a need for a survey of all people over 65 and especially of those living either alone or with a partner of similar age, so that those especially likely to need help are known in advance. I wholeheartedly agree with him and hope that it will be possible to get this information, perhaps through the work of the Old People's Welfare Council who are at present in the process of organising a Visiting Scheme and whose work has always been most valuable.

"In conclusion I should like to thank all those many members of the staff of the Local Authorities Services who have co-operated so well in helping to provide a Geriatric Service for Darlington."

In asking Miss Winch for her opinions on this report and generally, she has supplied an overall opinion that the amount of home help is insufficient, that there should be more frequent visiting, both voluntary and statutory, that there is insufficient Part III accommodation for women, which impedes the early discharge from hospital of geriatric patients. She also has commented on the existence of a waiting list for "meals-on-wheels", which suggests scope for further development for this service, provided at present by the W.V.S., and lastly she has emphasised the need for a day hospital. These are points, of course, to which Dr. Degenhardt has referred, but it is interesting that your Superintendent Health Visitor also should refer to them. One comment your Medical Officer of Health would like to make on Dr. Degenhardt's report is about his reference to the lack of an almoner or social worker attached to the Darlington Hospitals group. While it is fully recognised that this is a hindrance to the full efficiency of the service, some way might be gained towards meeting the situation by a closer use of health visitors in geriatric affairs. As you know, your Medical Officer of Health sees the health visitor as the adviser on health matters to all the people in her district, old as well as young, and he would like to anticipate a time when the same friendly concern is exercised towards persons of pensionable age as towards the newly born. In respect of the majority of both, of course, not much more is needed than the occasional visit to keep in touch. This suggestion is not intended as a substitute for an almoner but as a supplement to her work when she is appointed and as a means of furthering it pending such an appointment.

Incontinence Pads

In this context it will be appropriate to supply a note, as requested by the Ministry of Health, on the provision of an incontinence pad service, as was suggested in Ministry of Health Circular 14/63.

Neither your Superintendent Health Visitor nor your Superintendent of the home nursing service has found the use of these pads particularly helpful and though in 1963 I submitted a report to my Committee about the possible institution of a service whereby pads should be supplied gratis, or at a small cost, to those at need, the experimental phase failed to develop sufficiently to justify any further report. Prior to 1963 a stock of about 500 pads had been acquired and some of these have been distributed both by health visitors and home nurses to persons who might be thought to benefit from them, no charge being made to date for this supply. While your Medical Officer of Health is inclined to believe from first principles that the availability of incontinence pads would be helpful to a number of elderly chronic sick and also acutely sick persons, those in actual contact with patients do not appear to share this opinion. Possibly the problem of disposal of such pads has been a factor to influence their point of view, since such disposal can be no easy matter, particularly in premises where open fires are at a discount.

§ 3. ACCIDENTS IN THE HOME

During the year 1965 the health visitors reported on rather more accidents in the home than previously, not because accidents were necessarily more numerous or because in earlier years they had been dilatory in investigating them, but because your Superintendent Health Visitor impressed upon them that the reports they made were of value for wider consideration than by the specific family at risk. Twenty-two incidents as compared with 12 in 1964 were reported, one health visitor making a return in respect of 7 and six other health visitors making returns varying from 4 to 1. The sex distribution was 14 boys and 8 girls, following the usual distribution in this respect, which may mean that boys are more adventurous or that girls take greater care. The age distribution was as follows:

Under 1 year	5
1 to 2 years	7
2 to 3 years	2
Over 3 years	8

The most numerous cause of accidents was burns and scalds, accounting for 11 incidents, the next with 6 incidents was injury due to a fall, with or without a fractured bone, damage to soft tissues occurred in 2 instances, poisoning with aspirin in 2 and with corrosive fluids in 1 example. More parental care was observed as an important factor in 12 instances, but 10 accidents belong to the inevitable category which so long as children are active and energetic, as indeed they should be, must happen from time to time. Home care was reported as outstandingly good in 2 examples.

PART VII

Other Services

§ 1. HOUSING

General

During 1965 the housing building programme, both under the auspices of the local authority and privately, continued in full spate and as there was no significant increase of population the difficulties in respect of housing applications and of priority for hard cases became much less. In fact the number of problems brought to your Medical Officer of Health where housing might provide a solution were less numerous than in the previous year, 8 as compared with 14. The circumstances of these 8 applications were as follows:

B/M. Here was a family complex where a severely schizophrenic patient was living under adverse conditions. The problem was solved in two stages, first by rehousing her married sister and family and then herself. The medical situation prohibited rehousing them all under one roof.

H. A single woman suffering from muscular dystrophy was left living alone in an unsuitable house and was rehoused to a ground-floor flat.

F. A man who was a cardiac cripple and his wife also infirm, for rehousing to a ground-floor flat.

J. Rehousing to cheaper accommodation on account of depreciation of householder following loss of a well remunerated job.

C. Ground-floor accommodation recommended for a man with an amputated lower limb living with relations.

P. A child with severe congenital deformities needed bedroom accommodation on ground floor and house provided accordingly.

G. A house granted to permit restoration of conjugal relationship otherwise threatened by compulsory separation and anxiety state of wife.

K. Rehousing recommended from locality adverse for a child with congenital heart disease and asthma.

This is not the full list of applicants in respect of whom the opinion of your Medical Officer of Health was solicited, but not all of these had strictly medical priority to be urged in their favour and this has always been the criterion for benevolent intervention in this context.

Pensioners' Bungalow Enquiry

The year 1965 represented the pattern of previous years in what is now a well established act of co-operation between the Housing and Health Departments, which as far as the visits and assessment are concerned your Medical Officer of Health handles personally. In all 123 new applicants were named by the Borough Treasurer and 5 cases were investigated out of turn and duly reported upon at the appropriate quarter's end, though it was recognised that they were unlikely to be dealt with until they became eligible

by a year of waiting after enrolment. These figures compare with previous years, when 142 applicants were named by the Borough Treasurer in 1964 and 109 in 1963. The total number of individual persons investigated was 156 as compared with 161 in 1964. The following Table shows the work carried out, indicating also why it was that certain applicants named by the Borough Treasurer were not in fact investigated.

TABLE XXVI

	Priority	Recommended	Retain without urgency	May be postponed	Total cases investigated	Made own arrangements	Died before visit	Untraced	Seen out of turn earlier	Total cases named to Health Department
Couples living in rooms	—	2	2	—	4	—	—	—	—	4
One person living in rooms	—	3	8	1	12	4	—	—	1	17
Couples tenants of house	2	8	4	1	15	—	—	—	—	15
One person tenant of house	1	6	22	1	30	1	—	1	1	33
Couples owner-occupiers	—	7	5	—	12	—	—	1	—	13
One person owner-occupier	2	5	10	1	18	—	—	2	1	21
Couples tenants of Council houses ...	1	6	2	—	9	—	—	—	—	9
One person tenant of Council house	—	5	2	1	8	1	—	—	2	11
Couples seen out of turn	1	2	—	—	3	—	—	—	—	3
Single persons seen out of turn ...	—	1	1	—	2	—	—	—	—	2
Total ...	7	45	56	5	113	6	—	4	5	128

The same breakdown was followed in 1965 as in previous years:

Final Marking

Ungraded or awarded no marks...	0	(0)
Awarded ½ mark	4	(8)
Awarded 1 mark	26	(26)
Awarded 1½ marks...	33	(40)
Awarded 2 marks...	41	(42)
Awarded 3 marks...	9	(7)

Adjustment

Content	42	(50)
Adjustment fair	39	(47)
Overall unhappy	26	(19)
Miserable	5	(5)
Ungraded	1	(2)

Housekeeping

House-proud	7 (8)
Good standard	39 (61)
Adequate standard	52 (38)
Sub-standard	6 (6)
Ungraded	9 (10)

Age Distribution

60-64 years...	32 (34)
65-74 years...	97(101)
75-79 years...	16 (15)
80 years or over	11 (11)

Civic state

Married couples	43 (38)
Widowed men	7 (4)
Single men	0 (1)
Widowed women	56 (65)
Separated or divorced women	2 (4)
Single women	5 (11)

Of these cases 7 were awarded priority for the following reasons, of whom 3 were rehoused during the year:

A. Man suffering from severe bronchiectasis and general condition inferior.

B. Son living with widowed mother suffering from congenital nervous disorder rendering him unable to walk.

J. Man suffering from after-effects of coronary thrombosis. Both man and wife deafened and wife's sight defective.

R. Man with immobile right hip following operation for severe osteo-arthritis.

Sl. Man and wife both cardiac invalids living in inconvenient house.

Sy. Widow with after-effects of hemiplegia and severe limitation of movement.

W. Wife with after-effects of hemiplegia.

The Dynamics of Old Age

A total of 41 visits were made to applicants who had been seen on previous occasions and the consequent action is shown as follows:

	Upgraded	Mark unchanged	Downgraded
First seen in 1959	3	1	–
First seen in 1960	1	–	–
First seen in 1961	6	–	–
First seen in 1962	4	3	–
First seen in 1963	5	1	–
First seen in 1964	14	2	–
First seen earlier in 1965	1	–	–

Among these, 8 were awarded priority for the following reasons:

C/64 At first visit wife suffered from hypererpiesis and arteriosclerosis with some angina and was recommended, and on second visit a lower limb had been amputated on account of gangrene.

C/61 Deterioration since first seen on account of abdominal condition, not apparently amenable to surgery (not malignant).

E/63 Widow suffering from chronic bronchitis and varicose ulcers who had moved several times since first seen and was found under most unsatisfactory living conditions when re-visited for the third time.

K/59 Re-marriage of single man to wife who proved to be an invalid.

N/65 Seen earlier in same year. Crippling osteo-arthritis led to loss of house-keeping post and re-visited in unsatisfactory circumstances.

