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COUNTY BOROUGH OF DARLINGTON

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

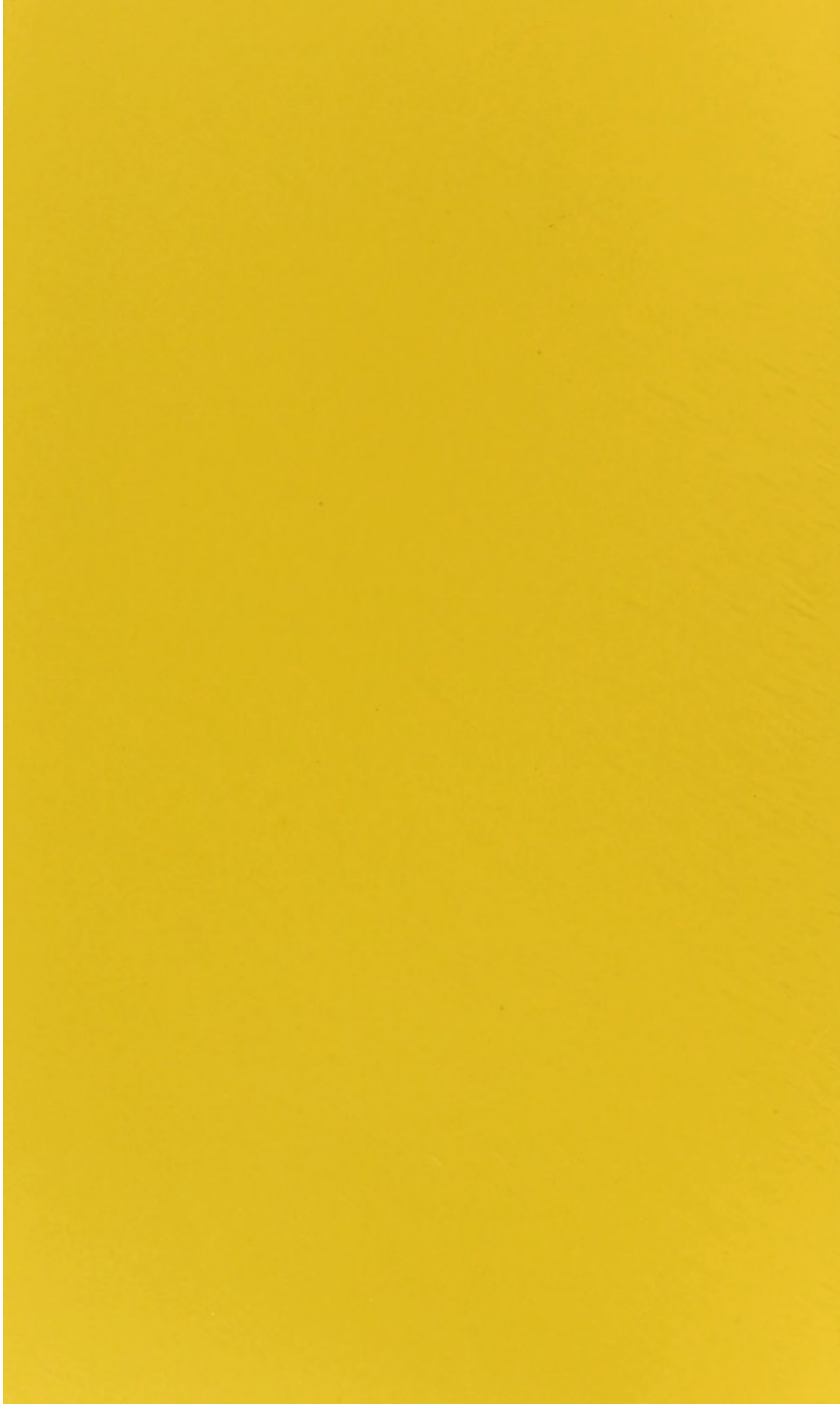
PRINCIPAL SCHOOL MEDICAL OFFICER

1968

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

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER





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CONTENTS

	PAGE
Introductory Letter	4
Health Committee	7
Staff	7
Part I—Vital Statistics	11
Part II—Prevalence and Control over Infectious Diseases—	
§ 1. General	17
§ 2. Tuberculosis and Mass Radiography	21
§ 3. Venereal Diseases	26
Part III—National Health Service Act, 1946—	
§ 1. Health Centres (Section 21)	28
§ 2. Care of Mothers and Young Children (Section 22)—	
(a) Normal Mothers and Children	29
(b) Care of Premature Infants	31
(c) Risk Register	31
(d) Supply of Dried Milks, etc.	32
(e) Dental Care	32
(f) Care of Unmarried Mothers and their Children	32
§ 3. Domiciliary Midwifery (Section 23)	33
§ 4. Health Visiting (Section 24)	34
§ 5. Home Nursing (Section 25)	35
§ 6. Vaccination and Immunisation (Section 26)	37
§ 7. Ambulance Service (Section 27)	39
§ 8. Prevention of Illness, Care and After-Care (Section 28)	39
§ 9. Domestic Help (Section 29)	42
Part IV—Mental Health	44
Part V—Growing Points—	
§ 1. Health Education	55
§ 2. Geriatrics	56
§ 3. Morbidity in Childhood	58

	PAGE
Part VI—Other Services—	
§ 1. Housing	61
§ 2. Meteorology and Atmospheric Pollution	69
§ 3. Laboratory Service	71
§ 4. Medical Examinations	71
§ 5. Water Supply and Sewage Disposal	72
§ 6. Public Baths Department	74
Part VII—Sanitary Circumstances (Report of Chief Public Health Inspector)—	
Introductory Letter	76
§ 1. Analysis of Inspections	77
§ 2. Living Accommodation	79
§ 3. Offices, Shops and Railway Premises Act, 1963	82
§ 4. Food Hygiene	84
§ 5. Food and Drugs Acts, 1938-1955	85
§ 6. Production and Distribution of Milk	87
§ 7. Inspection of Meat and Other Foods	89
§ 8. Offensive Trades	92
§ 9. Rodent Control	92
§ 10. Factories Act, 1961	93
§ 11. Miscellaneous Provisions	94

ANNUAL REPORT 1968

To: The Chairman and Members
of the Health Committee.

Mr. Chairman and Members,

I have the honour to present my Annual Report for 1968, my twentieth complete year of service as your Medical Officer of Health.

During the year two matters called for congratulation, one being the infant mortality rate, which at 17.9 per 1,000 live births is the lowest ever recorded in Darlington and compares very favourably with that for England and Wales. As you will remember, quite a lot of space was given in my Report for last year to the question of high infant mortality and what reasons there might be for the relatively unfavourable position of Darlington, which, while not conspicuously worse than other figures for authorities in the north-east, was not as much better as we all thought it ought to have been. As has been pointed out in the past, no very clear conclusions ought to be drawn from figures for one year only, particularly when the overall numbers are small, and it would be quite improper to assume that the good return for 1968 represents the end of one chapter and the beginning of another. All the same, it does imply that the trend of infant mortality here as elsewhere is in a favourable direction.

The other occasion for joy was the satisfactory development of attachment of health visitors and home nurses. While still a minority of practitioners in the town have applied for attachment, the fashion once begun is likely to spread, particularly when those who are now making use of the services of your health visitors and home nurses are well satisfied with the help they are obtaining. On the other hand, no progress whatsoever was made during 1968 with regard to the establishment of health centres and the overall position under this heading seemed rather worse at 31st December than on 1st January. The need for financial stringency also exercised an adverse effect on the progress of your department by the postponement of building and loan sanction for your training and industrial centre at Faverdale and for the purpose-built hostels for mentally retarded and short-stay psychiatric convalescent patients. At the time of writing, March, 1969, much better prospects were in sight for both these projects, but

during the year under review there seemed little light on the horizon, the more frustrating because plans for the Faverdale centre were all in hand and the project was ready to go out for tender. Otherwise the work of the department is dealt with quite fully under the appropriate headings and no feature deserves particular comment.

In a wider sphere two very important documents came to hand during the year, in the form of the Seebohm Report on social work and the then Minister of Health's Green Paper on the future of the National Health Service. Some comment on the trend of policy indicated by both these documents may not be out of place. The gist of the Seebohm Report, as you will know, is to unify all welfare services in one department under a chief officer in each major local authority, the implication being that this department should be separated from the Health Department though it should absorb certain welfare functions at present discharged thereby, for instance mental health, and the chief officer should not, in the view of the Seebohm Committee, be the Medical Officer of Health. The unification of all departments responsible for welfare is a very obvious need and so long as the local health authority is under a statutory obligation to appoint a Medical Officer of Health he would automatically become medical adviser to the combined Welfare Committee whether or not he was its chief officer. An analogy may be found here in the Education Department, whose head is the Chief Education Officer and relative to him the Principal School Medical Officer is subordinate as a member of his staff. Whether or not the Medical Officer of Health was subordinate in principle to the Chief Welfare Officer for his duties in respect of welfare is a matter of very minor importance since the object is to serve and not to rule, to give and not to gain. It is, however, extremely likely that in the future the Medical Officer of Health as such will disappear, his place being taken by a consultant in community health attached to each Area Health Board or whatever it may be called, which will become responsible for all aspects of the National Health Service. It is quite certain that the pattern proposed in Mr. Robinson's Green Paper will not in fact be reproduced, but the unification of the three branches of the service will certainly be achieved, when the service almost inevitably will become hospital centred. Whether or not this would be a good thing having regard to all aspects of the case may be debated, but it would seem undoubtedly to express the shape of things to come. Writing as a Medical Officer of Health I must admit that such a proposal has a good deal to recommend it

because it would automatically widen the scope of epidemiology to all kinds of morbidity and also would allow for some important observations on the result and actual benefit derived from various kinds of medical and surgical treatment which up till now have lacked adequate annotation. It may well be that the areas of the health boards will correspond with the new local authorities to be defined by the Royal Commission when it reports and if so it would be a simple matter to second the consultant epidemiologist to the local authority as its adviser in all matters of health, which would be without prejudice either to his status or to that of the Chief Welfare Officer. What really counts in all this is, of course, what is going to be the best for the public and since the National Health Service in its various aspects is working perhaps as well as might be expected under present conditions there are those who resent the idea of changing it. Unification with centralised command is, however, better in logic than bits and pieces working quasi-independently and with foresight, common sense and forbearance it could work better in practice as well. The qualities I have mentioned are, however, extremely rare in human affairs.

In conclusion I would like to thank all members of your staff in the Health Department by whose loyal co-operation your service functions with reasonable efficiency and acceptability. Also I would like to thank you for your continued interest.

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

(as at 31st December, 1968)

Councillor H. Horsley (Chairman)

Councillor Mrs. S. M. Brown

Councillor J. Hughes

„ A. E. Burley, A.C.W.A.

„ D. J. McNee, L.D.S.

„ H. Carr, J.P.

„ F. W. Spencer

„ H. J. Davison

„ G. W. Stainsby (Vice-Chairman)

„ J. D. Haithwaite

„ L. Wood

Co-opted Members : Dr. E. A. Burkitt

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 Assistant School Medical

Officer

John Lumsdaine Stewart, M.D., Ch.B.

Chest Physician (part-time)

Gilbert Walker, M.B., Ch.B., M.R.C.P.,
D.P.H.

Assistant Medical Officers for Child

Welfare (sessional)

Mrs. Jean Dubberley, M.B., Ch.B.
Mrs. Elizabeth M. Dias, M.B., B.Ch., B.A.O.
Mrs. Ann E. Carr, M.B., Ch.B.

Principal School Dental Officer

P. Waterfall, L.D.S.

School Dental Officers

part-time

J. I. Munro, L.D.S.
F. B. Taylor

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
W. C. B. Robson, 1, 2
K. Dixon, 1, 2
D. G. Willson, 2a, 2c
G. B. Stephenson, 1, 2, 2c
D. M. Wood, 2a

Pupil Public Health Inspectors

M. A. Scobie
J. W. M. Raw

Technical Assistants

S. R. Blackburn
D. Fullerton

Authorised Meat Inspector

H. Teasdale, 2b

Principal Nursing Officer

Miss E. Winch, 4a, 5, 6, 8, 9

Deputy Principal Nursing Officer

Miss J. R. Courtney, 4a, 5, 6, 9

Superintendent Health Visitor

and School Nurse

Miss E. Winch, 4a, 5, 6, 8, 9

Senior Health Visitor and School

Nurse

Miss D. Smith, 4a, 5, 6

Health Visitor/School Nurses	Miss E. Jackson, 4a, 5, 6, 7 Mrs. M. D. Whelan, 4a, 5 (Part I), 6, 7 Miss D. Owen, 4a, 5 (Part I), 6 Mrs. J. M. Preston, 4a, 5, 6 (till 31.12.68) Mrs. J. Robinson, 4a, 5, 6 Mrs. D. G. Glanfield, 4a, 5, 6 Miss A. B. Russell, 4a, 5, 6 (till 31.10.68) Miss J. M. Rutter, 4a, 5, 6 (till 31.10.68) Mrs. M. M. Mellors, 4a, 6 (till 30.9.68) Miss P. Grainger, 4a, 5, 6 Miss E. A. Carswell, 4a, 5, 6 Miss N. Swinbank, 4a, 5, 6 (from 9.9.68) Mrs. L. A. Middlemass, 4a, 5 (part I), 6 (from 7.10.68)
Temporary Health Visitor/School Nurse (part-time)	Mrs. M. M. Mellors, 4a, 6 (from 14.10.68)
Assistant Health Visitor/School Nurse	Mrs. M. Lord, 4a
Temporary Assistant Health Visitor/School Nurses	Mrs. C. Wake, 4a (till 30.6.68) Miss V. M. Humphries, 4a (till 31.5.68) Miss L. Ross, 4a (from 1.7.68) Mrs. M. McCann, 4a (from 2.12.68)
Student Health Visitors	Miss N. Swinbank, 4a, 5 (till 18.9.68) Mrs. C. Hatton, 4a, 5 (Part I) (from 23.9.68 till 22.10.68) Miss K. M. Sheehan, 4a, 5 (Part I) from 23.9.68 till 31.12.68) Miss A. Clark, 4a, 5 (from 23.9.68)
Superintendent Midwife and District Nurse	Miss C. Beckett, 4a, 5, 9 (till 17.3.68) Miss J. R. Courtney, 4a, 5, 6, 9 (from 1.4.68)
District Midwives	Miss E. Shaw, 5 Mrs. O. M. Johnston, 4a, 5 Mrs. G. Popple, 4a, 5 Mrs. E. W. Lindow, 4a, 5 Miss C. Young, 4a, 5
District Nurses	Miss M. Rodber, 4a, 5, 9 Mrs. A. Pottage, 4a, 4b, 9 Mrs. N. Bennet, 4a, 9 Mrs. M. T. Williamson, 4a, 9 Mrs. A. Pratt, 4a, 5, 9 Mrs. G. Anderson, 4a, 9 Mrs. A. E. Smith, 4a, 9 Mrs. M. Gamblin, 10 Mrs. R. M. Bennington, 10 Mrs. A. Bertram, 4a, 9 Mrs. J. M. Hopps, 4a, 5, 9 Mrs. J. M. Hewitson, 4a Mrs. K. P. Addison, 4a, 9 (from 1.3.68)
Bath Attendants (part-time)	Mrs. R. Harris, (till 3.5.68) Mrs. J. V. Degnan (from 3.5.68 till 9.8.68) Mrs. E. R. Pease (till 22.11.68) Mrs. B. Allan (from 12.8.68) Mrs. A. Clegg (from 25.11.68)
Chief Mental Welfare Officer	C. W. Price
Senior Mental Welfare Officer	S. McAulay
Mental Welfare Officers	Mrs. G. Sullivan D. English Miss B. M. Scott

Junior Training Centre:

Supervisor	...	...	...	...	Mrs. M. J. Eglington, 11
Assistant Supervisors	...	...	...	...	Mrs. M. Kirk Mrs. M. E. Gordon (on Training Course from 16.9.68) Miss Y. M. Reeks (on Training Course from 16.9.68) Miss E. G. Sibbald (till 12.8.68) Miss P. C. Raine (from 26.8.68) Mrs. D. Willsden (from 1.9.68) Mrs. C. A. Smith (from 9.9.68)
Pupil Assistant Supervisors	...	...	...	...	Miss M. Brass (till 3.9.68) Miss C. Jakat Miss P. V. Fisher (from 23.9.68)
Driver/Handyman	...	...	...	...	J. R. Grieveson
Bus Escort (part-time)	...	...	...	...	Mrs. H. Grieveson (from 9.9.68)

Adult Training and Industrial Centre :

Supervisor	...	...	...	...	D. Sams, 12
Assistant Supervisors	...	...	...	...	J. W. Coatsworth A. C. Robinson Mrs. M. Prest, 12 (from 14.10.68)
Short Stay Hostel—Matron	...	...	...	...	Mrs. C. Howe (from 20.11.68)
Temporary	...	...	...	...	Mrs. A. James (till 19.11.68)
Home Help Organiser	...	...	...	...	Mrs. M. M. Nicholson
Assistant Home Help Organiser	...	...	...	...	Mrs. C. Rawson (from 1.4.68)
Chief Administrative Assistant	...	...	...	...	I. Burnley
Administrative Assistant	...	...	...	...	K. Watson
Senior Clerk (Admin.)	...	...	...	...	Miss G. W. Ruecroft
Senior Clerk (Public Health Inspectors')	...	...	...	...	W. Brown
Clerical Staff	...	...	...	...	E. Nelson D. H. Stow (till 30.4.68) C. J. Coulthard (from 13.5.68) Miss M. W. Spence Miss E. M. Daynes Miss D. Carroll (till 31.3.68) Mrs. C. Rawson (till 31.3.68) Mrs. M. R. Sledge (till 31.3.68) Mrs. J. E. Herbert Mrs. D. Peden (part-time) Miss W. A. Linton Miss C. A. Griffiths Miss M. Halpin (till 29.2.68) Miss M. A. Cheetham (from 19.2.68) Miss G. Winter (from 6.2.68) Miss P. A. Soderman (from 25.3.68) Mrs. J. E. Shutt (from 1.4.68)
Rodent Operatives/General Assistants	...	...	...	...	W. Calvert B. King

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 of Health.
- 2c. Smoke Inspector's Certificate of Royal Society of Health.
3. Associate of Royal Society of 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. Field Work Instructor.
8. Nursing Administration Certificate of the Royal College of Nursing.
9. Queen's Institute of District Nursing Certificate.
10. Enrolled Nurse.
11. Diploma of Training Council for Teachers of Mentally Handicapped Children.
12. Diploma of Training Council for Teachers of Mentally Handicapped Adults.