R/61 Man suffering from cancer died in 1965, but recommendation previously made since his care was too much for his wfe.

S/64 Widow suffering from chronic bronchitis with deterioration of situation since previously seen.

S/62 Man now a widower and change of environment required to combat depression.

Of these 8 cases, 5 were rehoused during the year.

Slum Clearance

During the year 7 clearance areas consisting in all of 83 houses were confirmed and 6 further clearance areas, consisting of 92 houses, were represented.

§ 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 XXVII

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1965

Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Farenheit)		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	30.35	28.25	49	19	2.41	.30	13	20
February	30.60	29.30	49	22	1.75	.95	28	12
March ...	30.45	29.05	74	3	2.26	.56	20	12
April ...	30.30	29.00	67	27	2.63	.40	8	18
May ...	30.10	28.90	72	32	1.94	.53	17	14
June ...	30.15	29.10	78	37	1.51	.41	21	12
July ...	30.20	29.00	74	42	2.87	.37	11	15
August...	30.05	29.10	76	38	2.79	.73	2	13
September	30.20	28.80	66	38	4.14	.69	17	17
October	30.25	28.40	67	36	.85	.39	31	7
November	30.25	28.30	54	25	5.61	.73	25	22
December	29.80	28.15	52	17	1.91	.27	1	18
Totals ...	—	—	—	—	30.67	—	—	180
Averages	—	—	—	—	2.55	—	—	15

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 25 volumetric smoke filters (Darlington 2).

Your Chief Public Health Inspector or his representatives have attended the meetings of the Committee and its Technical Sub-Committee, at which matters of policy and many problems have been discussed.

In Darlington, your inspectors made 23 observations relating to all types of pollutant emissions, and 25 interviews or visits to plants were made regarding emissions.

Domestic Smoke Control

In March, we were informed through a Ministerial circular that plans had been announced for a substantial increase in the output of reactive smokeless fuels, and that it was anticipated that regional shortages would be largely overcome in two years. A subsequent letter referring to the circular pointed out that the improved outlook would enable local authorities again to take into consideration supplies of open fire fuels along with other smokeless fuels for future smoke control areas.

Local enquiries revealed that the improved outlook, so far as Darlington was concerned was unlikely to make any appreciable difference for at least two years, and some concern was felt that the price of some of the fuel was likely to be 50% higher than that of coal or coke.

A breakthrough for the open fire enthusiasts came during the year with the introduction of two new open fires capable of burning hard coke. These fires are fitted with miniature forced-draught attachments, and reports from those who are experimenting with them are encouraging.

New Furnaces and Chimneys

Co-operation between the Borough Surveyor and the Chief Public Health Inspector has resulted in a close scrutiny of all plans and specifications for new installations, and such recommendations as are made are to ensure smokeless operation of furnaces, and avoidance of low-level concentrations of sulphur dioxide.

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

	Industrial			*Semi-Industrial*			*Residential*		
	1965	1964	1963	1965	1964	1963	1965	1964	1963
Darlington	9.95	8.00	9.05	3.89	3.85	4.29	3.11	3.02	4.17
Tees-side	20.16	17.59	20.03	11.82	8.88	10.86	7.45	5.60	6.34

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 1965

	Highest	*Lowest*	*Average*
Skerne Park	611	7	126
Gladstone Street	775	13	135

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
Average %	7	18	3	5	4	37	9	12	5

§ 3. LABORATORY SERVICE

The happy relationship between the Public Health Laboratory, Northallerton, and the Health Department continued in 1965 as in previous years. The work done during this year was of a routine nature and nothing significant requires description. It is pleasant to note that Dr. J. G. Wallace is as good a friend as was Dr. D. J. H. Payne

§ 4. MEDICAL EXAMINATIONS

The simplified system for many examinees as described in the Annual Report for 1964 continued during the year, but the number of Corporation staff actually examined increased from 171 to 241 in spite of the new technique. In respect of certain candidates a physical examination is required for other purposes than Corporation records and these are particularly to be found in respect of the Education Department. Thus, the largest single number of examinations during 1965, 128, which was more than half the total, came into this category, as compared incidentally with only 68 the year before. Some economy in time is still, however, maintained, since the totals examined in 1962 were 287 and in 1963, 348.

TABLE XXVIII

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	...	...	...	...	...	...	...	...	...
Civil Defence	...	...	...	...	...	...	...	...	...
Education	...	...	...	13	45	70	45	83	128
Fire	...	...	...	...	8	...	8	...	8
Health	...	...	...	1	1	...	1	1	2
Library and Museum ...	...	...	...	1	3	...	3	1	4
Markets	...	...	...	...	...	...	...	...	...
Parks, Cemeteries and Baths	1	...	1	...	1	...	3	...	3
District Nurses	...	...	...	...	...	...	...	...	...
Surveyor's (incl. Water)	2	...	16	...	31	1	49	1	50
Town Clerk's	...	...	...	...	...	...	...	...	...
Treasurer's	...	...	...	...	...	...	...	...	...
Transport	4	...	2	1	25	4	31	5	36
Weights & Measures ...	...	...	...	...	3	...	3	...	3
Welfare (incl. East Haven Hos.)	...	...	...	2	2	2	2	4	6
Others	...	...	...	...	...	1	...	1	1
TOTALS ...	7	...	19	18	119	78	145	96	241

§ 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 150 occasions and on tap water from different areas of the town on 55 occasions.

Details of the total water consumption per year since 1956 are given below. The figures for 1957 to 1960 include water supplied in bulk to the Tees Valley and Cleveland Water Board.

Year ending 31st December	*Gallons Pumped*
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
1964	2,202,160,000
1965	2,240,560,000

The Northumbrian river authority have now assumed their powers to control abstraction from rivers and other sources under the Water Resources Act, 1963.

In accordance with the requirements of the Act the Corporation has applied to the river authority for a licence of right to abstract Darlington's requirements from the River Tees on the basis of consumption over the past five years.

The Tees Valley and Cleveland Water Board have now completed their new 4,000 million gallon reservoir at Balderhead and propose to construct a further impounding reservoir at Cow Green in Upper Teesdale to conserve water in the gathering grounds for expanding industrial use 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 28,311. The whole of these are supplied by water mains direct into the houses except 7 which are served by stand pipes, i.e., out of a total population of 84,390, 25 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 by the Ministry of Housing and Local Government. Tenders will be invited early in 1966 for a start on construction in the spring of 1966.

Sewers in connection with the development of land in Yarm Road area for industrial purposes and also to take flow from an existing factory have been laid to discharge into the Geneva Road and Geneva Road Relief Sewers. Surface water sewers have also been provided to drain the surface water from the area into the Cree Beck.

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

The final stage of the extensions, costing £398,000, are due to be completed about the end of 1966 to provide additional settlement tanks, biological filters, humus tanks, pumping station and heated sludge digestion plant. When completed the extended works will give full treatment to three times the estimated dry weather flow of 4.25 million gallons per day and will enable land irrigation to be discontinued and this land to be used for agricultural purposes. The extensions are designed to treat the sewage by modern methods of recirculation or alternating double filtration.

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. (3½ ft. to 7½ 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 inclusive each year.

The Kendrew Pool—100 ft. x 48 ft. (2½ ft. to 5¾ 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.

Ladies' and Gents' Warm Baths. 14 cubicles in all. With the building of new housing estates and modernisation of old housing, all possessing integral baths facilities, the demand for public warm baths has for some years been steadily declining, but a useful service is still provided.

Altogether for the full year 1965/66 a total of 401,121 persons enjoyed one or other of the department's bathing facilities.

Organised Swimming

Free Tuition Classes—organised by the department for children between the ages of 7 and 11 years is most successful and there is generally a long waiting list of children's names who wish to participate. During the past year 350 Corporation certificates have been awarded to children successfully swimming unaided the width (48 ft.) of the Kendrew Pool. Since the commencement of the scheme over 4,300 children have qualified as competent swimmers.

Poliomyelitis and Handicapped Children Classes—this class now consists of polio, and physically and mentally handicapped patients. Averaging approximately 50 attendances to the reserved session each week, all appear to enjoy the warm water (82 degrees F.) and many are attaining some floating ability if not actual swimming.

Adult Classes—sponsored by the Central Council for Physical Recreation, this activity fills a long neglected need and provides swimming teaching for adult non-swimmers. The success of the classes is remarkable in that about 90% of participants are swimming by the end of the eight week course.

Darlington Schools—The demand by the schools for swimming facilities continues to increase from year to year, even to the extent of double classes. continues to increase from year to year, and the time table allocation for schools was strained to the limit, even to the extent of double classes. A total of 85,121 children attended during 1965/66.

Pool Water Purification

To attain and maintain Ministry of Health recommended standards of bacteriological safety, the water in both pools is continuously circulated with a 3 hour 'turnover' period through a battery of sand filters. Treated by the 'Breakpoint' technique of water sterilisation resulting in the provision at all times of a sterile water comparable to drinking water, and of a crystal clear blue colour. The water is re-heated to a minimum of 80 degrees F. before returning to the swimming pools. In maintaining the safe and comfortable water conditions demanded by the public, over 3,000 pools water tests were taken during the year for temperature, pH and total alkalinity, and for chlorine residuals. Additional to this total a total of 78 samples of water were sent to the Public Health Laboratory for bacteriological examination were certified by Dr. Payne to be pathogenically safe and the equal of the Ministry of Health requirements.