PART I

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6,775.

Resident population (Registrar General's estimate 1968)—84,830.

Resident population (last census 1961)—84,178.

Density of population per acre—12·5.

Percentage increase on last census population—0·77%.

Inhabited Houses (at 1st April, 1969) :

(a) Dwelling houses	29,314
(b) Dwelling houses and shops	458
(c) Licensed premises	61
Total	<hr/> 29,833 <hr/>

Rateable Value (at 1st April, 1969)—£4,048,582.

Sum represented by 1d. rate (at 1st April, 1969)—£16,800.

Relating to Mothers and Infants :

Live births—1,396 (Male 727, Female 669).

Live birth rate per 1,000 population—16·5.

Stillbirths—15.

Stillbirth rate per 1,000 live and stillbirths—10·6.

Total live and stillbirths—1,411.

Infant deaths—25.

Infant mortality rates :

Total infant deaths per 1,000 live births 17·9

Legitimate infant deaths per 1,000 legitimate live births ... 18·5

Illegitimate infant deaths per 1,000 illegitimate live births 12·8

Neonatal mortality rate (first four weeks) per 1,000 live births—7·9.

Early Neonatal mortality rate (under one week) per 1,000 live
births—7·9.

Perinatal mortality rate (stillbirths and deaths under one week
combined per 1,000 total live and stillbirths)—18·4.

Illegitimate live births per cent. of total live births—11·2%.

Maternal deaths (including abortion)—0.

Relating to Death :

Deaths from notifiable infectious diseases (other than tuberculosis)—0

Deaths from gastro-enteritis (under 2 years)—1.

„ „ respiratory tuberculosis—1.

„ „ non-respiratory tuberculosis—0.

„ „ cancer—211 (Cancer of the lung—62).

„ „ circulatory diseases—661 (Coronary thrombosis—312).

„ „ pneumonia and bronchitis—121.

„ „ violent causes—35.

Deaths of persons 65 years and over—72·4% of all deaths.

Deaths of persons 75 years and over—44·8% of all deaths.

Inquests held—37.

Uncertified deaths—0.

Deaths in institutions—621 including 113 in institutions outside the Borough. (This is equivalent to 52·8% of all deaths compared with 56% in 1967).

Death rate per 1,000 population—13·9.

Total deaths—1,177 (Males 600, Females 577).

Natural increase of population—219.

TABLE I
Comparable Table of Vital Statistics, 1949-1968

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population	Darlington	England & Wales	Darlington	England & Wales	Darlington	England & Wales
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
1966	84,630	17·1	17·7	14·4	11·7	20·7	19·0
1967	84,640	16·7	17·2	13·5	11·2	28·2	18·3
1968	84,830	16·5	16·9	13·9	11·9	17·9	18·0

* Rate per Thousand

TABLE II

Deaths occurred at the following ages :—

CAUSE	YEARS									Total
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+	
Enteritis and other										
Diarrhoeal Diseases	1	—	—	—	—	—	—	—	—	1
Tuberculosis of										
Respiratory System	—	—	—	—	—	—	1	—	—	1
Syphilis and its Sequelae ...	—	—	—	—	—	—	1	—	—	1
Other Infective and										
Parasitic Diseases	—	—	—	—	—	—	1	—	—	1
Malignant Neoplasm, Stomach	—	—	—	—	—	—	6	11	7	24
" " Lung, Bronchus	—	—	—	—	—	—	33	21	8	62
" " Breast ...	—	—	—	—	—	1	7	2	4	14
" " Uterus ...	—	—	—	—	—	—	3	3	2	8
Leukaemia ...	—	—	—	—	—	1	—	1	1	3
Other Malignant Neoplasms, etc.	—	1	—	—	1	3	39	34	25	103
Benign and Unspecified										
Neoplasms	—	—	—	—	—	1	2	1	—	4
Diabetes Mellitus ...	—	—	—	—	—	—	1	3	9	13
Other Endocrine, etc. Diseases ...	—	—	—	—	—	—	1	—	2	3
Anaemias ...	—	—	—	—	—	—	—	—	3	3
Mental Disorders, including										
Diseases of Nervous System, etc.	—	—	—	—	—	—	2	3	6	11
Hypertensive Disease ...	—	—	—	—	—	—	5	8	15	28
Ischaemic Heart Disease ...	—	—	—	—	—	9	66	122	115	312
Other Forms of Heart Disease ...	—	—	—	1	—	1	7	8	48	65
Cerebrovascular Disease ...	1	—	—	—	—	—	25	53	114	193
Other Diseases of										
Circulatory System	—	—	—	—	—	2	7	10	44	63
Influenza and Pneumonia ...	3	1	—	—	—	1	13	6	29	53
Bronchitis, Emphysema, Asthma	—	—	—	—	—	4	15	21	37	77
Other Diseases of										
Respiratory System	6	3	—	—	—	—	1	3	9	22
Peptic Ulcer ...	—	—	—	—	—	—	2	—	1	3
Appendicitis ...	—	—	—	—	—	—	—	2	1	3
Intestinal Obstruction and Hernia	1	—	—	—	1	—	1	1	3	7
Cirrhosis of Liver ...	—	—	—	—	—	—	1	2	—	3
Other Diseases of										
Digestive System	—	—	—	—	—	—	3	—	3	6
Diseases of Genito-Urinary										
System, Hyperplasia of Prostate	—	—	—	—	—	1	3	2	3	9
Nephritis and Nephrosis ...	—	—	—	—	—	—	2	—	2	4
Diseases of Skin and										
Musculo-Skeletal System	—	—	—	—	1	1	—	2	4	8
Congenital Anomalies, Birth										
Injury, Difficult Labour, etc.	9	—	—	—	1	—	—	—	—	10
Other Causes of										
Perinatal Mortality	3	—	—	—	—	—	—	—	—	3
Symptoms and Ill-Defined										
Conditions	—	—	—	—	—	—	—	1	20	21
Accidents, Motor Vehicle										
and Other	1	1	—	—	4	1	4	4	11	26
Suicide and Self-Inflicted Injuries	—	—	—	—	—	1	4	1	1	7
All Other External Causes ...	—	—	—	—	—	—	1	1	—	2
TOTALS	25	6	—	1	8	27	257	326	527	1177

TABLE III

Cancer Deaths—Parts of the Body Affected

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mouth and Throat	—	—	—	—	—	—	2	1	—	2	3	—	5	3
Gastro Intestinal	—	—	2	—	1	1	6	12	12	16	5	14	26	43
Genito Urinary ...	—	1	—	—	—	7	3	5	6	5	5	3	14	21
Breast ...	—	—	—	1	—	2	—	5	—	2	—	4	—	14
Bones ...	—	—	—	—	—	2	1	1	2	—	1	—	4	3
Glands ...	—	1	—	—	—	—	2	1	2	1	—	3	4	6
Thorax ...	—	—	—	—	4	4	20	5	18	3	6	2	48	14
Skin, etc. ...	—	—	—	—	1	1	—	—	1	1	—	—	2	2
Brain ...	1	—	—	—	1	—	—	—	—	—	—	—	2	—
TOTAL	1	2	2	1	7	17	34	30	41	30	20	26	105	106

TABLE IV

Seasonal Incidence of Deaths Under 1 Year

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES ...	9	6	5	5	25
Influenza ...	—	—	—	—	—
Measles ...	—	—	—	—	—
Pneumonia (inc. Bronchiolitis) ..	3	2	2	2	9
Gastro-enteritis ...	1	—	—	—	1
Anaemia ...	—	—	—	—	—
Injury at Birth ...	1	—	—	—	1
Inattention at Birth ...	—	—	—	—	—
Atelectasis ...	—	—	—	1	1
Congenital Malformations ...	1	1	—	1	3
Premature Births ...	2	2	2	1	7
Atrophy, Debility & Marasmus ...	—	—	—	—	—
Suffocation & Asphyxia ...	1	1	—	—	2
Accident (Scalds) ...	—	—	—	—	—
Other Causes ...	—	—	1	—	1

Commentary

You will remember how last year the commentary on this section of the Report was mostly devoted to infant mortality. I am glad to say that 1968 has showed a considerable improvement in this respect and though no undue congratulation can be allowed from the figures for one year only, at least it shows the truth of the argument that Darlington in this respect was moving in the right direction, though unaccountably lagging behind progress throughout the country in general. There were no assessable factors in the environment or otherwise in 1968 to account for the rapid improvement.

You will see from the general statistics that the population of the County Borough remains fairly constant, not yet having reached 85,000, though the excess of births over deaths during the years since 1961 would have brought about such an increase were there not a fairly constant emigration from the town. Having regard to the extensive industries, particularly in connection with railway engineering, which have ceased to function in Darlington, the continued ability to hold the population constant reflects a considerable achievement in bringing in new sources of employment to replace those which have been lost. The Council needs, however, to consider the probable population within the foreseeable future when planning new building programmes and your Medical Officer of Health would like to see a more intensive redevelopment of the inner parts of the town rather than continuous peripheral extension. In certain reports he has recommended to your attention the possibility of building tall flats, but further consideration of this question has led him to agree with his friend and colleague, the Borough Architect, that such a means of providing accommodation units is undesirable. It may well be that houses of an older vintage, if they could be re-adapted to provide contemporary amenities, are more acceptable for family life than the type of structure at present in favour, since a good deal of the most modern house-building seems to lack both space and privacy. This, however, may be an old fashioned view.

PART II

Prevalence and Control over Infectious Diseases

§ 1. GENERAL

The year 1968 was one when a general epidemic of measles was to be expected throughout the country owing to a build up of susceptible children born since the last widespread outbreak and in order if possible to avert this prospect the Minister of Health urged a programme of immunisation against measles, which is further described on page 37. It is interesting to observe that an increase of incidence of measles took place rather earlier than would normally have been expected, in other words during the second quarter. It will be seen from the Table below that in Darlington a total of 286 cases were notified, but only 47 of these occurred in the second half of the year, 42 in the third quarter and only 5 in the fourth. It would perhaps be rash to claim that the immunisation programme brought about this unexpected halt in the progress of the epidemic, but the fact remains incontrovertible all the same. During the last quarter it is interesting to note that no less than 17 cases of scarlet fever were notified. This has become a very mild and not very frequent disease owing to the changed virulence of the haemolytic streptococcus, a change due seemingly to natural causes and not to any human intervention. None of the patients suffering from scarlet fever was sufficiently ill to merit admission to hospital, which again is a significant commentary on a disease which at the beginning of the century was rightly reputed as a killer.

TABLE VII
Incidence of Notifiable 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
Scarlet Fever	26	—	—	—	—	—
Ophthalmia Neonatorum ...	1	—	—	—	—	—
Measles	286	—	11	—	7	—
Respiratory Tuberculosis ...	13	—	14	—	9	1
Whooping Cough	5	—	3	—	1	—
Dysentery	9	—	3	—	2	—
Food Poisoning	—	—	—	—	10	—
Infective Jaundice	28	—	3	—	—	—
Totals ...	368	—	34	—	29	1

Commentary

Though as a local health authority you are not officially concerned with the care of patients in hospital, since your Medical Officer of Health is also Consultant Physician for Infectious Diseases and has charge of 12 beds at Hundens Unit of the Darlington Memorial Hospital you may be interested as in previous years to receive some information about what happened there. In 1968, 214 patients were admitted as compared with 152 in 1967, but while the range of morbid conditions treated in these beds was wide the number of patients suffering from notifiable infectious diseases was small, there being in all 18 cases of measles, 4 of whooping cough, 4 of meningitis (1 of them meningococcal), 3 of infective hepatitis and 1 of salmonellosis from outside the County Borough. The largest single diagnosis was of non-specific gastro-enteritis, with which malady there were 31 admissions, 16 of them under six months of age. A number of other patients, mostly infants, were admitted with diarrhoea and vomiting where the final diagnosis was a feeding problem, and it was always difficult to differentiate one diagnosis from another since the majority of the children as soon as they were placed on glucose saline solution by mouth very rapidly improved. As in previous years the number of patients who required parenteral fluid was negligible. Where some pyrexia was associated with the symptoms the former diagnosis was accepted and where no pyrexia, the latter. In all these cases, of course, a specimen of stool, or in its absence a rectal swab, showed no pathogenic organisms. Four patients were found to be suffering from a specific gastro-enteritis due to a pathogenic variant of *E. Coli*. Two of these were under six months of age, 1 between six and twelve months and 1 in the second year of life. Another frequent diagnosis was influenza or virus infection of influenzal type. These again were somewhat difficult to differentiate from pyrexia of unknown origin since in no case was any virus research undertaken. On the other hand, the influenzal type of illness presented quite a definite picture with its sudden onset and somewhat prolonged acute period. Patients who had attained the age of reason were warned that though they might feel well today they might feel worse again tomorrow and very often this forecast was justified by events. Some of these patients presented with meningism which justified lumbar puncture, and the cerebro-spinal fluid was found in all cases under slightly increased pressure, though clear on inspection. Sometimes the cell count was increased and the cells somewhat unexpectedly were often polymorphs, though it may be remembered that the first reaction in poliomyelitis is of this kind.

Another incidence greater in 1968 than in previous years was infection with shigella sonnei, with which condition 11 patients were admitted, 5 of them between the ages of one and five and 5 of school age, the eleventh being an adult. Eleven patients were also admitted with acute tracheo-bronchitis and bronchitis, 1 of them an infant of a few weeks suffering from bronchiolitis, as confirmed by post mortem. You will remember how this diagnosis has often been attached after autopsy to sudden deaths in the neonatal period and there has been a tendency to believe that if only appropriate medical

care were available these lives would have been saved. The patient in question received all the medical care that was necessary, but still died twelve hours after admission to hospital.

It would be possible at unjustifiable length to mention interesting conditions of patients admitted during the year and some thought may arise with regard to the value of even so few as 12 beds allocated to infectious diseases when so very few patients suffering from notifiable disorders actually occupy them. It is, however, useful to have accommodation where potentially infectious patients may be admitted for further diagnosis and treatment and it is, of course, always necessary to have hospital beds available for infants suffering from diarrhoea and vomiting, though when these are admitted they are mostly found to be only slightly ill and recover very quickly. The loss of water and of salts in young children can be very rapidly fatal and it is much better for the child to have readily available means to supply water and appropriate salts if necessary by some means other than by mouth.

There is no significant difference between the sexes of the patients, males being 124 and females 91. The age distribution was as follows :—

Under 6 months	...	...	47
6-12 months	...	...	14
1-4 years	...	...	60
5-15 years	...	...	44
16-49 years	...	...	31
Over 50 years	...	...	18

The oldest was 92 and was suffering from pneumonia, to which she succumbed.

Sonne Dysentery

At about 3-30 p.m. on the afternoon of Thursday, 7th November, a number of children in a class at Harrowgate Hill Infants' School became ill with diarrhoea and were sent home. Earlier in the year, in September, a somewhat similar outbreak at Eastbourne Junior School was found to be due to food poisoning through the organism *clostridium welchii*, which was run to earth on a joint of mutton consumed at the school meal the previous day, and something of the same kind was suspected at Harrowgate Hill. Enquiry, however, showed that the organism at fault was *shigella sonnei*, which is rarely, if ever, spread by contaminated food and no evidence was found to incriminate this means of distribution on this particular occasion. On the other hand, there was a child in school who had previously been treated in hospital and had been discharged towards the end of October still a positive carrier of the organism. His mother had been duly warned with regard to personal hygiene, but as he had no symptoms she sent him to school on 28th October following the mid-term break. Though a lapse of more than a week had taken place between his return to

school and the explosive outbreak of symptoms, he seemed the most likely source of infection, particularly as *shigella sonnei* appears to spread with little more than simple contact. This boy was a member of the class where the outbreak began.

There were absentees from school the next day on account of diarrhoea, reaching a total of 18 school children. Investigation in their homes brought to light a further 27 excretors of *Sh. sonnei*, 7 of whom were school children, 6 children of pre-school age and 10 adults. Some of these had symptoms and others were symptomless carriers. In all 23 families were affected and at the end of the year a number of carriers still remained which showed a positive state nearly two months after the original incident. It was hoped that the intervening Christmas holiday might bring the incident to an end, an expectation which was not in fact completely realised, and 4 carriers were still positive in January, 1969. The symptoms were in no cases severe, diarrhoea being the predominant one with occasional vomiting and general symptoms. In every case the family physician was duly advised and antibiotic treatment was instituted, though, as past experience has shown, the carrier state is very resistant to such medication and *Sh. sonnei* requires reliance on time to effect a cure.

This outbreak prompted an investigation into the incidence of *Sh. sonnei* throughout the year and records were available of 16 incidents, excluding that at Harrowgate Hill. Seven of them, involving 16 patients, occurred in the month of January. There was no apparent connection between the families concerned nor the schools at which those of school age attended. Associated with the patients with symptoms were 12 persons who were symptomless carriers and 9 families were affected. Most of the patients resided in the south-eastern part of the town and 2 were ill enough to be admitted to hospital. During the summer months of June, July and August a further 6 incidents came to light, accounting for 13 patients with symptoms and 9 symptomless carriers, with 3 patients hospitalised and 6 families affected. Here too the south-eastern part of the town was the most common site, though without any obvious link. In the last quarter, apart from Harrowgate Hill, there were 3 other incidents involving 2 families and 1 carrier, this last being found by chance in an enquiry pursuing another matter. These incidents were all in the north and west, and Harrowgate Hill is, of course, in the north of the town.

Some epidemiologists have argued that the distribution of *Sh. sonnei* is so widespread in the community, and for the most part causes such trivial symptoms, that detailed research into illness attributed to this cause is rather a waste of time. The general practitioners of Darlington will no doubt describe this report as being derived from partial information concerning a much more widespread incidence of diarrhoea, which may or may not have been due to the organism in question. Experience at Ward 26 of Hundens Unit during the year showed that *Sh. sonnei* was an unusual organism in cases admitted for diarrhoea and vomiting and these symptoms are often associated with virus infections of the influenzal type where any positive bacteriology of the intestine is incidental to the real cause. On the other

hand, since *shigella sonnei* was found at Harrowgate Hill and otherwise, it has been necessary to take appropriate steps with regard to the exclusion of known carriers. Fortunately at an infants' school not very much damage to a scholastic career is involved by this policy. Careful personal hygiene should reduce the spread very materially and this is the advice always given to a carrier, but where children are concerned, as indeed among some of their elders, a high standard is not invariably maintained.