PART VIII

Sanitary Circumstances

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

In presenting my annual report for 1965, the year in which Darlington celebrated its golden jubilee of County Borough status, and as one who has spent more than three-quarters of that period in the service of the department, I find it interesting to look back on the changes that have taken place. Unlike the architects and engineers, we cannot build monuments as lasting tribute to our skill and ingenuity, but at least we can claim to have taken a part in the removal of areas of unsatisfactory housing to make way for some of their edifices. Our achievements are related to better housing, cleaner conditions in which to live and work, cleaner food premises and cleaner and disease-free food, all of which in turn have had an important relationship to the progressive lowering of the mortality and infectious diseases rates.

Over the years, the responsibilities of the department have continued to increase, and this has created problems of recruitment of qualified staff. The solution may lie in an improved salary structure which would offer better promotion prospects through intermediate stages of responsibilty to senior positions. At present, the differential between the top and bottom of the scale is too restricted to permit of this.

Shortage of men to do the job is not solely a problem of public health inspectors. It seems there is a shortage of builders who can be called upon at short notice to undertake jobbing work. This is precisely the sort of work specified in the numerous notices issuing from this department, and invariably the time limit has to be extended because of this difficulty.

Itinerant hawkers with their caravans continue to be a problem, and with the closure of the two small yards off Parkgate, there is no place where they can be authorised to stay for short periods. Sites of clearance areas are favourite squatting grounds, and this is only one small reason why a more rapid redevelopment of such sites is desirable. Forcible eviction of squatting gypsies or hawkers has proved to be a very short-term expedient, and sooner or later the problem should be squarely faced by the provision of a site for a limited number of "travellers' " caravans.

The ensuing pages of my report will indicate a satisfactory coverage in all the important spheres of our work during the attainment of which numerous problems have been met and overcome.

I take this opportunity of thanking my inspectoral and clerical staff for the good work they have done, the Medical Officer of Health for his ever-ready advice and co-operation, and the members of the Health Committee for their understanding and support.

I have the honour to be,

Your obedient Servant,

F. WARD,

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

§ 1. ANALYSIS OF INSPECTIONS

Housing Conditions

Housing Inspections...	851
Slum Clearance	843
Improvement grants	250
Certificates of disrepair	18
Re-inspections	1,323
Overcrowding and re-housing investigations ...	44
Living vans	393
Common lodging houses	10
Sundry nuisances	260
Interviews with owners, builders, etc.	1,671
	5,663

Food Inspections

Abattoir	529
Private slaughterhouses	908
Registered food premises	109
Food shops	724
Unsound food	227
Catering premises	99
Bakehouses	59
Fish friers	34
Ice cream manufacturers	19
Ice cream vendors	282
Dairies and milk shops	238
Licensed premises and clubs	19
Market shops and stalls	168
Samplings	174
	3,589

Sundry Inspections

Rat infestation	2,332
Infectious diseases and contacts	189
Offices, shops and railway premises	601
Factories, outworkers and workshops	108
Pharmacy and Poisons Act	14
Offensive trades	54
Smoke abatement	565
Disinfections and disinfestations	535
Pet animals	22
Miscellaneous inspections	878
Ineffective visits	1,200
	6,498

Total Inspections

Housing conditions	5.663
Food inspections	3,589
Sundry inspections	6,498
	15,750

Nuisances and Complaints

Complaints received and investigated during the year amounted to 541, excluding complaints of rodent infestation attended to directly by the Rodent Operative. Investigations covered a wide variety of subjects such as housing defects, atmospheric conditions, flooding, noise, insect pests and food, some of which may be referred to elsewhere in my report.

It may be said that complaints from the general public, by drawing official attention to unsatisfactory conditions, form an important basis whereon a local authority, through its public health inspectors, carries out a large part of its statutory obligation to inspect its district from time to time for the detection of matters requiring to be dealt with under statutory powers.

My reference to flooding includes a recurrent complaint concerning a residential area of the north end of the town where prolonged periods of rain invariably result in flooding of the low-lying gardens. This is believed to be a consequence of inadequate sub-soil drainage, and in such circumstances a property owner acting individually may not be able to effect a remedy, but collectively the owners of all the property affected may be able to achieve something to their mutual benefit.

Noise Abatement Act, 1960

Following upon complaints at the latter end of last year of excessive noise from a factory in close proximity to dwelling-houses, observations have been made at different times to try to estimate the nuisance potential of the noise. This is extremely difficult when judging against a background of extraneous interference including a fair amount of traffic noise, and as individual subjective evaluation is unreliable in the absence of instrumental corroboration, no firm conclusions have been reached. This matter has already been taken up with the management who do not agree that the noise is excessive, but admit that some noise is inevitable. Although they endeavour to avoid inconvenience to residents, I think we may anticipate further complaints from this source.

Another noise nuisance in respect of which complaints were received concerned an agricultural produce factory nearer to the town centre. The complaints were quite widespread and were not without justification. Investigation revealed that noise emanated from two sources on the same premises, and recommendations were made in respect of each. The management were fully co-operative in this case, and the silencing and sound-proofing which they subsequently carried out effectively reduced both noises to acceptable levels.

Insect Pests and Disinfestation

The following table shows the number and type of infestation, etc., dealt with during 1965:—

Council house re-lettings	304
Infectious diseases	15
Ants	4
Bees	2
Bugs	5
Cockroaches	12
Fleas	2
Lice	4
Maggots	2
Silverfish	3
Wasps	34

It is significant that lice are mentioned in the above list because they are rarely encountered these days. Insecticidal treatment can be effective, but in certain circumstances it is more convenient and preferable to have bed and body clothing steam disinfected and the affected person bathed and scrubbed. The Corporation facilities available for this treatment are still functional although they are a legacy from the past, and being seldom called into use by this Department, one is almost inclined to forget that they still exist. As it seems there is still an occasional need for a cleansing station, your Medical Officer of Health and Chief Public Health Inspector have made recommendations for certain improvements to the existing lay-out.

Little-used powers were invoked in an unusual case concerning a verminous (lousy) person who would not voluntarily bath himself or submit himself to be bathed either at the hostel where he resided or at the cleansing station. Ultimately, it became necessary for the Health Committee to authorise an application to the magistrates for an enforcement order.

In another unusual instance, a certificate was issued in respect of a parcel of filthy and verminous clothing deposited some time previously at the station left-luggage office. The certificate was necessary to enable the station staff under their own byelaws, to destroy the clothing, which they did forthwith by burning.

§ 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	288
(2) Number of houses in which insanitary conditions, not strictly of a structural character, were remedied ...	15

Action under Statutory Powers

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

(1) Number of dwelling houses in respect of which notices were served requiring repairs 1

(2) Number of dwelling houses rendered fit after service of formal notices :

(*a*) by owners 2

(*b*) by Local Authority in default of owners ... —

(*b*) *Proceedings under the Public Health Acts :*

(1) Number of dwelling houses in which defects were remedied after service of formal notices :

(a) by owners 48

(b) by Local Authority in default of owners ... —

(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices 18

(3) Total number of defects remedied as a result of formal and informal action 878

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 Section 17(1) and 18(1)	7	18

Clearance Areas

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

Area	Number of Properties
Russell's Yard C.P.O.	19
Four Rigg's No. 2 C.O.	6
Potter's Yard C.P.O.	13
Whessoe Road C.P.O.	8
Boyne Street C.P.O.	20
Stockley Terrace C.P.O.	26
	92

The Minister confirmed the following Orders:

Area	Number of Properties
Russell Street No. 1 C.P.O.	6
Russell Street No. 2 C.P.O.	8
Valley Street North C.P.O.	15
Alliance Street No. 1 C.P.O.	4
Alliance Street No. 2 C.P.O.	4
Dalton Street C.P.O.	41
South Street C.O.	5
	83

All houses included in the Freeman's Place Nos. 1 and 2 and Model Place C.P.O's and South Street C.O. were demolished during the year.

Housing

The Borough Surveyor's report on pedestrian and vehicular segregation gave us a glimpse into the town centre of the future where the needs and convenience of pedestrians will take precedence over those of motorists. The inner ring road, which will form the perimeter of the town centre will inevitably take its course through some areas of residential property, and other areas may have to be sacrificed in the interests of car parking: It seems probable that much of the property involved will be well advanced in years, and that many of the houses may be approaching the end of their useful life as the development proceeds.

Insofar as public health inspectors are concerned, the standard of assessment of fitness for human habitation is, and must be, strictly in accordance with Section 4 of the Housing Act, 1957. It is expected that this standard will be revised, and to that end, the Central Housing Advisory Committee during the year has had under consideration its inadequacies, and has been seeking to establish a more positive standard for a satisfactory dwelling which would accord with modern social needs. The committee has been assisted in its project by officers of local authorities, including ourselves, in giving detailed answers and comments to a lengthy and comprehensive questionnaire.

Common Lodging House

There is one Common Lodging House on the register at which 98 beds are available, and ten inspections were made during the year.

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

Improvement Grants

Detailed inspections of dwellings have been made in respect of 78 applications for discretionary grants and 158 for standard grants, and specifications have been drawn up wherever necessary to ensure that the houses, when improved, will also have been repaired to a satisfactory standard.

No Improvement Areas have been declared requiring compulsory improvement of dwellings under the new provisions of the Housing Act, 1964, nor have any tenants applied to have compulsion imposed upon their landlords.

RENT ACT, 1957

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

(a) For Certificates of Disrepair	6
(b) Certificates refused or withdrawn	Nil
(c) Undertakings received	5
(d) Certificates issued	1

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

All the provisions of this Act and Regulations made thereunder are now in force, with the exception of those relating to standards for sanitary conveniences and washing facilities, which begin to operate from 1st January, 1966. Certain provisions in the Act concerning overcrowding become operative in 1967.

Premises registered and inspections carried out during 1965 are shown below:—

Class of Premises	Number of Premises registered during the year	Total number of Registered Premises at end of year	Number of Registered Premises receiving a General Inspection during the year
Offices	20	219	51
Retail Shops	60	490	234
Wholesale shops, warehouses ...	5	41	10
Catering Establishments open to the public, canteens ...	1	51	13
Fuel Storage Depots	—	—	—
Total ...	86	801	308

Number of visits of all kinds by Inspectors to Registered Premises 601

Analysis of Persons employed in Registered Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	2,925
Retail shops	3,362
Wholesale departments, warehouses ...	411
Catering establishments open to the public	492
Canteens	62
Fuel storage depots	—
Total ...	7,252
Total males ...	2,650
Total females ...	4,602

It will be seen from the above tables that almost one-third of the premises have already been visited and it is hoped that all premises coming within the scope of the Act will have received a general inspection before the end of 1966.

The table below gives an analysis of contraventions of the Act. Most of these were of a minor character and concerned the lack of thermometers and First-Aid boxes and the failure to display an abstract of the Act. Informal notices were served requiring compliance with the Act and generally, occupiers were found to be most co-operative.

Analysis of Contraventions

Cleanliness	33
Overcrowding	1
Temperature	192
Ventilation	15
Lighting	4
Sanitary conveniences	74
Washing facilities	38
Supply of drinking water	1
Clothing accommodation	6
Sitting facilities	11
Seats (sedentary workers)	—
Eating facilities	—
Floors, passages and stairs	45
Fencing exposed parts of machinery	7
Protection of young persons from dangerous machinery	—
Training of young persons at dangerous machines	—
Prohibition of heavy work	—
First Aid General Provisions	71
Total	498

Most of the accidents notified were a result of carelessness and not due to any default on the part of the employer. The table below gives an analysis.

Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering Estabs & Canteens	Fuel Storage Depots
Machinery	—	1	—	—	—
Transport	—	—	—	—	—
Falls of persons	3	6	—	3	—
Stepping on or striking against object or person	—	2	—	—	—
Handling goods	1	3	—	1	—
Struck by falling object	—	4	—	—	—
Fire and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	—	—	—	—
Not otherwise specified	2	—	—	1	—
Total	6	16	—	5	—

The question of making lighting regulations has been deferred by the Minister of Labour pending further information from local authorities. In preparing this information, 70 visits were made to offices and shops and the results when compared with standards suggested by the Illuminating Engineering Society code showed that only 34% of office buildings were adequately lit. Lighting of shops varied considerably between selling areas and working areas, in the former case 80% being considered satisfactory and in the latter only 37%.

§ 3. FOOD HYGIENE

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

Type of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	507	724
Markets	2	168
Catering premises	100	99
Bakehouses	45	59
Fish Friers	47	34
Licensed premises	65	19
Registered food premises (for the manufacture of potted, pressed, pickled or preserved food)	67	109
Ice-cream manufacturers	9	19
Vendors of pre-packed ice-cream	314	282
Vendors of unwrapped ice-cream	41	
Dairies other than dairy farms	4	237
Milk distribution premises (ready bottled milk)	177	
	1,378	1,750

The whole purpose of food hygiene is the prevention of food poisoning, and whilst we may ensure that food premises in themselves are satisfactory, we are not always in a position to control malpractices which may be carried on in them except those which are evident at the time of inspection. Ideally, the practice of hygiene should become habitual to food handlers, but apart from those to whom it has become second nature due to training in the home from early childhood, it is only acquired as a result of education and training supported by good example from the management. Education is not complete unless it stresses why certain codes of practice and conduct must be observed.

Amongst food premises, perhaps the least inviting are slaughterhouses and abattoirs, but good hygiene in these places, including the lairages, is highly important. Salmonellosis in food animals can spread to other animals in lairage and increase the risk of contamination of the finished product. In fact, bacterial control of meat and meat products and several other classes of food has now assumed a very important role in the field of public health.

Consumer complaints have increased in recent years and usually relate to foreign bodies or mould in food, or decomposition of canned foods resulting from minute perforations. It seems certain that hygienic pre-wrapping of some foods encourages a more rapid mould growth, and investigation of some

complaints has revealed that correct stock rotation has been neglected. Rotation must necessarily be related to maximum shelf life, and a reliable system of coding or date-stamping of susceptible comestibles is essential if trouble is to be avoided. This remark applies equally to wholesale warehouses as to retailers, as the latter expect their goods to be sound and fresh at the date of delivery. Many frozen food cabinets are not designed to facilitate rotation of stock, and it is imagined that rotation in the wrong direction may occur when a shopper rummages amongst the contents seeking the package of her choice.

A total of 56 food complaints were made during the year, all of which received a searching investigation, and those found to be justifiable and in which the evidence appeared to be reasonable were reported to the Health Committee. Out of 20 cases reported, the Committee authorised legal proceedings in 11 cases, of which 3 were subsequently withdrawn, letters of warning in 7 cases, and no further action in the remaining case.

Details of legal proceedings are as follows:

1. Mouldy sausage roll—Fined £7 + £5 5s. 0d. costs.
2. Cigarette end in potato chips—Fined £10 + £5 5s. 0d. costs.
3. Mouldy pork pie—Fined £40 + £7 7s. 0d. costs.
4. Mouldy pork sausage—Fined £5 + £3 3s. 0d. costs.
5. Moudy bread—Fined £5 + £3 3s. 0d. costs.
6. Foreign body in bottle of milk—Fined £20 + £7 7s. 0d. costs.
7. Decomposed soup—Fined £5.
8. Wood in butter—Fined £5 on each of two charges + £3 3s. 0d. costs.

§ 4. FOOD AND DRUGS ACTS, 1955

81 samples of various foods were taken and submitted for chemical analysis and reported to be genuine.

Beef suet	1	Malt vinegar	1
Bicarbonate of soda ...	1	Margarine	2
Bitter lemon	1	Mincemeat	1
Brown ale	1	Plain flour	1
Brown loaves... ...	2	Plum jam	1
Butter	1	Regal stout	1
Cream	5	Scone-mix	1
Cream sponge cake ...	2	Self-raising flour ...	5
Cream of tartar ...	1	Shrimp paste	1
Coffee	2	Spam spread	1
Curry powder ...	1	Strawberry jam ...	1
Fish cakes	4	Tomato sauce ...	2
Jelly	1	White loaf	1
Lemon drink	1		44
Lemon juice	1	Milk	37
			81

Over the years of food sampling and enforcement, the pattern has gradually changed to one in which deliberate adulteration is probably at its lowest ebb, and compositional deficiences more likely to be due to errors in manufacture, handling or labelling.

11 samples of food, including sausages, corned beef, beans, potatoes, apple crumble, custard, beef spread, hot chocolate, fresh coffee and oxtail soup were submitted for bacteriological examination and were reported to be negative.

194 sample of human faeces were submitted to the Public Health Laboratory in connection with 32 cases of suspected food poisoning and dysentery. 151 samples were reported to be negative and of the remaining 43 samples:—

22 samples from 6 patients or contacts were reported to be shigella sonnei,
18 samples from 5 contacts were reported to be salmonella typhimurium,
1 sample from 1 patient was reported to be salmonella dublin, and
2 samples from 2 patients were reported to be staphylococcal aureus.

After treatment, all the positive cases eventually became negative, with the exception of two schoolboys who were reported to have been in contact with cases of "gastric upset" whilst on holiday in Switzerland.

Salmonella typhimurium was isolated from specimens submitted by the boys, and after treatment by his general practitioner, the infection in one case was cleared. The other contact continued to give positive results.

The Liquid Egg (Pasteurisation) Regulations, 1963

These Regulations prescribe a method by which liquid egg is to be pasteurised and the procedure to be adopted in sampling.

Part III of the Schedule to the Regulations describes the method to be used by Analysts in carrying out the Alpha-Amylase test. A reading of more than 3 is deemed to be satisfactory.

Of 6 samples taken during the year, 1 was reported to be unsatisfactory, giving a reading of less than 1. The pasteurising firm and the Authority in whose area it is situated were informed.

§ 5. 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)	177
	(b) Residing outside, but retailing inside the Borough	5

Bacteriological Examination of Milk

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

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Pasteurised	Methylene Blue	36	1
	Phosphatase	36	0
Untreated	Methylene Blue	14	1
Sterilised	Turbidity	9	0
TOTAL		95	2

The facts concerning the two unsatisfactory samples were reported to the appropriate authority for investigation, and further samples taken were reported to be satisfactory.

Examination of Milk for Infection and Antibiotics

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, brucella abortus, and antibiotics. During the year the following samples were submitted to the Public Health Laboratory:—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Untreated	Tubercle Bacilli	14	0
	Brucella Abortus	14	0
	Antibiotics	14	0
Total		42	0

Production and Distribution of Ice-cream

Registered premises or persons are as follows:—

Manufacturers (Hot mix)	6
Manufacturers (Cold mix)	3
Vendors (Pre-packed)	314
Vendors (Unwrapped)	41

22 samples of ice-cream were taken and submitted for bacteriological examination. 16 samples were reported to be satisfactory and 6 samples unsatisfactory, i.e. within Provisional Grades 3/4. Visits were made and advice given to the manufacturers of the unsatisfactory samples and further samples were reported to be satisfactory.