Your Medical Officer of Health in reporting this series of incidents would like to express his very warm thanks to Dr. J. G. Wallace, Director of the Public Health Laboratory at Northallerton, whose co-operation here, as always, was immediately given and invaluable in effect.

§ 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:—

“There were no changes in the administrative arrangements for tuberculosis and diseases of the chest in 1968. The number of notifications of respiratory tuberculosis was 13, the lowest ever recorded here in Darlington. There were no notifications of non-respiratory tuberculosis.

“The notification figures for recent years are given below:—

1962	...	...	33
1963	...	...	35
1964	...	...	28
1965	...	...	26
1966	...	...	18
1967	...	...	19
1968	...	...	13

“Of the 13 patients only two were women, thus continuing the fall in number of new cases in females, leaving the core of the tuberculosis problem in this area amongst middle-aged and old men. In nine new cases tubercle bacilli were isolated from sputum and these persons were obviously sources of possible spread of infection until they were recognised, isolated in hospital and treated. Classification based on the extent of lung damage at the time of diagnosis showed that 2 were early, 3 were moderately advanced and 4 were far advanced.

“Facilities for diagnosis and treatment were adequate throughout the year and no break through in chemotherapy was made. In the current year it seems likely that the new combination of ethambutal and rifampicin may prove to be the answer, particularly for treatment of patients harbouring organisms resistant to the three standard drugs.

"Although the thoracic surgeon, Mr. E. Hoffman, held out-patient diagnostic and follow-up clinics at approximately six week intervals as in former years the work was almost entirely associated with non-tuberculous diseases. It is now seldom necessary to call in the surgeon to deal with residual tuberculosis lesions as a prolonged course of suitable drugs will usually result in recovery of the patient.

"In the field of prevention, the use of the mass radiography unit and the B.C.G. vaccination of suitable persons continued to be valuable weapons although it is true that the number of cases of active tuberculosis detected by mass radiography is now small in relation to the resources employed.

"The contact clinic was held in the school clinic premises in Archer Street and any X-ray examinations required in this context were done at the chest clinic.

"As always, my thanks are due to the staff of the Health Department for their help and co-operation in matters of mutual concern and also to Dr. J. V. Walker for his unfailing assistance in matters appertaining to the welfare of patients with chest illness."

The following paragraphs relate to the work of the chest service in 1968.

Administration

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

"The medical staff comprises one consultant chest physician assisted on a sessional basis by the chest physicians of Poole Hospital, Nunthorpe, who undertake a regular weekly session in Darlington as well as cover for sickness and annual leave as required. The liaison on both medical and surgical sides with the staff of the thoracic unit at Poole Hospital has proved valuable in affording continuity of care to Darlington patients before, during and after hospital treatment.

"The number of beds available to Darlington patients was the same as in previous years, but as the incidence of tuberculosis has declined a proportion of them was used for non-tuberculous conditions. The total numbers were :—

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

Notifications

"The following table shows age and sex distribution of patients notified in 1968 :—

TABLE VIII

		0-14	15-24	25-34	35-44	45-54	55-64	Over 65	Total
Male	...	—	2	1	2	2	3	1	11
Female	...	—	1	1	—	—	—	—	2

Deaths

"One patient died from respiratory tuberculosis as compared with two in 1965. There were no deaths from non-respiratory 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 for 1967.

TABLE IX

	15—25	—45	—65	65+	Total
Male ...	3 (—)	3 (3)	5 (6)	— (3)	11
Female ...	— (1)	2 (2)	— (1)	1 (—)	3
Children ...	—	—	—	—	—
Total ...	3	5	5	1	14

Patients on the Register

"On the 31st December, 1968, there were 114 Darlington patients on the register of the chest clinic compared with 127 in 1967, 139 in 1966 and 150 in 1965 suffering from respiratory tuberculosis.

"There were 24 respiratory patients removed from the register as being "recovered."

"The following table shows the age and distribution together with the classification into sputum negative (A) and sputum positive (B) and also the extent of the disease namely early (1) moderately advanced (2) and advanced (3).

TABLE X

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 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ 15 ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—
„ 45 ...	11	7	—	—	—	—	8	4	11	8	2	3	32	22
„ 65 ...	2	—	2	—	—	—	6	3	10	7	14	1	34	11
Over 65 ...	1	—	1	—	1	—	3	—	3	—	4	1	13	1
Totals ...	15	7	3	—	1	—	17	7	24	15	20	5	80	34

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, 51 new contacts were tuberculin tested and 59 vaccinated with B.C.G. including 21 babies who were vaccinated without the preliminary skin test."

Mass Radiography

The Middlesbrough Mass Radiography Unit continued to visit Darlington and 3,089 persons were X-rayed during public sessions, compared with 2,520 in 1967. The following abnormalities were discovered :—

Respiratory Tuberculosis—

Requiring treatment	...	...	2
Requiring supervision	...	...	5
Healed—No action	...	...	2

Non-tuberculous abnormalities—

Malignant neoplasms	...	...	2
Bronchiectasis	...	...	10
Silicosis	...	...	1
Other pleural abnormalities	...	...	6

No factory surveys were carried out in 1968.

B.C.G. Vaccination for School Children

Table XI contains the statistical information relating to the B.C.G. programme carried out in 1968, when school children born from 1st September, 1956 to the end of 1957, were skin tested to ascertain whether they required B.C.G. vaccination. As stated in previous reports it is the intention to reduce the age at which the children are skin tested to 10 years, to conform with the recommendations of the Department of Health and Social Security. This was partly achieved in 1968 and will be completely so in 1969.

In addition B.C.G. vaccination continues to be offered to students of the Darlington Colleges of Education and Technology, but as will be seen from the Table very few students avail themselves of the opportunity, probably because most of them will have already done so during their school life.

§ 3. VENEREAL DISEASES

Once again Dr. Edward Campbell has provided figures indicating the patients suffering from venereal diseases and suspected conditions for the Teesside area, which includes Darlington. The figures are shown below, with those for the previous year in brackets.

	Total number of patients	Syphilis	Gonorrhoea	Others
For the whole area	1,607 (1,490)	27 (15)	491 (485)	1,089 (990)
For Darlington	140 (129)	— (1)	43 (44)	97 (84)

Strictly speaking the responsibility of a Health Department where venereal diseases are concerned begins and ends with the effective tracing of contacts and persuading them to attend for treatment. The actual treatment is, of course, the responsibility of the consultant venereologist and his staff accredited to the area. Where Darlington is concerned the consultant venereologist supplies not only treatment but a contact tracer in the person of Sister S. Ellis, who, however, from time to time receives the co-operation of your Chief Nursing Officer and of health visitors as occasion may require. Within this somewhat limited sphere there does not seem to be any obvious room for improvement, as both venereologist and contact tracer are fully aware of the need to prevent as well as to cure. From a strictly clinical point of view the objective is to discover unknown fields of infection and by the use of the appropriate antibiotics to sterilise them. The question of the use and abuse of the sexual function as such is not a matter for venereology, but it is very definitely a concern of health education and since you expressed some regret when the Annual Report for 1967 was considered that your Medical Officer of Health had offered no comments that year on this subject, he would like to repair this omission as follows.

In the first place it would seem that sexual behaviour has been much the same in all times and places and this means that such behaviour among individuals can be expressed by a "normal" curve. At all times and places some people are indifferent to sex and leave it alone, whereas others seem to find interest in little else. In between these extremes are the vast majority of average people. Experience seems to show that the habitually promiscuous cannot be dissuaded from their activities by fear of venereal diseases or of pregnancy, and among such the exhortations of health education will fall on deaf ears. In permissive times like the present those naturally uninterested in sex may feel that there is something odd about themselves, but it will not worry them. For the great majority some kind of early training in the right use of a natural function so heavily charged with emotion would seem advisable and although everyone is agreed that the natural source of such information and guidance should be parents, in the majority of families the amount of help they give to their children is inadequate. In a closely knit society with strong traditional patterns of behaviour young people will grow up knowing what is expected of them however much they may as individuals deviate from the accepted norm. Our own society has no such overall frame, which

means that young people are particularly vulnerable to pressures from fashion and advertising. All the same, as Dr. M. G. Schofield has shown in his book (1965) "The Sexual Behaviour of Young People," there is very little different today from the experience of the past and though possibly girls are prepared to give themselves rather more freedom than of yore they are still much more serious minded in their attitude to sex than are young men, which is doubtless the result of a built-in conditioning as old as the human species. This is not to deny that a promiscuously inclined woman is even more obsessed than a man of similar kind, but that is without prejudice to the general finding. What would seem to be required is to confirm the serious minded outlook of the average girl and to increase as far as possible a responsible point of view in the young man by an appeal to reason and the proper use of the natural function rather than by appeals to fear, which are for the most part unavailing. To find the right technique to further this plan in respect of the junior and senior school, the youth club and the establishment for further education, is indeed a complex task and no simple solution can be suggested in these pages. A simple description of anatomical and physiological facts is not enough; the emotional context of sex needs to be fully admitted and accepted and also the leader of the class needs to remember the different endowment of his group, as already indicated. Your Medical Officer of Health has had some experience in discussing sex with senior school children, both boys and girls, though not in Darlington, and though he regards the matter as presenting considerable difficulties, for what it is worth his opinion is that such work could be rewarding.

PART III

National Health Service Act, 1946**§ 1. HEALTH CENTRES (Section 21)**

In the Annual Report for 1967 an outline was given of proposals for health centres in Darlington and it was certainly hoped at the end of that year that substantial progress would be recorded in 1968. Unfortunately nothing of the sort has happened and the situation remained substantially on 31st December where it had been on 1st January. Partly this was due to financial stringency and the postponement of building projects where health centres were concerned to the financial year 1970-71. Even, however, had the barometer stood at "Set Fair" where loan sanctions were concerned there was still the difficulty of meeting divergent interests.

Towards the end of 1967 there seemed good hope that a number of practitioners, many of whose patients resided in the north-western segment of the town, might be interested in a health centre to be established on the site of the Methodist Church in Corporation Road. So promising did this prospect appear that plans to clear the site and re-build it as a health centre were well advanced, but unfortunately by the end of the year practitioners concerned had made other arrangements or were content for the time being to stay as they were and had this centre been under way some alarm might have been felt as to whether proper use would have been made of it. On the other hand, in the south-eastern sector of the town, certain practitioners who formed between them two prosperous practices, were anxious to obtain this type of accommodation. Here, however, the problem was that no site was immediately available and also the desires of the practitioners could not be entirely reconciled to the needs of the Health Department. In an issue of this kind your Medical Officer of Health is quite convinced that the last word lies with the general practitioners, but the very pressing needs for adequate child health facilities in Firth Moor had been a standing challenge for the last several years, ever since, in fact, owing to the increased prestige of health centres with the Ministry of Health, the proposed purpose-built child health services clinic at Firth Moor was disallowed. Firth Moor is, however, too far towards the periphery of the town to interest the practitioners, though it has to be admitted that a health centre provided to meet their requirements will not be of very much use for child health services there.

In outlining this rather disappointing history it cannot be concealed that the necessarily long-winded procedures of local government are often disadvantageous. The group practice in Cockerton, whose partners have shown the greatest enterprise in respect of attachment of health visitors and district nurses, were anxious to make use of the health centre three years ago, but when your Medical Officer of Health was approached on this subject and asked how long it would take to provide one, to which he necessarily made a cautious

reply, the practitioners set out to solve the problem on their own, with truly admirable results, but without of course providing all the facilities which a health centre would have to offer. Ideally the pressure for health centres should come from the practitioners themselves, through the Executive Council. It is they who should demand their rights according to Section 21 of the National Health Service Act, but it has to be admitted with regret that the Executive Council has shown in Darlington not very much initiative and enterprise in this direction.

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

(a) Normal Mothers and Children

The services supplied during 1968 remained in essence the same as in previous years and although the extension of group practices in the town and particularly in the Cockerton area ought with time to lead to a less heavy patronage of the child welfare clinics you supply, up to the end of the year there was no noticeable lessening of support. In fact, the time spent by staff on attendance at baby clinics seems to provoke a question whether the amount of effort allocated to this section of your service is fully justified. It is very clear that the problems of child health when baby clinics were first established and extended were very different from those of today. In the first place, at that time there was no National Health Service and medical care for infants, as also for expectant and nursing mothers, was very much more haphazard than it is or ought to be in 1968. Available wealth was much less evenly divided and resources for satisfactory nourishment were much more constricted for those of limited income. On the other hand, of course, nursing mothers were much more ready to feed their babies and in many cases there was not much alternative to doing so. It would be quite false to suppose that the problems have disappeared; it is rather that they have altered and the aim of a child health service at present is to secure optimal development rather than to be on the look-out for medical defects. There still remain, of course, the handicapped of both physical and mental categories and with improving means of early care and treatment the number of these who survive throughout childhood and well into adult life becomes greater as the years go by. At the present time it is easier to save the life of a handicapped child than to prevent the handicap occurring antenatally.

For your information the following Table shows the times, places and medical attendant at your child health clinics:—

Infant Welfare Clinics

Monday

10 a.m.	Corporation Road Baptist Schoolrooms	Dr. Stewart
„	Thompson Street Methodist Schoolrooms	—
2 p.m.	Corporation Road Baptist Schoolrooms	Dr. Markham
„	Thompson Street Methodist Schoolrooms	Dr. J. Dubberley

Tuesday

10 a.m.	Albert Road School House	Dr. J. Dubberley
"	Geneva Road Baptist Schoolrooms	Dr. Stewart
2 p.m.	Albert Road School House	—
"	Geneva Road Baptist Schoolrooms	Dr. Stewart

Wednesday

10 a.m.	Eastbourne Nursery School	Dr. Carr
"	Skerne Park Clinic	—
2 p.m.	Eastbourne Nursery School	Dr. Carr
"	Skerne Park Clinic	Dr. Markham

Thursday

10 a.m.	Coniscliffe Road Methodist Schoolrooms	—
2 p.m.	Cockerton Methodist Schoolrooms	—
"	Coniscliffe Road Methodist Schoolrooms	Dr. J. Dubberley

Friday

10 a.m.	Cockerton Methodist Schoolrooms	Dr. J. Dubberley
2 p.m.	Springfield Clinic	Dr. Stewart
"	Cockerton Methodist Schoolrooms	Dr. J. Dubberley

A perusal of this list shows some interesting features, the first being that out of 18 sessions of two hours each (though the time the health visitors are in the clinic is obviously greater than two hours, preparing for it and clearing away) 13 are attended by medical officers, 6 by your whole-time staff and 7 by part-time staff. This apart from the valuable health visitors' time, is of course an expensive provision and calls for the very best use of the man hours available. Only 3 of the 18 sessions provided actually take place in purpose-built and really satisfactory surroundings, 4 are held in Corporation property, at Albert Road School House and Eastbourne Nursery School respectively, which is not, however, designed for the matter in hand, and 11 take place in rented property consisting of the Sunday Schoolrooms of various churches. You are, of course, extremely grateful to the Trustees of these establishments to allow you to rent and make use of the rooms they have available, because without them you would be unable to supply clinic services at all in the districts in question, but they will take no umbrage when it is emphasised that for the purpose for which you use them they are completely unsuitable. Your Medical Officer of Health sees no way within the near future of remedying the situation and you will need to continue to carry on as before with the co-operation of the church authorities, but you need to review very carefully the objectives and achievements of this service to ensure that you are really obtaining the best results for a considerable outlay that is still really insufficient.

With regard to services provided by your department for expectant mothers, these are midwives' ante-natal clinics held 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.

and relaxation and mothercraft clinics as under :—

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 4 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 76, and of these 8 died during the first twenty-eight days, leaving 68 surviving at the end of a month.

(c) Risk Register

As in previous years, your Medical Officer of Health is indebted to his Deputy, Dr. W. Mary Markham, for the following report on the Risk Register :—

“The ‘At Risk’ register was continued on the same lines as previously, including babies reported at birth as having congenital malformations. Some were added at a later date as a result of examination in the child health clinics or communications from the hospitals.

Added to register in 1968 325

Congenital malformations :—

Cardiac	...	...	...	...	...	...	8
Dislocation of hip	...	...	...	...	...	...	8
Talipes	...	...	...	...	...	...	4
Hypospadias	...	...	...	...	...	...	4
Multiple	...	...	...	...	...	...	4
Spina bifida	...	...	...	...	...	...	4
Anencephaly	...	...	...	...	...	...	3
Mongols	...	...	...	...	...	...	3
Renal tract	...	...	...	...	...	...	1
Arthrogrypos	...	...	...	...	...	...	1
Cataract	...	...	...	...	...	...	1
Indeterminate sex	...	...	...	...	...	...	1
Malformation of hand	...	...	...	...	...	...	1
Malformation of head	...	...	...	...	...	...	1
Pilonidal sinus	...	...	...	...	...	...	1
Cavernous haemangiona	...	...	...	...	...	...	1

Deaths—perinatal :—

Congenital malformations	8
Prematurity and respiratory tract disorders ...	8
Post maturity	1

“Children put on the register in 1966 have been reviewed, with the following result :—

Removed from register after medical examination ...	106
Retained after medical examination for observation ...	39
Examination refused	108
Not traced	3
Left town	32
Deaths : unrelated to risk factor	2
Congenital malformations :—	
Permanent handicap established	3
For further observation	27
Died (spina bifida)	1 ”

(d) Supply of Dried Milks, etc.

In considering the use of child health clinics in various buildings in the town the important ancillary service of the distribution of dried milk and some other welfare foods needs to be studied. Although this is a duty imposed upon the Health Department by the Ministry of Food it has now become a recognised part of the child health service and there is no doubt that the availability of such foods at clinics distributed throughout the town is much appreciated. There is also, of course, a central distribution centre and store at the Health Department and your Medical Officer of Health would like to remark as he has remarked before that the facilities for storing the food at the Archer Street premises are wholly inadequate and the boxes containing it have to share space otherwise occupied by persons awaiting dental attention.