§ 6. INSPECTION OF MEAT AND OTHER FOODS

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

Slaughtering Totals 1965

	Cattle	Calves	Sheep	Pigs	Total
Abattoir	12,330	850	31,634	19,254	64,068
Private Slaughterhouses ...	2,105	25	6,929	4,292	13,351
TOTAL ...	14,435	875	38,563	23,546	77,419

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

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	11,259	3,176	875	38,563	23,546	—
Number inspected	11,259	3,176	875	38,563	23,546	—
All diseases except Tuberculosis and Cysticerci. Whole carcases condemned ...	27	27	29	126	100	—
Carcases of which some part or organ was condemned ...	1,090	15	5	346	930	—
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci	9.92	1.32	3.88	1.22	4.37	—
Tuberculosis only. Whole carcases condemned ...	—	1	—	1	1	—
Carcases of which some part or organ was condemned ...	10	4	—	—	70	—
Percentage of the number inspected affected with Tuberculosis	0.09	0.16	—	—	0.30	—
Cysticercosis. Carcases of which some part or organ was condemned ...	13	1	—	—	—	—
Carcases submitted to treatment by refrigeration ...	13	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Much of the technique of meat inspection evolved in connection with the detection of tuberculosis, which was once a major cause of condemnation of meat. The above statistics show that out of more than 14,000 cattle, only 15 instances of tuberculosis were found, 14 of which were minor localised infections. This is proof enough that the eradication scheme has been successful in reducing the disease to an insignificant level. It is therefore all the more remarkable that for the first time in my recollection, a tuberculous sheep appears on the list. The non-susceptibility of sheep is well known, and as one might expect, this case aroused considerable interest, and specimens eventually were submitted to the Ministry's Veterinary Centre where tests confirmed that the disease was in fact tuberculosis of the avian strain.

With the decline in tuberculosis, certain other diseases and conditions have been increasing, some of which are undoubtedly associated with changes in animal husbandry. Tail biting and other superficial injuries with septic consequences, and abscesses, are noteworthy.

During the year, we were asked and agreed to take part in a tumour survey, the object of whch was to try and obtain some accurate figures as to the incidence of tumours, particularly Lymphosarcoma/leukaemia in food animals. Of the 6 specimens submitted to the University of Glasgow Veterinary Hospital, 2 were confirmed as lymphosarcoma, 2 carcinoma, 1 stomach ulcer and 1 cirrhosis.

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

Samples submitted to the Public Health Laboratory	*Samples reported to be positive*	*Total positive Salmonellae*
433 pig faeces	1 salmonella dublin	1
219 pig caecal swabs	1 salmonella anatum 1 salmonella cubana	2
219 pig mesenteric glands		Nil
32 drain/sewer swabs	1 salmonella typhimurium 1 salmonella dublin	2
Total 903		5

Slaughter of Animals Act, 1958

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

The Meat Inspection Regulations, 1963

All animals slaughtered during the year have been examined in the manner prescribed by the Regulations, and the carcases of all those found to be fit for human consumption have been stamped by the inspecting officers.

Charges have been made within the prescribed limits which, in Darlington, are calculated to cover the cost of the service, and have yielded an income as follows:—

Abattoir	£2,470	4s.	3d.
Pte. Slaughterhouses	£598	4s.	9d.
Total ...	£3,068	9s.	0d.

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 30 tons 19 cwts. 4 lbs. were found to be diseased or otherwise unfit for human consumption, as were canned foods and other provisions having a total weight of 8 tons 6 cwts. 3 stones 3 lbs.

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 carcases, 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 Public 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.

Only one of the above is likely to give rise to widespread complaints should trouble occur, and consequently the premises receive at least one visitation each week. It is inevitable that breakdowns occur periodically, some of which necessitate a complete cessation of processing until repairs have been effected. During these closures, incoming raw material piles up and becomes offensive when disturbed. Two such breakdowns occurred during the year, one of which could not have been foreseen and the other due to an electricity fracture beyond the control of the company. The company has afforded maximum co-operation throughout the year, and has continued to use a chemical deodorant during processing which has reduced unpleasant odours to a minimum consistent with the type of business.

§ 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 disinfector is at hand to give assistance.

Business premises are charged with the cost of time and material, but no charge is made for the disinfestation of private dwellings. Charges in respect of treatments of business premises amounted to £75 5s. 0d. during the year.

Sewer treatments are carried out by a specialist servicing organisation which has entered into a three-year fixed price contract with the Corporation. This year, their efforts were directed against those sections of the sewers which by test-baiting in the autumn of 1964 had revealed to be infested. Successive

treatments with the direct poison, sodium fluoracetamide were given in Spring, Summer and Autumn, the latter of which was also regarded as a "test-bait" in respect of which our own rodent operatives did the follow-up inspection. The result did not appear to have been as completely effective as had been anticipated, but we had to take into consideration the fact that direct poison when serving also as a test-bait is not a particularly reliable indicator. The contractors also baited 10% of entrances in untreated sections, the information from which will be used as a guide for treatments in 1966.

During the year, mice became a rather serious problem in a large Corporation-owned property. A variety of methods had been employed to eradicate separate infestations as they occurred in different parts of the building, and it was only when a comprehensive and well-organised treatment was carried out by our own staff that the problem was significantly reduced.

Eradication of moles requires a rather specialised knowledge and therefor when an infestation on some allotments had to be dealt with, our rodent operative acted under the guidance of an advisory pests officer of the Ministry of Agriculture, Fisheries and Food.

General

	Type of Property				
	L.A. Premises	Houses	Agricultural Property	Business Premises	Total
No. of properties in L.A. District	125	27,405	25	3,605	31,160
No. of properties found to be infested by rats					
(Major)	—	—	—	—	—
(Minor)	18	357	—	72	447
No. of properties found to be infested by mice					
(Major)	—	—	—	—	—
(Minor)	14	26	—	14	54
No. of visits made to above ...	122	1,377	17	315	1,831

§ 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	31	20	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	307	75	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	10	—	—
TOTAL ...	347	105	5	—

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	Referred 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	—	—	1	—
(b) Unsuitable or defective	3	3	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	4	3	—	4	—

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 prose-cutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prose-cutions
Wearing apparel Making, etc.	4	—	—	—	—	—
TOTAL ...	4	—	—	—	—	—

§ 10. MISCELLANEOUS PROVISIONS

Pharmacy and Poisons Act, 1933

There are 34 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

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

Pet Animals Act, 1961

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

22 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 were no premises in the County Borough during 1965 required to be registered under the provisions of this Act.

Fertilisers and Feeding Stuffs Act, 1926

In administering the provisions of this Act, one often feels frustrated at its complexities and inadequacies, and that the time is long overdue when some of its clauses should be revised. In the matter of legal proceedings, some amendment to Section 4(3) would appear to be desirable, and Section 20 would probably be more useful if modelled on similar lines to the Food and Drugs Act, 1955, Sections 113 and 115.

3 formal and 8 informal samples of fertilisers and feeding stuffs were submitted for analysis during the year, and the Analyst reported quality deficiencies in all the formal samples and in four of the informal samples.

No further action was taken in the case of one informal sample because although some excess of nitrogen was found, the sample was deemed to be satisfactory for its purpose. In the case of the remaining three informal samples, the manufacturers were notified of the discrepancies.

Letters of warning were sent to the manufacturers of the products from which two of the formal samples were taken and in the case of the third formal sample, the Health Committee recommended that legal proceedings be taken. An application to the Minister for consent to prosecute was later withdrawn.

Three declarations given when sampling was carried out were subsequently found to be incorrect.

Sampling of one particular product has revealed a recurrent discrepancy in the soluble phosphoric acid component. It is recognised that this deficiency is not necessarily due to an initial shortage of an ingredient, but more probably to a chemical process whereby soluble reverts to insoluble phosphoric acid and unfortunately the latter cannot be taken into account when assessing the deficiency.

Animal Boarding Establishments Act, 1963

The purpose of this Act is to control and license premises where the main activity is the boarding of other people's cats and dogs.

Two such licences are in force and the premises to which they refer are maintained and conducted in a satisfactory manner.

Riding Establishments Act, 1964

The Act provides for a system of licensing and inspection by local authorities of riding establishments.

During the year, applications were received in respect of two premises and one licence granted. The second application was refused having regard to the condition of the premises and other matters contained in the veterinary surgeon's report. The applicant appealed against the refusal of the Council to grant a licence, and the appeal was dismissed.

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, 1965

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

ANNUAL REPORT, 1965

School Health Department,

Archer Street,

Darlington.

To the Chairman and Members
of the Education Committee.

Ladies and Gentlemen,

I have the honour to submit my Annual Report on the School Health Service for the year 1965. The real compiler of the report is your Deputy Principal School Medical Officer, Dr. W. Mary Markham, to whom must go the credit for doing so and for the routine oversight of the School Health Service.

The year has been without outstanding features as far as the health and welfare of the school children are concerned and details of the work carried out will be found under the appropriate headings.

There have been staff changes and we were sorry to lose the services of Dr. Elaine M. Osborne, School Medical Officer, who left your employment for a more senior post under Durham County Council and Mr. J. McAra, your Principal School Dental Officer, who retired on superannuation. Both these officers had given you excellent service, in the case of Mr. McAra handicapped by poor health during his last year. Mr. P. Waterfall, your School Dental Officer, was appointed Principal School Dental Officer, but at the end of the year the whole-time post of Assistant Dental Officer had not been filled. Dr. Hannah Newman, appointed in place of Dr. Osborne, had not taken up her appointment by the end of 1965.

A significant event during the year was the move from the decrepit buildings in Feethams to new, though still temporary accommodation, in Archer Street. Structurally this was an improvement but accommodation is very cramped and inconvenient and we are glad it is only a temporary measure.

As ever I would like to thank the staff, medical, nursing and clerical without whose zealous co-operation nothing could be achieved and also yourselves for your continued interest and support.

I have the honour to remain,

Your obedient Servant,

JOSEPH V. WALKER.

MEMBERS OF THE EDUCATION COMMITTEE

Ald. H. Hannah (The Mayor).
Coun. J. W. Skinner, C.M.I.W.Sc. (Chairman).
Coun. E. Shuttleworth (Vice-Chairman) to May, 1965.
Coun. A. Gill (Vice-Chairman) (from June, 1965).