(e) Dental Care

The figures for 1968 are as follows and again show that the best possible use is not being made of this service, though they show a certain improvement on previous years :—

Expectant and Nursing Mothers	16
Children under 5 years	238

(f) Care of Unmarried Mothers and their Children

The work of St. Agnes' Home, 45 Duke Street, is summarised as follows, but among the 41 residents helped in their maternal crises only one was a girl whose home address was in Darlington :—

Indoor Work—Total number of residents was 41, consisting of :—

(1) Unmarried mothers	37
(2) Married women with illegitimate babies ...	1
(3) Temporary residents	3
Girls who kept babies	9
Adoptions	18

(From the 41 residents, 1 was a Darlington girl)

As the situation stands at present your Medical Officer of Health has been authorised by you to accept maintenance charges in other moral welfare homes for Darlington women who have been recommended to make use of them. One would not wish to recommend a discontinuation of financial support to St. Agnes' Home because so small a use of it is made by Darlington people, but there may be a question, now that past policy with regard to financial arrangements has changed, of whether a larger contribution might not be allocated to the work of the Darlington & District Moral Welfare Social Committee, with particular reference to the activities of their social worker, Mrs. S. L. Muir. Her work is essentially remedial, to make the best possible arrangements for the succour and satisfactory upbringing of the illegitimate child and to indicate to its mother and to inculcate in her a responsible attitude towards sex. Your Medical Officer of Health attends wherever possible meetings of the Moral Welfare Social Committee and he is thoroughly assured of the good work carried out by Mrs. Muir.

§ 3. DOMICILIARY MIDWIFERY (Section 23)

I am indebted to your Superintendent of the Home Nursing and Midwifery Services for the following report on domiciliary midwifery in Darlington in 1968 :—

"Domiciliary deliveries	172	
Visits to these cases		2,455
Administration of Pethidine	48 cases	
Administration of Gas and Air	87 cases	
Hospital discharges before 10th day ...	553	
Visits to these cases		2,223
Ante-natal visits		1,362
Total visits to all midwifery cases		6,040
Ante-natal clinics attended by midwives		208

Part II Training

"Six pupil midwives seconded from 'Greenbank Maternity Hospital successfully completed their training.

"No pupils were accepted for full six months' training on the district, although there were in all 9 applicants for this type of training. Due to the ever increasing tendency towards hospital confinement we are at present only able to provide sufficient district cases for the pupils taking Part II training at the hospital.

"It was intended in conjunction with the hospital to commence the new integrated one-year midwifery course in February, 1969, but unfortunately there has not been sufficient applicants for training to make this possible. It is, however, hoped that the scheme will get off the ground later in the year, perhaps about May, and to have a regular intake of 6 pupils every four months. The new type of training is on the whole more intensive and includes introductions into other fields of community care and liaison with the personnel in these fields."

§ 4. HEALTH VISITING (Section 24)

I am indebted to Miss E. Winch, your Superintendent Health Visitor, and since 14th November, 1968 your Chief Nursing Officer, for the following observations under the above heading. I may say that Miss Winch's comments on accommodation I endorse entirely and it is a source of surprise and admiration to myself, as it should be to you, that such excellent service is given by personnel whose office accommodation is so wretchedly inadequate.

"The health visiting service in Darlington during 1968 continued to be understaffed. Three of our experienced health visitors left the department and we had only one student finishing training with which to replace them. Consequently we had to employ state registered nurses as assistants to the health visitors. These nurses are valuable members of the staff, helping at child health clinics and in the school health service. but health visitors are only relieved of certain duties.

"Miss Rowland-Jones, Nursing Officer, Ministry of Health, visited the department and like other professional visitors was shocked at the accommodation provided for the health visitors. It does not help the morale of the staff to return after a day's visiting to a depressing overcrowded office to write reports. There are no facilities whatever for any member of the public who wishes to consult a health visitor on any matter to have a private interview. Good health visiting depends on the individuals who are doing it, but good conditions and resources can make the work more beneficial. These conditions we sincerely hope will be rectified in 1969.

"The staff have been called upon to give occasional talks in the schools, but there has been no planned programmes because of staff shortage. Health education in the schools should be regular and systematic and the children will therefore regard health as a subject of importance if it appears regularly in the school syllabus.

"Nineteen sixty-eight was the first completed year of health visiting within group medical practice and this method of visiting was very successful. All participants felt that greater understanding of family health and social problems resulted with consequently greater achievement in their work and greater benefit to the families. The range of the work of the health visitor in group practice will extend and must be flexible, but we must remember that preventive work is her "*raison d'être*."

"The health visitors during the year have been requested to visit more geriatric cases and this essential work is very time-consuming. The health needs of the elderly, the implications of their care on the family and their continued maintenance and support in the community, is one of the main aspects of the work of the health visitors."

During 1968 the case-load of the Health Visitors was as follows :

TABLE XII

	Total cases
Children born in 1968	1,374
Children born in 1967	1,321
Children born in 1963-66	4,841
Other classes	1,550
Tuberculous households	97
	<hr/> 9,183 <hr/>

§ 5. HOME NURSING (Section 25)

I am indebted to your Superintendent of the Home Nursing and Midwifery Services for the following report on the home nursing service in Darlington in 1968 :—

" Total number of patients	1,022
Number of visits to these patients	29,160

Of these patients the number over 65 years of age was 645.
Children under 5 years of age, 7.

" Overall there has been a slight increase in the number of patients nursed at home during 1968. The emphasis has been predominately geriatric, which tends to be both long-term and time-consuming.

" The work of the bath attendants has also increased steadily, 37 new patients having been added to the bathing lists in the last few months and at present there are 92 patients on weekly baths. In January, in view of the increasing use being made by the general practitioners of this type of service, it was necessary to appoint a third attendant. The attendants work only part-time and each is doing some 30 patients each per week.

" Requests for this service from social workers in other fields are frequently received, but at present these can only be met as and when reductions in an attendant's case load arises.

" Six members of staff have successfully completed district nurse training since May, 1968, and three others are at present undergoing training. In groups of three they have attended a three weeks' intensive block course at specified training centres and during the periods these nurses have been away the extra work on the district has been willingly and uncomplainingly shouldered by the remaining members of staff.

Group Practice Attachment

" The first year has now been completed of the attachment of Mrs. Pottage to the Dr. Rosin partnership. Although as in all new spheres there were some teething troubles, these seem in the main to have subsided. An appraisal of the scheme clearly shows that much

greater use of the nurses' skills and experience is being made. At the outset Mrs. Pottage commenced with 52 patients for home visiting, some of whom were visited daily, some three times per week and others at weekly, fortnightly or monthly intervals. In addition she spent one hour in attendance at the morning surgery daily. Here she carries out prescribed treatment on ambulant patients, who attend mainly by appointment previously arranged, an average of 10-15 patients receiving their treatment in this way daily.

"In the beginning surgery work mainly consisted of simple injections and minor dressings, but soon it increased to include a variety of treatments hitherto carried out by the doctors themselves, notably treatment of burns and scalds, stitching of lacerations, syringing ears, bladder and bowel washouts, etc., collecting and testing of specimens. She also assists the doctors at special examinations of the patients, advises and supervises diabetics in carrying out their treatment. As the nurse's value in the surgery work has become more and more appreciated by the doctors, so too has the amount of patient treatment delegated to her increased. At the same time, patients at home whom the doctors have hitherto been reluctant to pass to the nurse for treatment, have now been added to her case load.

"During the year just over 200 individual patients received nursing care in their own homes and 4,210 visits in all were made to these patients. In November it became necessary to attach a second nurse to the group practice and it was decided to attach Mrs. Bertram, the Cockerton nurse, as she had in fact lost many of her original patients to Mrs. Pottage when group attachment commenced. She therefore was given back all the practice patients resident in the Cockerton area and in addition she undertakes Mrs. Pottage's work in the surgery during holiday periods and weekly off-duty.

"The closer liaison between the doctors and the new nurses so attached has undoubtedly increased and improved the total patient care. Discussions at the end of the surgery sessions have resulted in greater understanding of the patient's condition and his environmental circumstances; the doctors providing the medical picture sometimes hidden to the nurse, and the nurses those social factors which are not always known to the doctors none the less have marked bearing upon the patient's progress.

"From the patient's point of view, most seem to prefer the new arrangement. There is a definite continuity of care, the same team whether in the surgery or at the home being responsible for the overall treatment and care. Suffice it to say that the doctors' appreciation of the service can best be summed up by the fact that two more group practices have requested nurse attachment. These new attachments are to commence on 1st April, 1969, Mrs. Addison to the doctors Morrison, Mather, Kerss and Callander practice and Mrs. Pratt to the doctors Crowley, Bottomley and Walton practice.

"In this way the service here in Darlington is beginning to shape along the lines of the medical and nursing service of the future, as envisaged and outlined by the Ministry."

§ 6. VACCINATION AND IMMUNISATION (Section 26)

Where routine immunisation and vaccination against diphtheria, tetanus, pertussis, poliomyelitis and smallpox were concerned, the same routine was carried out in 1968 as in previous years and the following Tables show the work done in these respective categories.

A new departure occurred during 1968 when by Circular 9/68 of 19th March, the Minister of Health extended the powers already available under Section 26 of the National Health Service Act to include vaccination against measles. At first, owing to shortness of supply of the vaccine, availability was limited to school children and of course those who had previously suffered from the disease were ineligible, since the immunity conferred by experience of this virus is under present conditions extremely stable. Extrapolation by previous experience indicated that a measles epidemic might be expected in the winter of 1968-69 and therefore the Minister was anxious that as many as possible of the eligible group should be vaccinated during the summer. Your department took immediate steps to meet this desire and visits were paid to all nursery schools and the junior departments of other schools to vaccinate children whose parents had applied for it. Though publicity had been given through local and general channels, the response on the whole was poor, parents often being uncertain whether their child had in fact suffered from measles and preferring for the most part to assume that he had done so.

The work carried out is summarised as follows:—

TABLE XIII

Vaccination of persons under age 16 completed during 1968

Completed Primary Courses

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1961-64		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	503	546	22	18	20	1	1110
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	2	—	—	3	—	5
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	—	—	—
8. Salk	—	—	—	—	—	—	—
9. Sabin	303	806	51	25	135	12	1332
10. Measles	22	299	250	182	563	3	1319
11. Lines 1+2+3+4+5 (Diphtheria)	503	548	22	18	23	1	1115
12. Lines 1+2+3+6 (Whooping cough)	503	546	22	18	20	1	1110
13. Lines 1+2+4+7 (Tetanus)	503	548	22	18	23	1	1115
14. Lines 1+8+9 (Polio)	303	806	51	25	135	12	1332

Reinforcing Doses

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1961-64		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	7	635	155	833	29	1659
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	—	3	2	7	—	12
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	—	—	—
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	—	49	16	1192	524	1781
10. Measles	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria)	—	7	638	157	840	29	1671
12. Lines 1+2+3+6 (Whooping cough)	—	7	635	155	833	29	1659
13. Lines 1+2+4+7 (Tetanus)	—	7	638	157	840	29	1671
14. Lines 1+8+9 (Polio)	—	—	49	16	1192	524	1781

TABLE XIV
Vaccination against Smallpox

		Age at Date of Vaccination					Total
		under 1	1	2-4	5-15	over 15	
Health Department	Vaccinated	48	421	27	7	38	541
	Re-vaccinated	—	1	—	8	88	97
General Practitioners	Vaccinated	40	51	18	18	40	167
	Re-vaccinated	—	2	1	25	104	132
Totals		88	475	46	58	270	937

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

Typhoid and Paratyphoid (T.A.B.) ...	24
Cholera	29
Tetanus (T.T.)	—
Typhus	—

Yellow Fever inoculations are obtained by appointment at the Health Department, Middlesbrough.

§ 7. AMBULANCE SERVICE (Section 27)

There is no change to report in the administration of the service in 1968 as compared with previous years. As the following figures show, the number of patients handled was slightly greater, continuing a trend observed during the last several years, though the actual mileage was less than in 1967. As you know, in Darlington the ambulance service, though the responsibility of the Health Committee, is in fact administered by the fire service, whose chief officer handles all details of deployment and acceptance of patients. Some agitation has arisen in recent years to transfer the ambulance service completely to the hospital authority and this would seem to be a reasonable line of evolution since the hospital authority is the major user and it is a well established principle that he who calls the tune should pay the piper. Your Medical Officer of Health has commented with surprise how vigorously this suggestion has been opposed by colleagues who administer departments where the ambulance service comes directly under their control. In this respect he must regard himself as representing a minority opinion, but he holds it none the less strongly for all that.

He would like to express his thanks to Mr. W. Golding for his continued excellent service as Superintendent of the ambulances.

Patients carried and mileage covered during the past 10 years are as follows:—

			Number of Patients	Mileage
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
1966	...	...	34,931	156,979
1967	...	...	35,004	186,684
1968	...	...	35,131	176,944

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

Tuberculosis

Recent Annual Reports have traced the evolution of the Darlington Tuberculosis Care Committee during the time when from being an outstanding scourge tuberculosis in all forms, and particularly pulmonary tuberculosis, has become a much less common and also much less formidable disease. The overall better prosperity of the population, higher standards of personal and communal hygiene and much more effective means of treatment have all contributed to this ideal and though tuberculosis still remains a by no means negligible factor in the picture of contemporary disease it has certainly lost the position it was once accorded as "Captain of the men of

death." In 1967 it was decided that the Care Committee should extend its terms of reference still further from chest conditions other than tuberculosis to include patients with some kind of chronic handicap who were not catered for by any other group, those suffering from arthritis deformans in its more severe and crippling forms were particularly in mind and a number of such patients were named to the committee and were duly included in the lists of ward visitors. Whereas, however, the tuberculous were able to benefit by extra nutrition at the discretion of the Chest Physician and provided out of the funds of the committee, no similar assistance in kind was available to the rheumatic sufferers and from the first this additional commitment was found to be unrewarding. The relative failure of this experiment suggested that the Care Committee might well end its independent existence at the Annual General Meeting of 1968 and another reason in support of this decision was the drying up of voluntary funds, so that at the end of its existence the committee was virtually dependent for the whole of its resources upon the annual contribution from the Council. In these circumstances, therefore, there seemed to be no better alternative than that the Health Committee should accept its responsibility for the care and after-care of the tuberculous directly instead of through an agency and a sub-committee with this end in view was appointed to meet quarterly. To this committee were referred all cases for assistance by extra nutrition or by other material aids other than cash, your Medical Officer of Health being authorised to make the decision at the time in the light of advice received from the Chest Physician or otherwise and to report back at the next ordinary meeting of the sub-committee. There were also powers of co-option and non-elected members of the Care Committee were able to continue to serve under these terms. The Chest Physician took the opportunity of the change to review all patients in receipt of benefit in kind, mainly one pint of milk per day, from the Care Committee, and a good many were found to be sufficiently cured to be able to dispense with this form of additional nutrition. Should, of course, the indication arise again for additional nourishment the new sub-committee would immediately accede to the suggestion from the Chest Physician. In the early summer a joint meeting was convened by the Council of Social Services under the Chairmanship of the Mayor, Councillor J. C. Whelan, where representatives from all the various groups who accept responsibility for the care of particular handicaps came together to consider future developments. This was a milestone in the direction your Medical Officer of Health has always recommended, that there should be one overall committee, preferably closely associated with the local authority, for the co-ordination of all the services. This in fact was a widely expressed opinion at the general meeting, but it has been found in fact that each of the various groups have acquired vested interests in its own self-perpetuation and none of them is willing to relinquish individuality in a wider whole. One may hope that the future will show a reunion all round in this respect, but for the time being it seems as though each group must pursue its own course converging as much as possible with the others. Meanwhile, the Health (Care) Sub-Committee exists as a focal point to provide for them all that co-ordination which would lead to greater economy and efficiency.

Chiropody

During 1968 the chiropody service continued to expand and to fulfil an ever better recognised need. I am indebted to Mr. Francis R. Hale, F.Inst.Ch., S.R.Ch., S.R.P., for the following notes. Mr. Hale, who is Vice-Chairman of the Institute of Chiropodists and Secretary of the Teesside Branch of the Institute of Chiropodists, acts as liaison officer between his colleagues and your department.

"There are many fringe benefits to the patients making use of the chiropody service, not the least of these being that their feet are examined regularly by the expert eye of the chiropodist. These examinations can lead to the early detection of the possible onset of disease, such for instance as diabetes. With the increased incidence of this malady in the elderly, regular inspection can be of great benefit to both doctor and patient.

"In many cases the chiropodist will find a thickening under the nail of the great toe and on exploration it will be found that pus is present. In some early cases this can be remedied as it is no more than paronychia and responds quickly to prompt treatment, but if the condition persists then the patient would be referred to his or her doctor with the request that tests be taken for diabetes.

"The complications of diabetes rather than the disease itself are the greatest cause of such afflictions of the feet as septic, often staphylococcal, skin lesions, infected corns and perforating ulcers. Also gangrene, both wet and dry, occurs much more frequently in the diabetic than the non-diabetic and it follows that if the feet are regularly examined these signs of trouble will be seen by our qualified chiropodists in the earliest stages."

TABLE XV
CHIROPODY, 1968

Classification	Surgery		Domiciliary		Total
	Male	Female	Male	Female	
Expectant and Nursing Mothers	—	1	—	—	1
Handicapped Persons (under pensionable age)	6	8	4	8	26
Persons of Pensionable Age	315	1386	123	417	2241
Total	321	1395	127	425	2268

No. of Treatments given :—

Surgery	...	...	...	10,696
Domiciliary	...	...	...	3,524
Total				14,220

Cervical Cytology Service

The number of applicants for cervical smears fell considerably this year. No special publicity was employed as shortage of staff continued throughout.

A total of 432 smears were sent to the laboratory for examination. One was reported as definitely positive and referred immediately for treatment. One case was probably positive and this was confirmed later and also referred for treatment. These patients were both 35 years of age, one had had eight children and the other six, and both had cervical erosion. There were seven doubtful smears of which four were retested and found to be negative. One still awaits a second examination. The other two had some pathology and preferred to be referred to the gynaecologist immediately. Hysterectomy was performed in one case and further pathological examination revealed "the presence of a single focus of carcinoma in situ in the cervix." Observation and treatment was not completed by the end of the year in three cases.

As in previous years a high proportion of the women examined were found to have various gynaecological disorders. In several cases awareness of this was the reason for their attendance. In 152 cases disorders warranting observation or treatment were found and referred to the family doctor. A complete follow-up of these patients has not been feasible but 37 belonging to one group practice have been investigated. It is interesting to find that only 16 consulted their doctor as advised. Of these, 4 were treated, 9 were referred to a gynaecologist, 3 were not treated and one was not traced. The remainder—20—did not take any action.

Thanks are due to Dr. L. J. Rosin and his partners for their co-operation in this small survey.

§ 9. DOMESTIC HELP (Section 29)

I am indebted to Mrs. Nicholson, Home Help Organiser, for the following notes, which give a succinct view of her appreciation of your service in this respect.

"The demand on the service still exceeds the supply in spite of efforts to increase the staff. This is because the workers available are mainly young married women and as fast as new helpers are recruited others leave. During this year 26 new helps were engaged and 18 left.

Personnel

Age Group				Working Week	
60 years and over	—	6	40 hours	—	2
50	"	"	—	30 hours and over	— 17
40	"	"	—	20 hours and over	— 12
30	"	"	—	Less than 20 hours	— 24
20	"	"	—		

"The above figures show that the staff will continue to change as most of the helps are in the 50-60 age group and these often work the longer hours.

"The younger recruits, working only a few hours, may stay with us as they lose their family commitments if we could make them realise they were members of a team of social workers. They would benefit from social contacts with each other and with other services if the facilities were available.

"It is the aim of this service to expand and meet the many requests for help which are received."

As the above note indicates, considerable ground for expansion and consolidation of your domestic help service exists. Some authorities have taken very considerable pains towards developing a feeling of esprit de corps among the domestic helpers and to integrate the section with the other personal health services of the Health Department. Here as in so many other respects deficiency in number of senior staff plays an important part. Your Organiser and helpers in the field are doing the best they can, but your Medical Officer of Health feels that more could be done by himself or other medical personnel to provide the kind of training in the aims and objectives of social service which the helps may seem to need. Lack of medical manpower presents a considerable difficulty in this respect, as in some others.

The following Table summarises the work of the year.

TABLE XVI

Type of Case	1968	1967	1966	1965
	Number of Cases	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	29	36	31	33
Tuberculosis	—	—	—	—
Chronic sick (including aged and infirm)	599	554	596	657
Others	39	35	33	68
Total ...	667	625	660	758

PART IV

Mental Health

Your Medical Officer of Health is once again indebted to the Chief Mental Health and Welfare Officer, Mr. C. W. Price, for the following clear and extremely comprehensive report. The forward march and excellent work of this section of your department needs no special commendation to you because it is so well known.

Mental Illness

Unlike the Report of 1967 which stated it was not possible to highlight any particular development within the Mental Health Section, 1968 in complete contrast has been a year of considerable change. This was largely occasioned by the opening in August of the new Department of Psychiatry, attached to the Darlington Memorial Hospital. Almost at once there occurred a complete break from the routine of many years' standing, from the point of view of patients and Mental Health Officers. The old established routine and connections with Winterton Hospital, situated some 15 miles away, began to break up, as very few patients needed to be considered for admission. The contacts of Mental Health Officers with medical, nursing and other professional staff at Winterton Hospital almost ceased overnight, and new associations and adjustments needed to be made with similar staff at the new Unit. The essential link of course was Dr. E. A. Burkitt, previously Consultant Psychiatrist at Winterton Hospital, who was appointed Senior Consultant Psychiatrist to the Department of Psychiatry, Darlington. This gave continuity of contact. In addition, many long-term patients needing continued treatment and social assistance in the community were automatically referred and treated at the Memorial Hospital rather than at Winterton, and because of this valuable link through Dr. Burkitt and older patients, a new relationship of good quality began to build up between the Mental Health Department and professional staff appointed to the Memorial Hospital.

Dr. I. C. A. Martin, from his previous post at Leeds, was appointed as Consultant Psychiatrist to join Dr. Burkitt. It is pleasing to state that the same co-operation exists between Dr. Martin and ourselves as exists with Dr. Burkitt. There is a free interchange of communications and we are encouraged as a department to call upon the services of Dr. Martin in the same manner as he calls upon us quite freely to assist him.

Dr. J. M. Naisbitt and Dr. Z. A. Rizvi, appointed as Senior House Officers, likewise proved to be excellent colleagues within the framework of the team. Mr. J. G. Wallace was appointed as Assistant Matron, and again we have found in him a most friendly and helpful personality, who is willing and anxious at all times to assist and co-operate for the benefit of the people we seek to assist.

The Unit of course is not yet fully operational, largely it is understood because of the lack of qualified nursing staff. The change, however, has been quite considerable to the Mental Health Department.

For example, the long journeys and waste of time to and from Winterton Hospital have largely disappeared, though officers still continue occasionally to admit some long stay patients. The time saved on journeys to and from Winterton Hospital is being used of course for better integration of social work services, and community case work. We are still, as it were, "cutting our teeth" and as yet complete use of the Mental Health Services is not being made. When the Unit is in full operation then no doubt the manner in which Mental Health Officers can be used to their maximum will be better appreciated.

In passing it should be noted we have had fresh contact with the new Psychiatric Unit, North Tees Hospital, and also St. Luke's Hospital, Middlesbrough, at the request of Dr. J. R. Hawkings, Consultant Psychiatrist for that area.

The new Unit has likewise had some impact on the public concerning the image of mental illness, with its attached stigma. Winterton Hospital, to the majority of people in the area always conjured up the picture, in spite of its new name, of the old County Mental Hospital, and indeed it was very often referred to as "the Asylum." It is interesting to note how the years have produced a change of interpretation of this word "asylum" which when incorporated into the Lunacy Act of 1890 was meant to infer a place of refuge, but over the years came to be looked upon as a place of incarceration. The same difficulty has of course been seen concerning Old People's Accommodation under Part III of the National Assistance Act, and many of the older generation still refer to East Haven as "the Work-House."

No such stigma has yet attached itself to the Psychiatric Unit at the Memorial Hospital. In fact Dr. Burkitt has commented on the considerable increase in the number of referrals and admissions. This would seem to indicate the public are quite happy to be referred to Out-Patient facilities and for In-Patient treatment at a Unit of this kind without feeling any guilt at all.

Comment should also be made concerning the manner in which the new Unit has affected the Local Authority's Short Stay Hostel. This Hostel, opened in 1962, has served a most useful purpose in rehabilitating long-term patients from Winterton Hospital and has been used with consistent success as a "half-way house." In 1967 it was reported that the first flush of long-term patients from Winterton had probably been dealt with successfully, and we were then looking at a fairly predictable reduced intake of patients because of this. However, the Day Hospital operating at the Department of Psychiatry has had marked effect upon the intake to our Short Stay Hostel, and numbers have continued to drop. The fact also that patients within the Psychiatric Unit are able to remain as patients within the hospital and yet go out to suitable employment found for them in the community, is relevant and worthy of note. This of course is one of the facilities which used to be offered at the Hostel. Some discussion has taken place between D. J. V. Walker, Medical Officer of Health, Dr.

E. A. Burkitt and the Chief Mental Health Officer as to the Hostel's future use, and it may be that we should consider very seriously a change of usership to long-stay patients, including subnormals, who need very close supervision within the community, and for whom suitable lodgings are not available.

Drs. Burkitt and Martin are now holding their case conferences at the Darlington Unit with improved all-round effect. The importance of these conferences cannot be over-estimated. Darlington is centrally placed and easily accessible by Mental Health Officers from the North Riding and Durham County. The Disablement Resettlement Officer has his office within the County Borough and is thus able to attend the conference as regularly as required. All officers from this Department including the Duty Officer attend each session for briefing and reporting to the medical staff on the progress of patients within the community.

General Practitioners continue to make good use of the Department by referring cases where they feel we can be of assistance by regular visitation. In many cases doctors use the Mental Health Officers as ancillaries to themselves. The hard-pressed G.P. can thus be assured that his patient is being assisted on the social plane and supervised concerning any possible medication, and could be referred back to him very quickly should any deterioration take place. This is, of course not true of every practice in the town, the department being used considerably more by some than by others. It is satisfying to note that many patients, having been helped by the Mental Health Officer have a habit of referring others when there is some need. In this manner a considerable number of referrals sorting out social difficulties in families who have not even seen their own doctor come to the Department. Where assistance can be given it is of course given freely and readily on the grounds that it is very difficult to find a dividing line where mental health is concerned. Prevention is better than cure and if the circumstances within a family can be relieved by a social worker's assistance then of course it should always be given, even in the absence of accepted symptoms of mental ill health.

Much time was again spent in obtaining suitable employment for patients and in assisting some patients to return to their previous employment. In this respect we have at all times received the utmost assistance from the Disablement Resettlement Officers at the Department of Employment and Productivity. Mr. W. Jackson was transferred from his duties in this section during the year and his place taken by Mr. C. Musgrave. The same co-ordination and co-operative spirit has continued as previously and one can truly say that every effort is made by this department to assist in placing suitable patients, not only in employment, but for training at the various Industrial Rehabilitation Units. Helpful consideration likewise continues to be given by many employers in the town and the Department's gratitude is freely given to them and all Personnel Officers who have assisted us in this respect during the year.

TABLE XVII

'A' — MENTAL ILLNESS 1968

Particulars of cases reported

Source of Referral	Under 65		Over 65		Total 1968	Total 1967
	M	F	M	F		
Family Doctor	88	143	22	43	296	313
Consultant Psychiatrist	42	84	6	10	142	104
Memorial Hospital	72	71	2	3	148	169
Police and Courts	35	18	2	6	61	46
Other Sources	24	23	3	4	54	18
Total	261	339	35	66	701	650

Disposal of cases reported

Admitted informally	92	119	10	26	247	245
Admitted under Observation Certificate	17	27	1	2	47	53
Admitted under Treatment Certificate ...	7	4	—	2	13	23
Admitted under Urgency Certificate ...	11	6	—	—	17	13
Referred for domiciliary visit	7	21	5	7	40	55
Referred to Out-Patient Clinic	44	75	7	12	138	118
Supervision by M.W.O.	17	38	2	3	60	52
Guardianship of L.H.A.	—	—	—	—	—	—
Other disposals	66	49	10	14	139	91
Total	261	339	35	66	701	650
After care visits and interviews					5994	6051

Patients referred for Community Care

Referred following in-patient treatment	102	111	7	14	234	262
Referred following out-patient treatment	109	107	10	10	236	165
Referred by General Practitioner	77	106	20	34	237	201
Referred by other sources	117	83	14	12	226	195
Total	405	407	51	70	933	823

Of those referred numbers who were :

Old Cases	261	269	27	28	585	459
New Cases	144	138	24	42	348	364
Total	405	407	51	70	933	823
Returned to employment during period ...	72	36			108	185

TABLE XVIII

Short Stay Hostel

Admitted during 1968

Classification of Illness	Male		Female		Total 1968	Total 1967
	16+	35+	16+	35+		
Schizophrenia	—	2	—	3	5	5
Psychopathic/Inadequate Personality ...	1	2	—	—	3	1
Depressive States	1	—	1	1	3	7
Alcoholic and Drug Addictions ...	—	—	—	—	—	—
Subnormals	—	—	—	—	—	2
Other (Organic disorders, confusional states, etc.) ...	—	—	—	—	—	1
Total ...	2	4	1	4	11	16

Disposals

Placed in employment	—	1	—	3	4	12
Placed in I.R.U.	1	2	—	—	3	—
Placed in lodgings	1	3	—	2	6	6
Returned to home or relatives ...	1	1	—	1	3	3
Returned to Hospital	—	2	—	1	3	5
Number resident at end of period ..	2	3	—	2	7	12

Mental Subnormality

Community care and training of the mentally subnormal continues to be the responsibility of the Health Authority, and in particular the Mental Health Section. There has of course been continuous pressure for a long period of time for the education and training of all subnormal children to be the responsibility of the Department of Education and Science, and indeed the Seebohm Report appears to indicate that this might become so in the fairly near future. The pressures of parents and professionals in this field of work over the years has now begun to produce results in that a large number of purpose-built centres have been built all over the country by enterprising health authorities who have the best interests of these children at heart, and who have appreciated the challenge which these children present to society in the form of training and educating them to take their place within the community. Darlington has always been aware of its responsibilities and though the buildings in which training has

taken place have been far from perfect, nevertheless the standard of training has always been considered to be good.

This leads of course to the immense amount of activity which took place during 1968 in the planning and preparation of the new purpose-built centre, named "Mayfair," and situated in Glebe Road, Harrowgate Hill. During the year the pre-planning which had taken place the previous year began to take shape in the form of the new building. As the physical shape took place, there was of course much work to be done in the planning of equipment for all the multifarious activities which were expected to take place in the Centre. Though training, as previously mentioned, had been good in the old building, obviously with the provision of a new one the curriculum of training would be expected to improve and enlarge. Visits had been paid to other purpose-built centres in the North-East and it was hoped to learn from their experience and build in whatever improvements we could. Towards the end of the year there was much feverish activity in preparing the move from the North Road building to the new, though we did not actually manage to make the move before the end of the year. It had been hoped that October half-term would be the time, but this was not found to be possible; neither was the building completely finished for handing over by the Christmas holiday. However we were able eventually to move in during the early part of January 1969.

Having made provision for the 5 to 16 year old group, and including Special Care facilities for the multiple handicapped at the new Centre, it was then found possible to look at the problem of the senior trainees. The girls over 16 years of age had been using part of the North Road building as their training centre, and the boys over 16 years had been using the premises situated at the old Hopetown Mission, adjacent to the Whessoe Engineering Co. in Brinkburn Road. There had always been disadvantages in this arrangement and the opportunity was taken to plan for the males to leave the Hopetown premises and to join the females at the North Road Centre. This meant in effect that not only the trainees of a given age group were together, but the trained staff with special skills in dealing with adult subnormals were at long last together under one roof. This again has meant for better planning, particularly of the work coming in from the firms who trust us with their assembly projects.

We are always looking for employment suitable to our trainees. The work from the cardboard factory of Hugh Stephenson & Sons Ltd. on the Faverdale Estate has become quite spasmodic owing to distance and transport from factory to our training unit, which made for delay and of course extra overhead expenses. Mr. W. R. Hoskinson, General Manager, has been most sympathetic and kindly disposed towards us and I am certain that when we have our purpose-built training and industrial centre on the Faverdale Estate we will be favoured with work which will continue to keep us quite busy.

Work continued to come to us from Ellis Plastics Ltd. of Stockton, but again towards the end of the year, this was diminishing in quantity

largely because the firm had perfected a machine which took over the work previously done by our trainees. In contrast, the out-put of the stick factory which we operate, continued to expand and the demand from sources other than the Local Authority continued to grow considerably, so much so that in December we were finding it impossible to complete orders flowing to us.

A. & H. Heyman Ltd. from the Aycliffe Trading Estate continued to supply us with work in counting rubber bands and plastic baby pants. This work is most suitable to our girls because it is light and clean to handle, though the return in the form of monetary reward is minimal.

We also continue to satisfy the demands of the Health Executive Committee by stamping doctors' prescription pads. Nevertheless, in spite of drawbacks, it will be observed from the tables that we did in fact slightly increase the overall income at the Centre during the year.

Good relations continue to exist between the department and the Darlington branch of the Friends of Mentally Handicapped Children. They freely offered to assist with the furnishing of the Special Care Unit being built as part of the Mayfair Centre. They also continued to support Mrs. Eglington in Coffee Evenings and Film Shows, the proceeds from which went into the School Fund. The Youth Centre, organised and financed by themselves, though held free of charge in the North Road premises, continued to meet every Tuesday evening, and is indeed a most successful activity. The benefits of this club cannot really be assessed, as apart from being a meeting place for those who attend the Centres, other young people who are in employment find it useful to attend and to know they are accepted and among friends. The Society of course continued to hold special projects such as taking the young people to regional dances, and organising one of their own in the Baths Hall at which the Mayor of Darlington was present. Outings to the Sea-side are of course an annual event, enjoyed by the children and, dare we say it, parents also !

Mention should be made too of the Darlington Ladies' Circle who have put aside money from Coffee Mornings and Wine and Cheese Parties to purchase useful equipment for the Mayfair Centre. In fact they were able to completely furnish the flat at the Centre, used for training older girls in housewifery, and the thanks of the Department are due to them for their keen interest in this project.

The closest co-operation continued to operate between Dr. W. Dunn, Medical Superintendent at Aycliffe Hospital, and the department. Dr. Dunn is at all times available to come and see patients at our request and make any assessment. He has been most helpful to us in arranging admissions when we have had crisis situations in the form of illness or decease of parents. In the same manner he was able to assist us by taking in for holiday relief every case we put to him during the year. This latter facility is of great assistance to parents in that for at least two weeks they can have a break and get away for annual holiday. Dr. Dunn also accepted several cases from us for

care over a longer period, where mothers of severely subnormal children had become ill. Though we have used our Short Stay Hostel in emergencies to house subnormals, nevertheless we could not have coped with the situation had it not been for the help offered to us from Dr. Dunn.

Dr. G. W. Goulden, who was appointed to the post of Consultant Psychiatrist and Deputy Physician Superintendent, to assist Dr. Dunn at Aycliffe Hospital, has also shown the utmost consideration to cases put to him and at all times has been most helpful in accordance with the bed situation existing at the hospital.

Informal supervision of the educationally subnormal school leavers from the Glebe School continues to be part of the duties falling to the Mental Health Department. Once more it has to be noted that co-operation between Mr. R. Taylor, Headmaster of the school, and this department is of the closest. Mr. Taylor takes great interest in the aftercare of his boys and girls and is always pleased to learn of the progress they are making.

It is good to report that all school leavers during the year were found employment which was suitable to their attainments, and though minor difficulties are expected in the adjustment of these young people from school to employment, no really serious problems were encountered.

We are greatly indebted to Mr. J. Gordon, Educational Psychologist, for his very helpful reports, which are made available to us, and also of course to Mr. G. Walker and Miss N. Watters, Youth Employment Officers, who spent much time in looking for employment of a nature which was acceptable to the school leavers and of course to parents.

Our greatest difficulty still lies in finding employers who are prepared to accept the more seriously handicapped of our young people.