Ald. A. J. Best, O.B.E., J.P. (to 15.4.65)
Ald. R. H. Loraine, J.P.
Ald. A. M. Porter, J.P.
Ald. F. Thompson.
Coun. J. E. Angus, J.P. (to May, 1965)
Coun. A. Brown.
Coun. Mrs. M. Cottam
Coun. T. Donnelly, J.P.
Coun. R. P. Ekins, A.R.C.Sc., B.Sc.
Coun. C. Hutchinson
Coun. E. Jackson, J.P.
Coun. P. Jameson (to May, 1965)
Coun. Mrs. G. W. Raine.
Coun. C. Spence
Coun. Mrs. E. M. Hankinson (from June, 1965)
Coun. G. B. Metcalfe (from June, 1965)
Coun. S. McLoughlin (from June, 1965)
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
Elaine M. Osborne, M.B., Ch.B., D.P.H., D.R.C.O.G., D.C.H. (to 31.5.65)
J. L. Stewart, M.D., Ch.B.
J. Narayanan, M.B., B.S. (from 5.7.65 to 30.9.65).

Principal School Dental Officer
J. McAra, L.D.S., R.C.S. (retired 31.1.65).
P. Waterfall, L.D.S., R.C.S. (from 1.2.65).

School Dental Officer
J. Munro, L.D.S., R.C.S. (part-time) (from 5.7.65)

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
John Gordon, M.A., B.Ed.

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

Social Worker
Mrs. C. M. Ruddock (part-time) (to 31.12.65).

Teacher of the Deaf
Miss T. Sproates.

Speech Therapist
Miss R. Cushway.

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

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

Senior School Health Visitor
Mrs. E. Allan, 1a, 2, 3.

School Health Visitors

Mrs. D. Barry, 1a, 1c, 2, 3.
Miss E. Jackson, 1a, 2, 3.
Mrs. C. H. Ellis, 1a, 2, 3.
Mrs. J. M. Preston, 1a, 2, 3.
Mrs. R. A. Nichol, 1a, 2, 3.
Miss A. B. Russell, 1a, 2, 3.
Mrs. D. G. Glanfield, 1a, 2 (part 1), 3.
Miss D. Smith, 1a, 2, 3.
Miss D. S. Owen, 1a, 2 (part 1), 3.
Mrs. M. D. Whalen, 1a, 2 (part 1), 3.
Mrs. M. Crisp, 1a, 2, 3.
Mrs. J. Robinson, 1a, 2, 3.
Miss J. M. Rutter, 1a, 2, 3.

Assistant School Health Visitor
Mrs. M. Lord, 1a.

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	408
Primary	7,072
Secondary	5,308
Special	203
Total ...	12,991

SCHOOL MEDICAL EXAMINATIONS

Up to the end of May when Dr. Osborne left, medical examinations were carried out as in previous years. The pattern of selective examinations in the Haughton area was becoming established but this has unfortunately had to lapse and the total number of routine examinations has been considerably reduced. Valuable help was given for a short time by Dr. Narayanan but during the autumn term visits to schools had to be curtailed considerably. Other work such as examinations of educationally backward children also had to be reduced. Special examinations were carried out as far as possible in order that admission to special schools was not delayed unduly.

Other examinations

School children for part-time employment ...	403
College entrants	110
Teachers and others	19

MINOR AILMENTS CLINIC

Attendances have again increased. This is apparently due to greater availability and more convenient siting of the Clinics. Some of the increase is due to the treatment of verruca but it is difficult to be sure that there has been a general increase in this disorder although this appears to be so. Foot inspections are frequently carried out by Health Visitors but attempts to control the spread of this infection are difficult as bare foot gymnastics and other activities are so popular.

Shortly before Christmas the removal from Feethams to Archer Street also caused a temporary break in the continuity of treatment but by the end of the month the new routine had been established.

Clinic Hours

Central School Clinic, Archer Street ...	9—10 a.m. daily
Springfield Clinic, Salters Lane South ...	9—10 a.m., daily except Monday
Skerne Park Clinic, Coleridge Gardens ...	9.30—10 a.m. daily.
Alderman Leach Clinic, Leach Grove ...	1.30 p.m.—2 p.m. on Tuesdays and Thursdays

Attendances during the past five years

1965	—	4,365
1964	—	4,031
1963	—	2,784
1962	—	3,691
1961	—	3,049

Defects Treated during the past five years

	Skin conditions	*Eye conditions*	*Ear, Nose and Throat conditions*	*Miscellaneous conditions*
1965 ...	329	29	36	266
1964 ...	303	38	36	268
1963 ...	256	20	30	228
1962 ...	267	22	24	354
1961 ...	195	12	32	360

SPECIAL SCHOOLS

Salters Lane Open Air School

The work of the school has continued on much the same lines as in the previous year and there have been no major changes or developments.

One problem which has been brought to light particularly is the inability of some severely handicapped children to benefit from any form of education when they enter the school at the age of five years. The early weeks and often months are spent in teaching the child to be independent and also to live with others. Many of them have been over-protected at home and their abilities have not been developed sufficiently for them to take part in any group activities nor have their learning potentials been encouraged.

Thought therefore has been given to the possibility of establishing a nursery class for such children. Some handicapped children are accommodated in nursery schools and these benefit considerably in every way. There are, however, a small number who are unable to obtain places and others who are so severely handicapped that they cannot be integrated into a normal nursery class.

Medical and nursing services have continued as previously and also physiotherapy and speech therapy.

The Kitchen Staff have continued to provide special diets for coeliac and diabetic children as well as excellent meals for all.

At the end of the year, 83 children were attending. Of these, 58 were classed as delicate, 23 as physically handicapped, one as partially hearing and one partially sighted.

Barnard School for Educationally Subnormal Pupils

The waiting list again increased but by the end of the year there was some hope that this would be relatively short-lived as the foundations of the new school had been laid. There were 26 children waiting for places and the urgent need of the eleven-year-olds to be admitted to the special school rather than to secondary modern schools meant that many of the younger ones suffer an excessive delay.

During the year, 16 new pupils were admitted including one from another authority. Three were ascertained as unsuitable for education at school, two transferred to other schools, 10 left on attaining 16 years of age and 1 left the town.

Handicapped Children attending Schools outside the County Borough

Blind and Partially Sighted—11 in Residential Special Schools.

Deaf and Partial Hearing—9 in Residential Special Schools and 12 travel daily to Middlesbrough School for the Deaf.

Delicate—5 in Residential Special Schools.

Physically Handicapped—3 in Residential Special Schools.

Educationally Subnormal—19 in Residential Special Schools.

Maladjusted—10 in Residential Special Schools or Homes.

Epileptic—3 in Residential Special Schools.

Handicapped Children in Normal Schools

Many children suffering from chronic disabilities are able to attend normal schools. These include 8 epileptics and 27 with other physical disorders.

Home Tuition

This has been arranged for 11 children during the year for varying periods of time and many different types of disability.

ILLNESS AMONGST SCHOOL CHILDREN

Notifiable Infectious Disease Amongst School Children

	Cases
Measles	135
Whooping Cough	8
Dysentery	1
Infective Hepatitis	120
Gastro Enteritis	1
Scarlet Fever...	34
Pneumonia	1

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	172
Treatment of other conditions...	44

Diseases of the Eye

Operative correction of squint	14
Other conditions, including injuries	9

Acute Surgery

Appendicitis	33
Osteomyelitis	2
Other acute conditions	4

Non-Acute Surgery

Orthopaedic procedures	11
Hernia Repairs	7
Dental operations	6
Circumcision	3
Other conditions	29

Various Medical Conditions

Diabetes	3
Epilepsy	4
Other conditions	54

Infectious Diseases

	Cases
Scarlet Fever	3
Measles	1
Pneumonia	5
Glandular Fever	1
Encephalitis of unknown origin	1

Accidents

Burns and Scalds	1
Fractures and Dislocations	21
Foreign Bodies...	4
Other Injuries	63

The following Death occurred amongst School Children

Sarcoma right humerus	1

IMMUNISATION

At school entry the child's immunisation record is reviewed. Reinforcing injections are now offered against Whooping Cough, Diphtheria, Tetanus and Poliomyelitis. Primary immunisation against all these disorders is offered where necessary.

Primary immunisation against Tetanus and Diphtheria ...	31
Reinforcing injections	486
Primary Vaccination against Poliomyelitis	827
Reinforcing injections	4,663

B.C.G. vaccination had to be suspended as an intensive campaign was carried out to give booster doses of polio vaccine to all school children. This revealed that many had failed to obtain a primary course at the right time and this had to be rectified. In the future booster doses will be offered at school entry and at that time primary immunisation can be undertaken if necessary.

B.C.G. vaccination will be resumed in 1966 when two age groups will be dealt with simultaneously.

SCHOOL MEALS SERVICE

Of the 1,435,162 meals taken by school children, 123,069 were provided free. The average distributed per day was 7,360. 2,174,961 bottles of milk were supplied.

Specimen Menu

Monday

Mince and Dumplings, Potatoes, Carrots.
Lemon Curd Tart and Cream Custard.

Tuesday

Soup, Bread, Tongue, Winter Salad, Baked Potatoes, Mayonnaise, Biscuits.

Wednesday

Beef Pasty, Cabbage, Potatoes, Gravy.
Prunes and Custard.

Thursday

Braised Steak and Onions, Turnip, Potatoes, Gravy.
Jam Roly Poly and Custard.

Friday

Spam and Egg Pie, Beetroot, Pease Pudding, Roast Potatoes.
Macaroni Pudding and Blackcurrant Sauce.

DENTAL REPORT

The Principal School Dental Officer, Mr. P. Waterfall, has reported as follows:—

In my first Annual Report as your Principal School Dental Officer, I would first like to thank the Committee for entrusting this position to me and also to thank them for their interest and co-operation at all times.