TABLE XIX

'B' — SUBNORMALITY 1968

Particulars of cases reported

Source of Referral	Under 16		Over 16		Total 1968	Total 1967
	M	F	M	F		
Local Education Authority on children reported :						
(a) While at school or liable to attend school	4	2	—	—	6	9
(b) On leaving special schools	—	—	6	7	13	6
(c) On leaving ordinary schools	—	1	—	—	1	—
Transfer in from other authorities	2	—	—	1	3	4
Hospitals—following discharge	1	—	1	2	4	3
Magistrates' Courts	—	—	1	—	1	—
Police	—	—	—	1	1	—
Other Sources (N.A.B., Probation, etc.)	—	—	3	1	4	4
Total	7	3	11	12	33	26

Disposal of cases reported

Admitted to Training Centre	7	2	1	1	11	9
Placed under Guardianship of L.H.A.	—	—	1	—	1	—
Placed in employment	—	—	9	9	18	7
Admitted to Hospital	—	—	—	1	1	2
Admitted to Hostel	—	—	—	—	—	—
Remaining at home under supervision of M.W.O.	—	1	—	1	2	8
Total cases referred for supervision by M.W.O.	7	3	11	12	33	26

Patients who have :

Removed from the district	—	—	—	1	1	4
Died	—	—	1	1	2	1
Been removed from supervision	—	—	1	4	5	4
Total	—	—	2	6	8	9

TABLE XX

Patients admitted to Hospital	Under 16		Over 16		Total 1968	Total 1967
	M	F	M	F		
Informally (Sec. 5, M.H.A. 1959) ...	1	2	4	3	10	6
Observation Certificate (Sec. 25, M.H.A.)	—	—	—	—	—	—
Treatment Certificate (Sec. 26, M.H.A.)	—	—	—	1	1	3
Urgency Certificate (Sec. 29, M.H.A.) ...	—	—	—	—	—	—
Hospital Order (Sec. 60, M.H.A.) ...	—	—	1	—	1	—
Temporary (Circular M.O.H. 5/52) ...	8	1	1	3	13	22
Total	9	3	6	7	25	31
Patients awaiting vacancies in Hospital	4	—	2	4	10	9

TABLE XXI

Patients in the community who are:

a. Attending Junior Training Centre ...	38	18	—	—	56	47
b. Attending Female Adult Training Centre	—	—	—	28	28	26
c. Attending Male Industrial Centre ...	—	—	25	—	25	21
Total	38	18	25	28	109	94
Patients in the community for whom suitable employment has been found	—	—	90	44	134	120

TABLE XXII

Total cases under supervision at end of 1968

In the community ...	38	20	126	89	273	265
Under Guardianship ...	—	—	1	—	1	—
In Hospitals (including patients on leave)	11	5	74	47	137	133
Total	49	25	201	136	411	398
After care visits and interviews ...	—	—	—	—	1536	1968

TABLE XXIII

'C' — MENTAL HEALTH

						1968	1967
1.	Case Conferences						
	(a)	Winterton Hospital	...	...	...	33	46
		Officer Attendances	...	...	...	79	140
	(b)	Memorial Hospital	...	...	...	22	—
		Officer Attendances	...	...	...	78	—
2.	Out-Patient Clinics						
		Memorial Hospital	...	...	...	134	95
		Officer Attendances	...	...	...	185	212
		Number of patients escorted to clinic	...	...	...	45	88
3.	Case Histories—ward and clinic					145	87
4.	Senior Training Centres—work completed.					1968	1967
						£ s.	£ s.
		Sticks as per contract to Education Committee				243 15	228 11
		Welfare Committee				68 15	63 0
		Health Committee				35 13	35 0
		Other Sources				265 9	234 14
		Total				613 12	561 5
						1968	1967
						£ s.	£ s.
		K. C. Ellis (Plastics) Ltd., Stockton	...	...		157 9	85 16
		Hugh Stevenson & Sons Ltd., assembling divisions				276 11	353 6
		Heyman & Co.—Counting assorted rubber bands				156 5	145 10
		Counting cellophane bags, etc				6 12	21 16
		Stamping prescription pads for Executive Committee				27 15	20 12
		Other Sources	...	...	...	7 2	28 7
		Total				631 14	655 7
		Gross Total				1,245 6	1,216 12

PART V

Growing Points**§ 1. HEALTH EDUCATION**

In respect of this subject, where Darlington is concerned no statement could be truer than the harvest is plenteous but the labourers are few. As indicated in the Annual Report for last year, the scope for a vigorous and carefully constructed programme of health education in the schools and establishments for higher education is extremely great, but with your limited resources of personnel it is impossible to explore, still less to satisfy it. As you will readily appreciate, a properly constructed scheme of health education is not solely or even mainly concerned with imparting facts, but in developing interest and an appropriate reaction from the audience to the subject concerned, this requiring much more technique of the discussion group or of the tutorial to the formal lecture.

At your special meeting to consider the Annual Report for 1967 you approved in principle the appointment of a health education officer and this recommendation was confirmed by the Council, though by the end of the year no steps to create an established post had been taken, still less to fill it.

A note on the important matter of sex education is included under the heading of Venereal Diseases, on page 26.

As in previous years a certain number of talks were given by members of your staff by invitation to various groups in the town and of course the scheme for sending out bulletins to these and numerous other groups in the town remained in being.

Talks and Lectures

Association	Subject	Speaker
January 14th		
Bondgate Men's Fireside	Mental Health Services	Mr. Price
February 14th		
Girls' High School Parents	Health in Adolescence	Dr. Markham
March 5th		
Junior Chamber of Commerce	Smoke Controlled Areas	Mr. White
March 15th		
Rotary Club	Problems of the Mentally Handicapped in the Community	Mr. Price
April 2nd		
Bondgate Fellowship	The Influence of Home on Mental Health	Mr. Price

Association	Subject	Speaker
April 11th College of Technology	Problems of the Elderly	Miss Winch
May 13th Harrowgate Hill Townswomen's Guild	The Handicapped Child	Miss Winch
May 15th Northend Townswomen's Guild	Cervical Cytology	Dr. Walker
June 13th Darlington Training College	Environmental Health	Mr. Ward
June 19th College of Technology	Environmental Health	Mr. Ward
June 21st Eastbourne Townswomen's Guild	Health in Middle Age	Dr. Walker
July 3rd Disablement Advisory Committee	Resettlement of the Mentally Disordered	Mr. Price
September 18th Darlington Friends of Mentally Handicapped	The Special Care Unit	Mr. Price
September 26th Nursery Schools Association	Handicapped Children	Dr. Markham
October 28th Darlington Co-operative Party	Health Centres and Their Uses	Dr. Walker
October 30th Cockerton Methodist Church Men's Fireside	Food Hygiene and Food Inspection	Mr. Willson
November 29th British Red Cross Society	Home Safety	Miss Winch
December 3rd District Nurses	The Mental Health Services	Mr. Price

Bulletins

No. 47 April 17th Measles Vaccination and Cervical Cytology

§ 2. GERIATRICS

Dr. D. P. Degenhardt, Physician with special interest in geriatrics, once again reported on the working of the geriatric services in Darlington during the year 1968. Your Medical Officer of Health is much indebted to him for his continued enthusiasm and co-operation.

"Nineteen sixty-eight has seen further gradual progress in the geriatric services of the town. As far as the hospital service is concerned the most important event has been the opening of the new Psychiatric Unit at the Memorial Hospital which has meant that mentally disturbed geriatric patients could be admitted direct to a Psychiatric Ward in Darlington itself rather than having to go out of the town or having to be admitted to the Geriatric Assessment Unit first. As a result of this we have had far fewer disturbed patients in the Assessment Unit at Hundens and this has made nursing easier; on the other hand, of course, we have taken a certain number of patients over from the Psychiatric Unit if they had been suffering from an only temporary psychiatric disturbance.

"Another important event was the appointment of a social worker to the geriatric service even though only a temporary part-time one. However, a staff of social workers is now being built-up in conjunction with the Psychiatric Unit.

"For the first time there was a short period in September and October, 1968 when there was no waiting list for the Geriatric Wards though there were never more than one or two empty beds at one time.

"The re-opening of the beds at Bede Hospital, formerly Cambridge House, has helped and the opening of Moorcroft Hostel has made it easier to find vacancies for patients requiring hostel accommodation. The number of patients admitted to the Assessment Unit and their disposal has changed little from previous years and many Geriatric patients have still to be admitted to the Medical Wards at the Darlington Memorial Hospital because of the small size of the Assessment Unit.

"The total admissions were 434 of which 109 went home again, 101 died and 111 had to go to long-stay beds though some of these were eventually discharged home or to hostel accommodation. Though the majority of these patients come from Darlington a number also come from the surrounding areas of the North Riding and County Durham.

"During the summer months we again were able to admit a number of patients for a short period to enable the relatives to go on holiday. This is an important social service which helps many families to cope with elderly relatives who might otherwise have to be admitted to hospital or hostel accommodation.

"Co-operation with the Health Department continued and we have, as usual, had weekly meetings with the Superintendent Health Visitor and the Senior Welfare Officer.

"Some of the home visits are now being done by our own Social Worker but as before, we have had the help and co-operation not only of the Superintendent Health Visitor but also the other Health Visitors visiting before and after discharge from hospital. The visiting in their

homes of patients discharged from hospital either by Health Visitors or Welfare Officers, as appropriate, is a most important task and I should like to express my appreciation for the co-operation of both departments. One of the greatest worries of all three departments, that is Hospital, Public Health, and Welfare Departments is the number of old people living alone with little or no help or contact with relatives or friends. Fortunately the number of old people's flats and bungalows with warden services are increasing but further expansion of this service is necessary. Your Medical Officer of Health has again visited people recommended by the Geriatric Service for old people's housing and we have co-operated to the best of our ability and have had the help of the Housing Department.

"Unfortunately, there is still a shortage of Home Helps and a waiting list for Meals on Wheels and I hope that there will be some improvement possible in this field as the trend in future should be towards more communitive care.

"I have again served on the Welfare Committee of Darlington County Borough and have also been Chairman of an informal advisory committee of Geriatricians to the Regional Hospital Board. This has kept me in touch with development in hospital and local authority field and I find it most valuable in my work.

"I should like to thank the Medical Officer of Health for giving me an opportunity to contribute to his report."

§ 3. MORBIDITY IN CHILDHOOD

You may remember how in previous years a section was included here dealing with accidents in the home and it was always pointed out that the number of such accidents was likely to have been very much greater than the incidents covered by the detailed enquiries undertaken by health visitors. Once again a similar analysis has been made of the 13 completed enquiries, from which it appeared that in 1968 the age distribution was as follows:—

Under 1 year	2
1 to 2 years	5
2 to 3 years	2
Over 3 years	4

Distributed between 8 boys and 5 girls, the accidents were burns and scalds (8), bruising through fall with suspected fracture of skull (2), fall causing fracture of femur (1), poisoning by swallowed medicine (Kwells) (1), dog-bite (1). The burns and scalds arose from open fires, from hot fluids and from electric apparatus in 2 instances each, from a cooking oven in 1 and from petrol in 1. Two of the children over 3 acquired burns by an unusual means, 1 of them, a boy, striking a match to examine the interior of a half-empty petrol tank, and the other, a girl, putting the live plug of the lead of an electric

cleaner into her mouth. Both these youngsters were lucky not to suffer more gravely than they did. Skin grafting was necessary in 2 of the 8 cases and it is interesting to note that 2 of the children burned or scalded, and the child bitten by a dog, all belonged to the same household, described by the health visitor as very badly maintained. One other household where an accident occurred was also regarded as inferior. These incidents call for no special comment, except to point out that the liability of accident is always present and needs constantly to be borne in mind, to the elimination of avoidable risks while avoiding also too repressive an attitude where childish activity is concerned.

Last year a promise was given that further information would be available about morbidity in childhood, thanks to the kindly co-operation of consultants, practitioners and, not least, the hospital secretarial staff under Mr. G. W. Beckwith, the Group Secretary, whereby a copy of every letter from consultant to practitioner in respect of a child was forwarded as a routine to your Medical Officer of Health. The year under review was the first completed twelve months during which the scheme was operating and a few growing pains were still encountered; for example, for record purposes at this end the date of birth of the patient is a most important factor, but at first was not always included in the letter. Also, the return for this first year may be incomplete since many more letters from the orthopaedic surgeons were received during the second six months, which suggests that there had been some deficiency in forwarding copies during the earlier period. Even so, as a glance at the following Table will show, orthopaedic defects due to injury or otherwise contributed far and away the largest number of items. Fractures or suspected fractures are, of course, common in childhood as a result of normal activities and also parents and their practitioners, to say nothing of your own medical officers at their child health clinics, are very much on the alert for congenital and incipient orthopaedic defects. The majority of such complaints are due to readily remedial causes. Another point of interest is shown by the different morbidity between the two sexes, reports relating to boys being very much more common than for girls. During 1968 your Medical Officer of Health did some research among his records of morbid conditions at the other end of life, as exhibited by applicants for pensioners' bungalows, and here it was apparent that the older women suffered more frequently from various defects than older men, which may be an interesting point of comparison. One point that emerges from this analysis and which has received comment in previous Annual Reports is the lack of an adequate paediatric department in the Darlington Hospital Group. Dr. D. Andrew comes over regularly from Bishop Auckland to advise upon patients referred to him, but he has no beds of his own in a Darlington hospital and hence cannot give anything like the service he wants to offer and which is certainly required.

TABLE XXIV

			School I		School II		Total
			Pre-school age	10 years and less	10 years and more		
			Boys	Girls	Boys	Girls	
Medicine—							
general	...	...	83	55	46	31	249
cardiological	...	...	17	5	12	5	45
neurological	...	...	13	13	11	9	56
Infectious Diseases	...	...	53	49	8	5	116
i.e. patients treated in Ward 26.							
Surgery—							
general	...	...	3	1	5	4	17
neuro-surgery	...	...	1	1	—	3	5
plastic repairs	...	...	6	5	5	2	22
Orthopaedics—							
general	...	...	38	29	45	30	225
injuries	...	...	22	9	59	40	228
Ear, Nose and Throat—							
general	...	...	2	3	22	16	55
deafness presenting symptom	...	...	1	1	18	10	35
tonsils and/or adenoids	...	...	4	3	5	16	30
* Ophthalmology—							
general	...	...	—	—	7	3	18
strabismus	...	...	—	1	7	5	15
Dermatology	...	...	2	1	1	2	8
Dental Treatment	...	...	—	—	1	—	2
Total			245	176	252	181	1126

* Cases first referred to hospital out-patient clinic.

PART VI

Other Services

§ 1. HOUSING

General

Ever since taking up his appointment in 1948 your Medical Officer of Health has regarded housing as one aspect of the services you offer which was well worth his personal attention. This was partly because the environment provided by a house, its overall condition, degree of overcrowding and the psychological strains and stresses which may be engendered, has a profound effect upon the health of its inhabitants. Partly also was it valuable because it gave an acceptable means of keeping contact with the people of Darlington in their own homes and as it was, and remains, the statutory duty of the Medical Officer of Health to inform himself of all the circumstances under which the people in his charge are living, the value of the procedure needs no emphasis. During the last ten years, of course, this overall activity has been extended by the enquiry into applications for pensioners' accommodation, which is dealt with subsequently in this section. It has been remarked to your Medical Officer of Health that were he the chief official of a larger department, as for instance in Birmingham or Leeds, he would be unable to carry out this function as a personal investigation, which illustrates the fact that a local health authority of round about 100,000 population is ideal from the angle of personal relations even if far from large enough in respect of financial resources.

During 1968 a total of 36 households were investigated where there appeared to be sufficient reason on medical grounds to recommend early rehousing into other accommodation and these were all brought to the Special Sub-Committee of the Housing Committee which considers such cases. Of them all 29 were selected for rehousing, 5 were postponed pending further enquiries and 2 cases were rejected. Before the year was ended 17 of these selected applicants had been rehoused. The causes for special consideration were as follows :—

- Br. Spinster, severe diabetic, subject to blackouts—hypoglycaemia.
- Bl. Widower with rupture and bronchitis.
- Bn. Wife anaemic and suffering from depression—potential suicide.
- K. Wife, acting as caretaker, unable to carry out duties, with consequent notice to quit tied house.
- Me. Husband, myocardial weakness and arthritis, wife deteriorating sight in one remaining eye.
- Rs. Husband T.B., with bronchiectasis and emphysema, in poor state of health.
- Sw. Spinster with angina and high blood pressure in too large a house.

- Al. Husband with amputated right leg.
- Ah. Pensioner, already rehoused under scheme, with bronchiectasis.
- Bd. Child with chronic respiratory catarrh.
- Bt. Man with cardiac disability following coronary thrombosis.
- Hr. Husband with chronic bronchitis and emphysema in damp house.
- Jy. Husband spastic and requiring garage for invalid tricycle.
- P. Woman, a hemiplegic.
- Rn. Wife with rheumatic heart disease.
- Sy. Husband with subarachnoid haemorrhage, affected by noise.
- Ss. Husband with ulcerative colitis and ileostomy.
- Te. Child with history of pneumonia and chronic respiratory catarrh.
- Wd. Husband with right sided hemiplegia and partial aphasia.
- A. Husband with heart trouble and wife with disability from colostomy.
- D. Wife a chronic invalid as a result of congenital malformation of heart.
- Hn. Husband with cardiac disability.
- Wn. Recent widow with depression following husband's death.
- Be. Wife's application pending divorce action.
- Ld. Semi-invalid wife wishing to live near mother for mutual support.
- Ss. Widow with cancer of cervix uteri.
- Sh. Woman divorcee wishing to reintegrate household.
- Be. Husband, ex P.T.B. patient with recurring asthma and bronchitis.
- Bt. Husband severely handicapped with chronic bronchitis and bronchial asthma.
- En. Wife with severe rheumatoid arthritis.
- Lx. Husband's ill-health necessitated relinquishing licence of hotel; also had invalid mother in household.
- Mr. Husband with severe coronary thrombosis.
- N. Ailing husband with malignant hypertension, etc., unable to manage shop.
- Sn. Husband with bronchial asthma.
- Je. Husband ex-R.A.F., wishing to settle in north-east, and wife a depressive.
- Pd. Widow, depressed following death of son, wishing to live near daughter.

An interesting question which must arise when a problem of this kind is considered is whether in fact a change of residence does benefit the applicant. Where the difficulty arises from a failing heart and the exchange is into a ground-floor flat or bungalow, the advantage which is likely to follow is obvious. Not all cases have as simple a solution as this one, but in general one may feel confident that rehousing is of benefit. As noted in previous years, however, there remains a certain number of applicants who for some reason wish to exchange one Corporation property for another and these often present medical certificates in support of their claim. The most frequent reason advanced is damage to health consequent upon disagreement with neighbours and your Medical Officer of Health does not in general expect to investigate these cases by a personal enquiry though quite a number of them are seen at request at the Health Department. An agreement has been reached with the supporting practitioners to indicate how strongly they support the genuineness of each case.