I would also like to extend to my predecessor, Mr. J. McAra, my thanks for his help, guidance and co-operation and to hope that he enjoys many years of happy and healthy retirement.

To Dr. Walker and his colleagues I would like to express my thanks for all their co-operation and to say how much pleasure it gives me to work in an atmosphere of warm cordiality.

Since the last report several changes have been made, the most significant one being the building of our new premises in Archer Street and our subsequent removal from Feethams in December, 1965. Our dental surgeries are very modern and the equipment is excellent but there are several things which are far from satisfactory. The three most important complaints are first the insufficiency of suitable waiting space, secondly the lack of ventilation in the recovery room and thirdly the almost non-existent sound proofing between surgeries and the waiting area.

The normal working of the Clinic was disrupted when Mr. McAra left us and for a while I was working on my own. In March, Mr. Carter came as a part-time Dental Officer but unfortunately only stayed with us for two weeks. However, in July we were fortunate in that Mr. Munro applied for the position of Dental Officer and was accepted on a part-time basis.

For most of the year we did two evening sessions per week in an attempt to deal with casual patients requiring conservative treatment. This allowed us to devote most of the normal hours to patients who were found to require treatment at routine school inspection.

I cannot report any improvement in the state of children's teeth in general. There is still a very high percentage of decay due mainly, in my opinion, to the seemingly unlimited consumption of sweets or sticky foods at all times of the day. Lack of oral hygiene also contributes immensely to this sorry state of affairs. Responsibility for the home care of children's teeth lies very largely with the parents, but the majority of parents are apathetic towards this and hence the onus falls on the child. Unfortunately, children are often too keen to be doing other things such as getting out to play or watch the television. In the face of such competition is it to be wondered at that children forget about cleaning their teeth.

Many more people are taking advantage of our services than in the past. This would appear to me to be an indication that parents and children alike are becoming more tooth conscious. I think that this is the case, but unfortunately lack of oral hygiene at home tends to nullify any beneficial results.

More parents are also becoming more concerned about irregularities in the position of their children's teeth. We have more patients undergoing orthodontic treatment and waiting for this treatment than we have ever had in the past. Quite a considerable number of cases presenting with orthodontic problems are those in which the problem itself has been created by the early loss of deciduous teeth. If there were some way in which the caries rate could be reduced, not only would there be healthier teeth and mouths but also less irregularity of the teeth.

I was very disappointed that the powers that be rejected fluoridation of the public water supplies because I feel that fluoridation is one of the biggest advances in public health in the last ten years. However, medical and dental officers in those areas where fluoridation has been rejected may be heartened to know that New York City, where the Board of Health started its long fight for fluoridation as long ago as 1952, followed by a decade of debate and controversy, commenced fluoridating its water in September, 1965. New York now becomes the largest city in the world with fluoridation, while the national total of persons drinking fluoridated water in the U.S.A. increased to nearly 58½ million. In this country at the present, 95 Local Health Authorities are reported to have resolved in support of fluoridation and 52 have rejected or deferred consideration of the question. One of the problems in this county is that water undertakings are not prepared to fluoridate the water supplies unless there is agreement among all local authorities served. In our own areas County Councils who resolved in support of fluoridation are Durham and the North Riding and West Riding of Yorkshire and County Boroughs that have rejected are Darlington and Middlesbrough.

In conclusion, I would like to thank Mr. Munro, Dr. Wright, Dr. Hodgson, Miss Langhorne and Miss Allen for their continued loyalty and co-operation.

OPHTHALMIC CLINIC

Regular sessions were continued by Mr. Wilkie and Mr. McClemont during the year. Neither of these Consultants has any particular change or comment to make but they state that the waiting list is being maintained at a satisfactory level and a slightly larger number of children have been seen.

CHILD GUIDANCE

The Educational Psychologist, Mr. John Gordon, reported as follows:—

The Clinic staff in 1965 was as follows:—

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

Educational Psychologist: Mr. J. Gordon, M.A., B.Ed.

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

Psychiatric Social Worker: Mrs. D. Holbrook, B.A. (Social Studies).

Secretary: Miss M. Thornberry.

In the last quarter of the year Mrs. Ruddock intimated her intention of resigning at the end of December; and Mrs. Holbrook was appointed as social worker, taking up her duties on the 1st November. We should like to express our deep appreciation of Mrs. Ruddock's services to the Clinic for a period of more than nine years and, while mentioning our regret at losing a charming colleague, to wish her every joy in her new role. We welcome Mrs. Holbrook and hope that she will enjoy her work in the Clinic.

Cases were referred from the following sources:—

Chief Education Officer	45
School Medical Department	51
Head Teachers	29
Parents	20
Family Doctors...	7
Consultant Psychiatrist	1
Juvenile Bench	5
Probation Officers	5
Health Visitors	3
School Medical Department—Durham	3
	169

Causes of Referral

The causes of referral are grouped under the six headings 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

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational/ Vocational (vi)	Totals
Boys ...	17	19	38	—	—	38	112
Girls ...	16	3	20	1	—	17	57
Totals	33	22	58	1	—	55	169

The above table indicates that the overall pattern of the children's difficulties has remained fairly constant. Boys and girls seem to suffer equally from nervous complaints; among children referred for habit disorders there is a large preponderance of boys; and about twice as many boys as girls come to the Clinic on account of anti-social behaviour in one form or another.

I.Q.	Nervous	Habit	Behaviour
above 129	3	1	1
120–129	1	1	—
110–119	5	2	4
100–109	6	4	2
90–99	6	10	15
80–89	6	2	16
70–79	4	1	12
below 70	2	1	1

As can be seen from the above table, the children referred to us with nervous disorders are spread fairly evenly throughout the full range of intellectual ability from sub-normal to superior; more than half of those suffering from habit disorders are of average ability; while most of those presenting difficulties in behaviour fall below the mid-average line and crowd into the dull and very dull range of intelligence.

Twenty-three children were recommended to receive education in a special school, whereas during the year only nine pupils left Barnard School on reaching the statutory leaving age, another two were transferred to the Junior Training Centre and one girl was transferred from Barnard School to an ordinary secondary school, where, after an initial period of understandable unease, chiefly from missing her old friends, she appears to have settled well. Seven children were considered unsuitable to receive education in school.

Conclusion

The staff of the Child Guidance Clinic wishes to thank the Chief Education Officer and his staff, the Principal School Medical Officer and his staff, the Head Teachers and staffs of schools, and those organisations and individuals who by their support and co-operation have contributed to the success of the year's work.

DEAF CHILDREN

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

Children Suspected of Partial Hearing who were referred for Audiometric Examination

Sources of referrals

School Medical Officers	112
Chief Education Officer	2
Educational Psychologist	5
Head Teachers	7
Speech Therapist	1
Health Visitors	16
Parents	9
Total ...	152

There was an increase in the number of pre-school children referred by Health Visitors this year. The Screening Tests of Hearing carried out at Child Welfare Centres are extremely valuable in detecting the child with partial hearing. Cases of severe deafness are usually referred for treatment at an early age but the less severe defect is often overlooked until the child starts school.

Children Suspected of Educational Subnormality

No. referred for Tests of Hearing—26.
No. found to have defective hearing—4.

No. of children tested in connection with the National Child Development Study—32.

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

No. reviewed from previous years—160.
No. found to have a hearing loss during 1965—45.

Treatment

No. of pre-school children who attended for speech and auditory training plus parent guidance—7

School Children who received instruction in Lipreading and/or Speech Improvement—28.

Conclusion

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

SPEECH THERAPY

Miss R. Cushway, Speech Therapist, reports as follows:—

Figures shown on December 31st, 1964:—

Waiting List	38
Regular Treatments...	17
Observations	38

Throughout the year weekly treatment sessions have been held at Barnard School, and a session once per fortnight at Dodmire School. One child received twice weekly home visits during November and December. The majority of children, however, are seen in the clinic.

Barnard School

Total No. of children seen	21
Receiving regular treatment	5
On observation	6
Discharged, speech satisfactory	2
Discharged, left school	8

Dodmire School

Total No. children seen	20
Receiving regular treatment	5
On observation	12
Discharged, speech satisfactory	2
Transferred to clinic	1

Other schools visited—21.

Number of children seen in school—148.

During the year 1965:—

Number of children who received regular treatment in the clinic—47. of whom

Treatment to be continued	27
Treatment suspended	2
Now on observation...	12
Discharged, speech satisfactory	4
Discharged, moved from area	1
Discharged, lack of co-operation	1

New patients interviewed—100, of whom

Admitted for treatment	28
Put on waiting list	36
On observation	26
Treatment not required	4
Parents of children seen in school	6

Number of children discharged—47, of whom

Treatment not required	4
Left school	9
Left area	1
Lack of co-operation	1
Speech satisfactory	32

Figures shown on December 31st, 1965:—

Waiting List	44
Regular treatments:	
In clinic	27
In school	11
At home	1
On observation	60
Discharged	47

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

PHYSICAL EDUCATION

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

General

The world of sport is on the move. The appointment of the Sports Council, the inauguration of Regional Sports Councils and the continued growth of Local Sports Councils in many parts of the country, has, in the past year, brought a new form of democracy to the sporting scene that extends from Whitehall to the village green.

Among the early decisions which have been made by the Sports Council are (1) the publication of acceptable standards and scales for the provision of recreational facilities in this country, (2) the acquisition of factual information concerning all forms of sport on which future developments can be based, and (3) the increase in administrative grants to governing bodies of sport and to School Sports Associations.

It is probable that the outcome of the deliberations of the various sports bodies will ultimately have a tremendous impact on the physical education programmes in schools. The latest Building Bulletin 26 of the Department of Education and Science indicates that it is hoped that, in their planning to meet the needs of a full and balanced school programme, local education authorities will take into account the desirability of providing facilities wherever possible which, additionally, will give scope for adult recreation.