Pensioners' Bungalow Enquiry

This year 135 households were investigated in the pensioners' bungalow enquiry, consisting of 186 persons, which is a reduction on the numbers in 1967 though then, as you will remember, the waiting period was shortened to six months, with a consequent increase of cases eligible to be dealt with. The analysis of the findings is as follows, set out as in previous years.

TABLE XXV

	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	1	1	1	—	3	—	—	—	—	3
One person living in rooms	—	5	5	1	11	2	—	3	—	16
Couples tenants of house	2	11	8	—	21	—	—	2	—	23
One person tenant of house	2	11	17	2	32	3	1	1	—	37
Couples owner-occupiers	3	4	6	1	14	1	—	1	—	16
One person owner-occupier	1	9	17	—	27	2	—	4	—	33
Couples tenants of Council houses	—	6	2	—	8	1	—	—	—	9
One person tenant of Council house	—	6	4	1	11	—	—	—	—	11
Couples seen out of turn	4	—	1	—	5	—	—	—	—	5
Single persons seen out of turn	2	1	—	—	3	—	—	—	—	3
Total	15	54	61	5	135	9	1	11	—	156

The breakdown was as follows :—

Final Marking :

Ungraded or awarded no marks	...	...	...	...	...	...	—
Awarded $\frac{1}{2}$ mark	...	...	...	...	...	...	7
Awarded 1 mark	...	...	...	...	...	...	26
Awarded $1\frac{1}{2}$ marks	...	...	...	...	...	...	33
Awarded 2 marks	...	...	...	...	...	...	54
Awarded 3 marks	...	...	...	...	...	...	15

Adjustment :

Content	...	...	...	...	...	...	77
Fair	...	...	...	...	...	...	35
Overall unhappy	...	...	...	...	...	...	19
Miserable	...	...	...	...	...	...	4

Housekeeping :

House-proud	8
Good standard	...	...	...	...	...	...	52
Adequate standard	...	...	...	...	...	...	58
Sub-standard	...	...	...	...	...	...	5
Ungraded	...	...	...	...	...	...	12

Age Distribution :

60-64 years	...	...	...	...	...	...	36
65-74 years	...	...	...	...	...	...	121
75-79 years	...	...	...	...	...	...	20
80 years and over	...	...	...	...	...	...	9

Civic State :

Married couples	...	...	...	...	...	...	50
Widowed men	...	...	...	...	...	...	10
Single men	...	...	...	...	...	...	4
Widowed women	...	...	...	...	...	...	61
Separated or divorced women	...	...	...	...	...	...	3
Single women	...	...	...	...	...	...	8

Of these cases 15 were awarded priority, of whom 2 were rehoused during the year. These patients showed the following adverse conditions :—

- Bs. Couple living in with invalid and very unhappy.
- Bd. Widower with emphysema and failing heart living alone in too large a house.
- Bp. Widow with chronic nervous disorder and arthritis.
- Bk. Couple where wife almost immobile with arthritis deformans.
- Cy. Widower living alone with chronic bronchitis and arthritis of spine.

- Ce. Couple where wife immobile as result of stroke in a house too big for Mr. C. to look after.
- Fr. Widow with various degenerative conditions living unhappily in compulsory companionship with another (E. D. Walker Homes).
- Fe. Couple both chronic invalids, husband with diabetes and myocarditis, wife with arthritis deformans of lower limbs.
- Fd. Couple where husband is chronic invalid with after-effects of a stroke and other defects, wife has anaemia and arthritis deformans of knees, hips and hands.
- G. Couple where husband suffers from chronic bronchitis and wife is blind.
- K. Widow living alone in large empty house and herself suffering from diabetes and the effects of a colostomy.
- L. Couple where husband helpless with failing heart and bronchial complications deriving from gas in 1914-18 war.
- N. Couple living out of town. Husband has a chronic nervous disease, defective hearing and vision, while wife is very miserable in an environment away from Darlington.
- Wn. Couple both chronic invalids, husband with renal failure and wife with severely crippling arthritis deformans.
- Wd. Couple where husband suffers from effects of coronary thrombosis and wife from chronic bronchitis.

A full ten years have now gone by during which this enquiry has been pursued and a good deal of information has been gleaned from it respecting the circumstances of older citizens. Very briefly, the outstanding defects from which they suffer are those of the heart and blood vessels, with consequent risk of coronary disease and stroke, respiratory disorders of all kinds, chronic bronchitis being a pre-eminent offender, and arthritis, particularly the joints of the lower limbs. Though a wide variety of other defects came to light among the more than 1,000 older citizens investigated, these three are outstanding, occasioning defects which the sufferer must learn to live with for a variable period, often and especially in arthritis running into decades. In pursuing his enquiries it occurred to your Medical Officer of Health how good it would be if it were possible to find some kind of quantitative measure for the defects he found in order to relate them also with such matters as an unsatisfactory house and general adjustment to situation and environment. He devised a more elaborate system of marking which he will hope to apply in 1969 and such future years as he may be spared to continue the work, but a really satisfactory method has so far eluded him. How, for instance, is one to compare severely crippling arthritis with a sense of being unwanted in the household of a married offspring whose own children are growing up?

The Dynamics of Old Age

As in previous years, a number of earlier applicants were revisited and assessed as follows :—

TABLE XXVI

	Upgraded	Mark unchanged	Downgraded
First seen in 1959	—	—	—
First seen in 1960	4	—	—
First seen in 1961	3	—	—
First seen in 1962	1	—	—
First seen in 1963	4	—	—
First seen in 1964	4	—	—
First seen in 1965	9	1	—
First seen in 1966	8	3	—
First seen in 1967	25	10	2
First seen in 1968	2	3	—

From among these 23 were upgraded to "Priority" for the following reasons :—

- G. (1960) Deterioration over 8 years of man, now 80, and wife 71, the latter suffering from arthritis deformans of knees.
- W. (1960) Widow who has suffered various vicissitudes over 8 years, now suffering from myocardial weakness and living with married daughter in overcrowded conditions.
- E. (1961) Couple where situation complicated by husband's recent coronary thrombosis.
- R. (1961) Threatened eviction for a man now 86 and senile, and wife with broken arm.
- S. (1964) Widow worn out by fatal illness of spouse, also severely deafened and situation made worse by injuries following fall.
- W. (1964) Couple where husband has bronchitis and is hard of hearing while wife has developed endarteritis obliterans with trophic ill-effects to foot.
- W. (1965) Couple where emaciated husband has bronchitis while wife suffers from eczema of hands.
- B. (1966) Widow suffering from chronic colitis needing internal toilet.
- Hy. (1966) Widow with high blood pressure, failing sight and other disabilities residing in deteriorating property.

- | | | |
|-----|--------|--|
| Hd. | (1966) | Couple both deafened and both to some extent cardiac invalids deteriorating over 2 years. |
| W. | (1966) | Widow with arthritis deformans. First rehoused to first-floor accommodation but ground-floor necessary. |
| B. | (1967) | Couple where husband fairly fit but wife suffering from incipient heart failure. Strong recommendation from Consultant Geriatrician. |
| Ce. | (1967) | Couple where husband a severe asthmatic and wife suffers from hyperpiesis and blackouts with incipient cardiac failure. A family problem also exists. |
| Cr. | (1967) | Widow a cardiac cripple in a deteriorating house. |
| Dn. | (1967) | Couple where husband suffers from probable neoplasm of bladder and wife has peptic ulceration with associated anxiety. |
| Ds. | (1967) | Widow to some extent crippled by arthritis and also depressed by loss of husband who was alive at time of first visit. |
| G. | (1967) | Couple where husband now bedfast with chronic bronchitis and wife has arthritis deformans of lower limb joints. |
| I. | (1967) | Widow severely crippled by arthritis deformans. |
| K. | (1967) | Couple with an acute home situation on account of impending marriage of son. |
| M. | (1967) | Widow suffering from angina and strong desire for a ground-floor flat or bungalow. Born 1883 and given priority on account of her age. |
| R. | (1967) | Widow with myocardial weakness in very difficult house. Frequent falls reported, confirmed by patient's practitioner. |
| S. | (1967) | Widow with after-effects of abdominal operation and high blood pressure. |
| G. | (1968) | This case graded "recommended" at first visit. Couple where husband a cardiac cripple on account of coronary thrombosis and wife's health impaired by looking after him. |

The figures in parenthesis are the years when first visit made.

Length of time of waiting is taken into consideration in assessing priority.

From all those revisited, 9 were rehoused during the year.

Slum Clearance

It is perhaps rather unfortunate that the word "slum" has become attached to the process whereby houses showing severe wear and tear and lacking the amenities which are now regarded as normal for civilised living should be thus categorised. As generally envisaged, a slum consists of miserable hovels with every kind of sanitary defect and dilapidation, while in fact a number of houses which are now described for purposes of the Housing Acts as unfit for human habitation have been reasonably well looked after by their owners and/or occupiers and at a superficial glance are not unsatisfactory. Very great care is taken, however, only to designate as unfit for human habitation houses which have real and irremediable defects, where the building structure is showing such evidence of decay as to be beyond repair at reasonable cost and where such amenities as adequate food stores and washing facilities are well below normal standards. Darlington has never possessed much slum property as conventionally understood and with the steady progress of your policy and redevelopment it is exhibiting less and less. The work carried out is given in detail by the Chief Public Health Inspector and will be found on pages 80 and 81.

As has been remarked in previous Reports, your Medical Officer of Health wishes to underline the truth that there is no finality in the replacement of houses, since all buildings are subject to wear and tear and depending on their initial quality and on how well they are maintained sooner or later it becomes an uneconomic project to repair them and the only answer is to pull them down and build again. In previous Reports your Medical Officer of Health has suggested that the County Borough of Darlington might make better use of available land by building tall flats which have become so noticeable a feature of so many towns and cities during the last decade. While still agreeing in principle that this is a useful means of accommodating a large number of buildings to the acre in hygienic surroundings, some further observation has shown him that residence in tall flats presents difficulties for family life, particularly when the children are young, and it is also a curious feature that neighbourliness often seems less well developed when family units are spread vertically than when they live horizontally.

Another point worthy of attention is discretion in provision of gardens. Often, of course, these form a great joy and pride to their possessors, but there are those to whom they occasion constant annoyance and anxiety. This becomes particularly true as the citizens grow older and accommodation for pensioners, particularly for those over 70, should preferably possess small or non-existent garden space; at least such older citizens should have the option of possessing houses without garden liability. Might the following suggestion be considered? The Corporation might employ a team of gardeners to be allocated to those particularly older citizens in need as they required them, and for payment to be made for their services on an agreed scale in a manner analogous to the home help service.

§ 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, 1968
Taken Daily at South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (-01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.20	28.50	54	24	1.67	0.55	5	13
February	30.10	28.60	49	24	1.71	0.37	5	14
March	30.05	28.60	66	30	1.62	0.31	22	14
April	30.35	28.90	69	22	1.95	0.74	16	12
May	30.20	29.00	72	32	2.41	0.47	7	19
June	30.20	29.00	78	42	3.00	0.67	23	14
July	30.30	29.30	73	43	4.00	0.91	2	14
August	30.30	29.00	80	43	2.01	0.76	17	15
September	30.20	28.85	73	41	3.85	0.80	20	21
October	30.00	29.00	66	39	3.62	1.17	31	15
November	30.00	29.00	54	30	2.58	0.83	1	18
December	30.05	28.60	48	27	2.88	1.21	18	12
Totals	—	—	—	—	31.30	—	—	181
Averages	—	—	—	—	2.61	—	—	15

Atmospheric Pollution

Darlington is one of the 12 constituent member authorities of the Tees-side Clean Air Committee which operates a total of 62 deposit gauges (Darlington 3), 3 lead peroxide instruments (Darlington 1), and 24 volumetric smoke filters (Darlington 2).

Your Chief Public Health Inspector or his deputy 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 61 observations relating to all types of pollutant emissions, and 59 interviews or visits to plants were made regarding emissions.

Minor contraventions relative to industrial smoke have been dealt with when they have been seen to occur. Discussions have taken place with two firms on the Faverdale Industrial Estate concerning the incineration of waste materials. It is anticipated that plant will be improved in one case and special plant will be installed in the other. 1968 saw the final passing of steam locomotives which have now been completely replaced by diesel engines. Occasional complaints of dust nuisance from a chemical works have been due almost invariably to a temporary breakdown in filtration plant and the trouble has promptly been remedied. Offensive odours from a fat and tallow works have been reduced to negligible proportions since the processing of offensive materials has been transferred elsewhere from Darlington. The news was welcomed during the year that fume cleaning plant had been ordered for an iron and steel foundry where it will be installed during 1969.

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 operations of furnaces, and avoidance of low-level concentrations of sulphur dioxide.

Smoke Control Areas

Smoke Control Orders for the Red Hall and Lascelles Park estates became operative on 1st December. These cover 100 and 51 acres respectively and the ultimate totals of houses will be 990 and 480. Very little administrative experience was gained of the problems associated with smoke control as there were only two existing houses requiring adaptations.

The proposals for a third and subsequent areas were deferred in March for a period of 12 months due to the then prevailing financial climate.

Darlington's earlier reluctance to proceed with smoke control may have left us behind our Tees-side neighbours with whom she is grouped, but she will not be faced with some of the problems associated with their early areas. As officials, we have benefitted from the simplified procedure that has evolved during recent years and also from the advice and assistance that our Tees-side colleagues have so generously afforded to us and which is always so readily available.

General

1 Lead Peroxide Instrument, 3 Standard Deposit Gauges and 2 Volumetric Smoke Filters are presently in use for measuring air pollution. The Lead Peroxide Instrument in use at Albert Hill gave an average monthly reading of 0.63 milligrammes of sulphur dioxide collected each day by 100 square centimetres of lead peroxide, a further decrease when compared with last year's figure of 0.73.

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

	Industrial			Semi-Industrial			Residential		
	1968	1967	1966	1968	1967	1966	1968	1967	1966
Darlington	7.68	7.81	8.43	3.98	4.31	4.09	3.18	2.00	2.32
Tees-side	19.96	12.85	24.65	11.74	10.60	11.52	9.16	5.10	7.36

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.

**Average Smoke and Sulphur Dioxide Readings
in Microgrammes per cubic metre per day**

	1968		1967		1966	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
Skerne Park ...	91	69	84	—	111	—
Gladstone Street ...	97	102	97	—	103	—

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	13	16	3	5	15	26	10	7	3	2

§ 3. LABORATORY SERVICE

The excellent and amicable relationship between the Public Health Laboratory, Northallerton, and the Health Department, which continued during 1968 as in previous years was exemplified during the year by co-operation in connection with an outbreak of food poisoning and an outbreak of shigella sonnei dysentery in schools in the County Borough. Your Medical Officer of Health would like to express his thanks to Dr. J. G. Wallace, Director of the Laboratory, for his continued and enthusiastic help.

§ 4. MEDICAL EXAMINATIONS

The simplified system for many examinees as described in the Annual Report of 1964 continued, but the number of Corporation staff actually examined increased from 277 to 278 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 1968, 144, which was more than half the total, came into this category. 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		Total Grand
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's	—	—	—	—	—	—	—	—	—
Education	1	—	—	—	40	103	41	103	144
Fire and Ambulance ...	—	—	—	—	4	—	4	—	4
Health	—	—	—	—	—	6	—	6	6
Library and Museum ...	—	—	—	—	1	—	1	—	1
Markets	—	—	—	—	—	—	—	—	—
Parks, Cemeteries and Baths ...	—	—	1	—	1	—	2	—	2
Surveyor's (incl. Water)	10	—	13	2	51	3	74	5	79
Town Clerk's	—	—	—	—	—	—	—	—	—
Treasurer's	—	—	—	—	—	—	—	—	—
Transport	2	—	2	—	20	—	24	—	24
Weights & Measures ...	—	—	—	—	—	—	—	—	—
Welfare (incl. East Haven Hos.) ...	—	—	—	—	3	4	3	4	7
Children's	—	—	—	—	2	7	2	7	9
Road Safety	—	—	—	—	2	—	2	—	2
TOTALS ...	13	—	16	2	124	123	153	125	278

§ 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., M.I.C.E., A.R.I.C.S., to whom I am indebted :—

“ Water Supply—The supply is pumped from the River Tees into Settlement Tanks after injection of sulphate of alumina and sodium aluminate solutions to assist deposition of solids. The settled water is then pumped through 63 pressure filters and sterilized with chlorine and ammonia before passing into the distribution system and 7 million gallon Service Reservoir at Harrowgate Hill. Lime is added as necessary to adjust the pH value and counteract plumbo solvency.

“ During the year, bacteriological analyses were carried out on 156 samples of water from the Waterworks and 53 from taps in various parts of the town.

“ Employees of the water undertaking are examined before they commence work, as a safeguard against the possibility of typhoid infection.

“ Annual water consumptions for the last ten years are given below, the figures for 1959 and 1960 include 31·9 and 16·0 million gallons, respectively, supplied in bulk to the Tees Valley and Cleveland Water Board :—

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
1966	...	...	2,216,950,000
1967	...	...	2,089,960,000
1968	...	...	2,168,110,000

“Proposals for a new 3 m.g. reservoir and new pumping station, to increase the capacity of the Waterworks and provide higher pressure in the distribution system, have been approved in principle by the Council subject to loan sanction being forthcoming from the Ministry of Housing and Local Government.

“Under the Water Reservoir Act 1963 Darlington Corporation has a Licence-of-Right to abstract 7 million gallons per day from the River Tees, with a provision for 9 million gallons per day in emergency subject to a maximum of 210 million gallons in any period of 30 days.

“A new impounding reservoir is being constructed at Cow Green by the Tees Valley and Cleveland Water Board to conserve water in the gathering grounds of the River Tees and to enable a river regulating scheme to be operated in connection with their water supply to Teesside.

“**Sewerage**—The new Main Outfall Sewer from Feethams to Leadenhall Street was completed during the year at a cost of half a million pounds and construction of the next stage to Haughton should commence in 1969 at a cost in the region of three-quarters of a million pounds.

“**Sewage Purification Works**—A full year's operation has now been experienced on the recent extensions, designed to bring the works up to a capacity of three times the estimated dry weather flow of 4.25 million gallons per day.

The works now comprise :—

1. Preliminary treatment plant with screening and grit removal.
2. Three Storm Sewage Tanks, capacity 1,040,000 gallons.
3. Five Primary Settlement Tanks, capacity 1,856,000 gallons.
4. Bacteria Beds containing 49,600 cubic yards of media of which 19,300 cubic yards are operated by recirculation.
5. Seven Secondary Sedimentation Tanks, capacity 671,000 gallons.
6. Heated Sludge Digesters.