This opens the door for combined schemes to which a contribution is made under non-educational powers, to supplement the authorised expenditure on a school.

It becomes increasingly obvious that attention is being drawn to the wider question of the relationship between the schools and the communities they serve, and the Secretary of State hopes that local education authorities will increasingly look for opportunities of developing this relationship.

Facilities

The facilities for Physical Education in Darlington continue to improve. The demand for new and improved equipment and facilities does not abate.

The year brought into use the Longfield Stadium with an improved track and grounds, and a new pavilion. Many athletic meetings were held under better conditions than the town has ever known. Two major athletic meetings were held which atracted top athletes from all over the north. So satisfactory were the facilities that the Authority has been congratulated and requests for further major meetings have been made.

Also begun, but not completed during the year, was the new Sports Hall. Part of the building has been utilised for temporary office accommodation. The facilities which will be available, in the meantime, for sport, consist

of a hall 100 ft. x 70 ft. with two changing rooms. It is hoped to be able to cater for a wide variety of activities. A net drawn across the centre of the hall gives two spaces of 70 ft. x 50 ft. and allows different activities to be carried out at the same time.

When the whole project is completed and fully taken over as a Sports Centre, it will undoubtedly be one of the finest in the North.

Other improvements begun, consist of redevelopment of the playing fields at Eastbourne Secondary Schools and at St. Mary's Secondary School, which will enable these schools to carry out more comprehensive activities.

The schools continue to receive new items of equipment, and a maintenance scheme by a specialist firm ensures that all equipment is kept in top class order.

Staffing

The acute shortage of specialist teachers in Secondary Girls' Schools continues. This is not only a local problem, and it becomes increasingly necessary to recruit more women, if standards are to be maintained.

The situation in Secondary Boys' Schools is fairly satisfactory.

The appointment of teachers with special responsibility for Physical Education in Primary Schools has had a marked effect where they have been appointed.

Activities

Schools continue to offer a great variety of activities which cater for the different abilities and tastes of pupils. The standard in most activities has been maintained, but it is interesting to note the advance in popularity of Gymnastics.

The first Secondary Schools Gymnastic Championship for Boys was held at Branksome Secondary School to a capacity audience. Honours have been won by Darlington boys at regional, national and international level. A North East team, including thirteen Darlington boys, represented Great Britain at the Gymnaestrada in Vienna in July. Their performances were very well received by an international audience including some of the world's best gymnasts.

The transport of pupils to and from the baths has had an excellent effect on the attitude to swimming, particularly during inclement weather. We are well served by three swimming instructresses, and the standard of swimming in schools is very high.

Conclusion

Progress continues, tempered only by an insufficiency of proper facilities and expert knowledge, which, it is hoped will be remedied in the next few years.

The limitations on spending have not made it possible to develop the constant flow of ideas for improvement of facilities.

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 who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	246	246	—	—	—	38	38
1960	853	849	4	—	1	107	108
1959	538	537	1	—	2	77	79
1958	42	42	—	—	—	5	5
1957	26	26	—	—	—	5	5
1956	14	14	—	—	1	1	2
1955	92	92	—	—	7	15	22
1954	359	356	3	—	26	40	65
1953	184	181	3	—	9	29	36
1952	13	13	—	—	1	5	5
1951	58	58	—	—	5	7	11
1950 & earlier	904	904	—	—	42	61	102
TOTAL	3,329	3,318	11	—	94	390	478

Col. (3) total as a percentage of Col. (2) total 99.67%

Col. (4) Total as a percentage of Col. (2) total 0.33%

TABLE B. Other Inspections.

Special Inspections	2,123
Re-Inspections	320
Total ...	2,443

PART II. Defects found by Periodic and Special Medical Inspection during the Year.

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	15	8	27	50	49
		O	19	—	4	23	18
5	Eyes—*a* Vision	T	3	45	46	94	23
		O	3	4	23	30	8
	b Squint	T	15	2	8	25	14
		O	6	—	3	9	1
	c Other	T	6	2	1	9	10
		O	5	1	—	6	5
6	Ears—*a* Hearing	T	20	6	9	35	55
		O	9	1	2	12	13
	b Otitis Media	T	2	3	4	9	6
		O	—	1	1	2	—
	c Other	T	6	—	3	9	14
		O	9	1	1	11	4
7	Nose and Throat	T	43	6	20	69	69
		O	162	3	83	248	97
8	Speech	T	18	2	8	28	36
		O	34	2	20	56	32
9	Lymphatic Glands	T	9	2	3	14	11
		O	96	1	22	119	29
10	Heart	T	5	2	6	13	17
		O	20	2	14	36	12
11	Lungs	T	22	10	7	39	42
		O	26	8	13	47	22
12	Developmental *a* Hernia	T	4	1	1	6	3
		O	4	—	3	7	3
	b Other	T	14	3	8	25	27
		O	55	—	9	64	9
13	Orthopaedic *a* Posture	T	—	—	—	—	3
		O	5	—	6	11	7
	b Feet	T	1	—	6	7	14
		O	56	11	29	96	43
	c Other	T	4	3	7	14	31
		O	47	1	29	77	35
14	Nervous System *a* Epilepsy	T	2	2	3	7	12
		O	1	—	—	1	2
	b Other	T	5	3	2	10	12
		O	3	1	1	5	6
15	Psychological—						
	a Development	T	1	11	29	41	30
		O	3	1	12	16	16
	b Stability	T	13	3	12	28	64
		O	122	4	45	171	117
16	Abdomen	T	6	3	5	14	8
		O	12	—	7	19	4
17	Other	T	2	4	5	11	58
		O	8	3	6	17	15

TABLE C. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	30,868
(b) Total number of individual pupils found to be infested	500
(c) Number of individual pupils in respect of whom cleansing notices were issued Section 54(2), Education Act, 1944	—
(d) Number of individual pupils in respect of whom cleansing orders were issued Section 54(3), Education Act, 1944	—

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

TABLE A. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	36
Errors of refraction (including squint)	714
Total ...	750
Number of pupils for whom spectacles were prescribed	395

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	1
(b) for adenoids and chronic tonsillitis	172
(c) for other nose and throat conditions	32
Received other forms of treatment	74
Total ...	279
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	6
(b) in previous years	10

TABLE C. Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	59
(b) Pupils treated at school for postural defects ...	—
Total ...	59

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	6
Scabies	26
Impetigo	15
Other skin diseases	335
Total ...	382

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	222

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	80

TABLE G. Other Treatment given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	292
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	—
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds	1
Injuries	63
Various Surgical Repairs and Procedures ...	110
Total ...	466

TABLE H. Screening Tests of Vision and Hearing.

1.	(a) Is the vision of entrants tested as a routine within their first year at school?	No.
	(b) If not, at what age is the first routine test carried out?	At 8 years of age.
2.	At what age is vision testing repeated during a child's school life?	Repeated at 10-11 years and 14-15 years.
3.	(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.
4.	(a) By whom is vision testing carried out?...	Health Visitor.
	(b) By whom is colour vision testing carried out?	School Medical Officer and Health Visitor.
5.	(a) Is routine audiometric testing of entrants carried out within the first year at school?	Yes.
	(b) If not, at what age is the first routine audiometric test carried out?	—
	(c) By whom is audiometric testing carried out?	Teacher of the Deaf.

Dental Inspection and Treatment carried out by the Authority

Attendances & Treatment	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total
First visit	1.	690	12.	826	23.	165	1,681
Subsequent visits	2.	234	13.	1,856	24.	426	2,516
Total visits		924		2,682		591	4,197
Additional courses of treatment commenced	3.	62	14.	104	25.	10	176
Fillings in permanent teeth ...	4.	169	15.	1,234	26.	431	1,834
Fillings in deciduous teeth ...	5.	23	16.	5	———		28
Permanent teeth filled ...	6.	143	17.	1,049	27.	376	1,568
Deciduous teeth filled	7.	19	18.	5	———		24
Permanent teeth extracted ...	8.	122	19.	640	28.	116	878
Deciduous teeth extracted ...	9.	1,669	20.	460	———		2,129
General anaesthetics	10.	652	21.	442	29.	54	1,148
Emergencies	11.	159	22.	102	30.	15	276

Number of Pupils X-rayed	31.	37	
Prophylaxis	32.	46	
Teeth otherwise conserved	33.	41	
Number of teeth root filled	34.	4	
Inlays	35.	—	
Crowns	36.	5	
Courses of treatment completed ...	37.	1,648	
Orthodontics: Cases remaining from previous year ...		53	
New cases commended during year ...	38.	20	
Cases completed during year	39.	18	
Cases discontinued during year ...	40.	8	
No. of removable appliances fitted ...	41.	37	
No. of fixed appliances fitted	42.	—	
Pupils referred to Hospital Consultant	43.	1	

Prosthetics	5 to 9		10 to 14		15 and over		Total
Pupils supplied with F.U. or F.L. (first time)	44.	—	47.	—	50.	—	—
Pupils supplied with other dentures (first time) ...	45.	1	48.	12	51.	3	16
Number of dentures supplied	46.	1	49.	12	52.	3	16

Anaesthetics

General Anaesthetics administered by Dental Officers	53.	170

Inspections

(a)	First inspection at school. Number of Pupils ...	A.	1,963
(b)	First inspection at clinic. Number of Pupils ...	B.	919
	Number of (a) + (b) found to require treatment ...	C.	2,182
	Number of (a) + (b) offered treatment	D.	2,180
(c)	Pupils re-inspected at school clinic	E.	269
	Number of (c) found to require treatment	F.	179

Sessions

Sessions devoted to treatment	X.	573
Sessions devoted to inspection	Y.	13
Sessions devoted to Dental Health Education	Z.	1