"During the year, full treatment was given to an average daily flow of 5.81 million gallons of sewage, and approximately 9,650,000 gallons of sludge have been disposed of satisfactorily since the heated sludge digesters were commissioned early in the year.

"The Trade Effluent Control system has been extended and thirty-seven firms are now subject to control. These are visited at regular intervals and effluent quality and quantity assessed.

"**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 Baths Superintendent has kindly submitted the following details of his department for publication in this Report.

"The Baths Department is comprised of two swimming pools and warm bath suites :—

"**The Gladstone Pool**—100 ft. x 40 ft. ($3\frac{1}{2}$ ft. to 7 ft. depth) water capacity 140,000 gallons, 79 cubicles and 100 clothes lockers provide dressing accommodation for 250 persons. This pool opens for bathing generally by 1st April, and closes midway through September when it is converted into a public hall. During the 1968-69 year 79,375 swimming attendances were recorded.

"**The Kendrew Pool**—100 ft. x 48 ft. ($2\frac{1}{2}$ ft. to $5\frac{3}{4}$ ft. depth) water capacity 100,000 gallons, 72 cubicles and a basket clothes store allow 300 people to be accommodated. The overall shallowness of this pool provides ideal facilities for teaching swimming, and it is largely used by the Education Committee for organised school classes who attend throughout the year. This is the pool most popular with family bathers and children, 185,969 attendances were recorded during 1968-69.

"**Ladies' and Gents' Warm Baths**—14 cubicles in all. With the building of new housing estates along with the modernisation of many old houses, the demand for warm baths has been steadily declining. A service is provided for those who still lack a bathroom being available in their home and 8,536 attendances were recorded in this section during 1968-69.

"Altogether for the full year 1968-69, 273,880 people enjoyed one or other of the departments bathing facilities.

"**Public Halls**—The season operates from mid-October to the end of February. The Large Hall can seat 1,000 persons on the ground floor and 400 on the balcony. The total area of the hall is 131 ft. x $59\frac{1}{2}$ ft. the dance floor area being 105 ft. x 45 ft. Two supper rooms

are also available, each capable of seating 120 persons, with kitchens adjacent to them. During 1968-69 some 43 events were held in this hall and 28,536 persons attended the various functions.

"Department Tuition Classes"—organised by the Baths Department for children between the ages of 7 to 11 years, are most successful and there is generally a waiting list of childrens names who wish to attend. During the last year 320 corporation certificates have been awarded to children successfully swimming unaided the width of the Kendrew Pool (48 ft.). Since the commencement of the scheme over 5,232 children have qualified for this certificate.

"Adult Classes"—sponsored by the Central Council of Physical Recreation this activity filled an important need and two courses were held during the winter months.

"Darlington Schools"—the demand by the schools for swimming facilities continues and 68,714 attendances of Darlington school children visiting the baths during the year were recorded. A number of private schools in the area also use the baths regularly.

"Handicapped Children's Classes"—this is an exclusive session for anyone who is handicapped either mentally or physically. All enjoy the warm water (80 degrees F.) and many are attaining benefit and ability, in these specially reserved sessions.

"Water Purification in the Swimming Pools"—To attain and maintain the Ministry of Health recommended standards of bacteriological safety the water in both pools is continually circulated with a three hour turnover period through a battery of sand filters. Treated by the 'breakpoint' method of water sterilisation resulting in the provision at all times of a sterile water comparable to drinking water, and of crystal clear blue colour. The water is reheated to a temperature of 80 degrees F. before returning to the swimming pools. In maintaining the safe and comfortable conditions demanded by the public, over 3,000 tests of pool water were taken during the year for temperature, pH, total alkalinity and for chlorine residuals. Additional to this total, 60 samples of pool water were sent to the Public Health Laboratory for bacteriological examination, and certified by the authorities to be pathologically safe and equal to the standards required by the Ministry of Health.

"During the winter extensive repairs were done to corroding ironwork supporting the Kendrew Bath roof. It was, therefore, necessary to close the swimming facilities for 74 days during the year 1968-69."

PART VII

Sanitary Circumstances**REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**

I have pleasure in presenting my annual report of the work of the public health inspectors during 1968. The subjects are varied and some may appear to be unrelated, but most of them are, in fact, related to the promotion of a satisfactory environment, and to that end we have devoted our time and energies.

The programme of clearance areas has continued according to schedule, and this has included the preliminary field work in connection with the proposed Park Place/Hargreave Terrace area. In this area, more so than any other with which I have dealt, I have been moved by the distress disclosed by several old people, including nonogenarians, at the thought of leaving the area or being parted from friends and neighbours. I sincerely hope, therefore, that some residential re-development may quickly take place when the Backhouse Street/Park Street area is demolished, and that some suitable dwellings may be ready for occupation before the old people are required to vacate their houses.

By the end of the year, our first and second smoke control areas had become operative, and so the first steps have been taken in a programme which will continue for many years.

The problem of noise control has exercised a good deal of our attention, and this has included exhortations to users of compressors and road breakers to silence their equipment.

It has not yet been possible to allocate a suitable site for gypsy caravans, but further consideration will have to be given to this provision, especially when that part of the Caravan Sites Act has been implemented which will make such provision obligatory.

I will conclude this brief preface to my report by thanking all my staff for their loyalty and support throughout the year, and the Medical Officer of Health for his wise counsel and guidance. He and I have worked together in close and friendly collaboration, and the same may be said of our respective staffs although we operate from separate premises.

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	1,370
Slum clearance	...	...	...	...	1,296
Improvement grants	...	...	...	...	248
Certificates of disrepair	...	...	...	...	3
Re-inspections	...	...	...	...	1,646
Overcrowding and re-housing investigations	...	...	...	...	37
Living vans	...	...	...	...	404
Common lodging houses	...	...	...	...	3
Sundry nuisances	...	...	...	...	491
Interviews with owners, builders, etc.	...	...	...	...	2,775
					<hr/> 8,273 <hr/>

Food Inspections

Abattoir	...	...	...	...	634
Private slaughterhouses	...	...	...	...	1,113
Registered food premises	...	...	...	...	183
Food shops	...	...	...	...	1,348
Unsound Food	...	...	...	...	393
Catering premises	...	...	...	...	180
Bakehouses	...	...	...	...	114
Fish friers	...	...	...	...	63
Ice cream manufacturers	...	...	...	...	27
Ice cream vendors	...	...	...	...	609
Dairies and milk shops	...	...	...	...	558
Licensed premises and clubs	...	...	...	...	60
Market shops and stalls	...	...	...	...	602
Samplings	...	...	...	...	260
					<hr/> 6,144 <hr/>

Sundry Inspections

Rat infestation	...	...	...	...	2,088
Infectious diseases and contacts	...	...	...	...	624
Offices, shops and railway premises	...	...	...	...	1,415
Factories, outworkers and workshops	...	...	...	...	251
Pharmacy and poisons	...	...	...	...	20
Offensive trades	...	...	...	...	51
Smoke abatement	...	...	...	...	807
Disinfections and disinfestations	...	...	...	...	213
Pet animals	...	...	...	...	125
Miscellaneous inspections	...	...	...	...	2,240
Ineffective visits	...	...	...	...	2,014
					<hr/> 9,848 <hr/>

Total Inspections

Housing conditions	...	...	...	...	8,273
Food inspections	...	...	...	...	6,144
Sundry inspections	...	...	...	...	9,848
					<hr/> 24,265 <hr/>

Nuisances and Complaints

There were 860 complaints investigated during the year, which figure excludes complaints of rodent infestation and certain insect infestations dealt with directly by the rodent operative/general assistants.

The complaints covered a wide variety of subjects, mostly within the category of public or private nuisance, but as usual the majority of the latter referred to housing defects. Public nuisances caused by noise are the subject of special comment in the following paragraphs.

Noise Abatement Act, 1960

78 complaints of noise were recorded during the year, but the majority of these referred to one particular industrial source which has been exercising our attention for some considerable time. Because of the problems associated with the abatement of this noise, the Council engaged an acoustics consultant, primarily to advise on whether the best practicable means of abatement were being adopted. The consultant submitted a comprehensive report which is to be the subject of further discussions with the industrial firm concerned, but it confirmed our own opinions that there is not an easy or inexpensive solution to the problem. It is fortunate that most other noise sources that we have dealt with have been more amenable to treatment and therefore some progress has been made.

Now that silenced compressors and muffled road breakers are available, there is no genuine excuse for using the noisier apparatus in built-up areas. I have written on this subject to several plant hire firms and statutory undertakers, and have been pleased to observe that some heed has been taken. This action was prompted by a complaint from a business manager who found it difficult to engage in personal or telephone conversations because of the noise from road breakers outside.

Insect Pests and Disinfestation

The following table shows the number and type of infestation, etc. dealt with during 1968 :—

Council house re-letting	540
Ants	6
Bees	2
Bugs	3
Carpet beetles	5
Cockroaches	11
Fleas	4
Flies	1
Silverfish	2
Wasps	45

The insecticidal treatment of council houses before re-letting is a long-established routine practice which could well be discontinued because it is found to be necessary in only a few instances, and these could be the subject of special instructions.

Wasps were particularly troublesome during the summer and many calls were made for our services to deal with nests in or near to houses. There were also a few complaints of bees making a nuisance of themselves, but we prefer to have these dealt with by bee-keepers wherever possible and only as a last resort do we take steps to eradicate them.

I would like to record my thanks to Mr. Jack Dodds, Senior Biology Master, Hummersknott School, who has so often given us a positive identification of insects about which we ourselves have had doubts. This help has been especially valuable in respect of insects or fragments of insects found in foodstuffs.

§ 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		53
(2) Number of houses in which insanitary conditions, not strictly of a structural character, were remedied		15
Action under Statutory Powers		Number of Houses
(a) Proceedings under Section 9, Housing Act, 1957 :		
(1) Number of dwelling houses in respect of which notices were served requiring repairs		2
(2) Number of dwelling houses rendered fit after service of formal notices :		
(a) by owners		4
(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		77
(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 notices | 9 |
| (3) Total number of defects remedied as a result of formal and informal action | 1,243 |

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) | 8 | 20 |

Clearance Areas

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

Area	Number of Properties
Model Place (No. 2) C.P.O.	137
Rise Carr No. 1	107
	<hr/> 244 <hr/>

The Minister confirmed the following orders :—

Chestnut Street (No. 1) C.P.O.	39
Chestnut Street (No. 2) C.P.O.	21
Garden Street C.P.O.	18
Lowson Street C.P.O.	10
Backhouse Street C.P.O.	121
	<hr/> 209 <hr/>

80 houses included in the Arden Street and Beaumont Street, Leadenhall Street and Lambton Street, Wooler Street (No. 2), and Chestnut Street (No. 1) C.P.O.s have been demolished during the year.

Housing

During the year, the schedule of proposed clearance areas has been reviewed, largely as a result of the publication of the Minister of Housing and Local Government's White Paper, "Old Houses into New Homes," and partly because of the Civic Amenities Act under which Haughton Green and Cockerton Green were declared to be "Conservation Areas."

The proposals in the White Paper which are likely to be given legal effect in 1969 will give greater incentives to owners of sub-standard houses to improve them. The new powers, however, will be intended as a supplement to, and not a replacement of slum clearance, for it is recognised that bad houses must go and that it is not good policy to improve areas which ought to be cleared, either because they contain bad houses or because their retention would interfere with declared redevelopment schemes.

Grants will be available for environmental improvement which is carried out concurrently with house improvements, and these will enable the Council to acquire such land or buildings as may be necessary for that purpose.

Caravan Sites

Several sites have been suggested for the parking of gypsy caravans but none has been considered suitable for the purpose and consequently no progress has been made in making such provision.

We have had the regularly recurring problem of caravans parking on unfenced land, especially clearance area sites, and although we try to avoid needless harrassment of the occupiers, we are obliged to take action when conditions become unsatisfactory or when complaints from the public are received.

The McMullen Road Caravan Site has continued to be fully occupied and no major problems have been experienced. One resident enjoys a site free of rent and rates in return for his services as site warden.

Common Lodging House

There is one Common Lodging House on the register at which 98 beds are available, and 3 inspections were made during the year.

The premises were administered by Captain C. Huggins and satisfactory conditions have been maintained.

Improvement Grants

Detailed inspections of dwellings have been made in respect of 59 applications for discretionary grants and 179 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.

RENT ACT, 1968

This Act came into force on the 8th June and merely consolidates the provisions of former rent legislation. Applications for certificates of disrepair made under the Act during the year are as follows :—

(a) For Certificates of Disrepair	2
(b) Certificates refused or withdrawn	—
(c) Undertakings received	2
(d) Certificates issued	—

§ 3. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Premises registered and inspections carried out during 1968 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	65	263	171
Retail shops	67	564	441
Wholesale shops, warehouses ...	5	46	12
Catering establishments open to the public, canteens	6	62	25
Fuel storage depots	—	—	—
Total	143	935	649

Number of visits of all kinds by Inspectors to Registered Premises—1,415.

Analysis of Persons employed in Registered Premises by Workplace

Class of workplace	Number of persons employed
Offices	2,968
Retail shops	3,723
Wholesale departments, warehouses ...	485
Catering establishments open to the public	625
Canteens	69
Fuel storage depots	—
Total	7,870
Total males	2,795
Total females	5,075

Analysis of Contraventions

	Found	Remedied
Cleanliness	25	15
Overcrowding	—	—
Temperature	138	94
Ventilation	4	6
Lighting	17	7
Sanitary conveniences	65	52
Washing facilities	36	20
Supply of drinking water	—	1
Clothing accommodation	2	1
Sitting facilities	1	2
Seats (sedentary workers)	1	—
Eating facilities	1	1
Floors, passages and stairs	64	37
Fencing exposed parts of machinery	12	8
Protection of young persons from dangerous machinery	—	—
Training of young persons at dangerous machines	1	—
Prohibition of heavy work	—	—
First Aid General provisions	86	51
Abstract	145	92
Total	598	387

A satisfactory level of inspection has been maintained during the year, 649 premises having received a general inspection as against 583 last year. Written requests for attention to contraventions found almost invariably result in compliance with requirements, and in common with the majority of other local authorities, we prefer this policy to legal enforcement and will have recourse to the latter only in cases where co-operation is not forthcoming.

For information on accidents we must of course rely on employers fulfilling their statutory obligation to report them. If those reported this year are truly representative of the actual number of occurrences, it will be seen that the accident level is remarkably low, the majority being caused by falls, and only one was attributed to machinery.

Surprisingly few complaints have been received from employees when one considers that the provisions of the Act are primarily for their benefit. I would like to think that this apparent satisfaction of employees is indicative of ideal conditions of employment, but suspecting otherwise. I am forced to the conclusion that their reticence is due either to apathy, willingness to tolerate adverse conditions, loyalty to employers or fear of possible repercussions. We always respect the anonymity of complainants, but employers are entitled to their suspicions.

One interesting complaint in winter referred to the temperature of a workplace failing to reach a comfortable level, whereas in previous winters there had been no similar cause of complaint. The

employer blamed the malfunctioning of the automatic timing device on the central heating boiler, which was in fact faulty, but the actual cause was found to be due to heat loss through a wall that had been exposed by the recent demolition of an adjacent building. It was necessary to introduce auxilliary heaters pending the redevelopment of the cleared site.

Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering Estabs. & Canteens	Fuel Storage Depots
Machinery	—	1	—	—	—
Transport	—	—	—	—	—
Falls of persons ...	2	3	—	1	—
Stepping on or striking against object or person	1	2	1	—	—
Handling goods ...	—	4	1	—	—
Struck by falling object	—	4	—	—	—
Fire and explosions ...	—	—	—	—	—
Electricity	—	—	—	—	—
Use of handtools ...	—	—	—	—	—
Not otherwise specified	1	1	—	1	—
	<u>4</u>	<u>15</u>	<u>2</u>	<u>2</u>	<u>—</u>

§ 4. FOOD HYGIENE

1,975 visits have been made to the following food premises to check that the requirements of the Food Hygiene (General) Regulations, 1960 are being observed.

Type of Business	No. of premises	No. complying with Reg. 16 (wash-hand basins)	No. to which Reg. 19 applies (sinks, etc.)	Complying with Reg. 19 (sinks, etc.)	No. of visits
Retail food shops ...	424	423	417	416)	
Wholesale food premises	19	19	19	19)	1,348
Registered food premises Sec. 16(1)(b)	48	48	48	48	183
Ice cream manufacturers	12	12	12	12	27
Catering premises ...	63	63	63	63	180
Fish friers	45	45	45	45	63
Bakeries	35	35	35	35	114
Licensed premises ...	66	66	66	66	60
Total	<u>712</u>	<u>711</u>	<u>705</u>	<u>704</u>	<u>1,975</u>

In addition, 1,769 visits have been made to premises, stalls or vehicles in respect of the undermentioned activities :—

Type of Business	No. of premises, etc.	No. of visits
Mobile shops and delivery vehicles	87)	
Market stalls	73)	602
Vendors of pre-packed ice cream	317)	
Vendors of unwrapped ice cream	39)	609
Dairies other than dairy farms	4)	
Milk distribution premises (ready bottled milk)	209)	558
Total	<u>729</u>	<u>1,769</u>

Contraventions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 included the following :—

	Found	Remedied
Name and address	11	25
Covering of stalls	3	3
Wash-hand basins	1	7
First Aid	1	7
Sinks	1	1
Receptacles	1	7
Lighting	1	—
Cleansing	1	—

As law enforcement officers, our task is to ensure (a) that food premises comply with the requirements of regulations, (b) that food is protected from risk of contamination, and (c) that food handlers are clean. The statutory powers we have in respect of (b) and (c) are of avail only when we observe contraventions, and the opportunities for such observations are limited to the occasions when an inspector happens to be there. It stands to reason, therefore, that the greatest potential force against those who contravene the hygiene code is the customers themselves. A business can not survive without customers and ultimately would be forced to close if sufficiently boycotted. Customers who witness unsatisfactory practices or get slipshod service should complain forcefully or refuse to accept the goods. It is unfortunate that those who are bold enough to do so are all too few, and are probably labelled by assistants as cranks or fanatics. Here obviously is an example of strength lying in unity, and vigorous activity by consumer groups of one sort or another is the best means of securing that unity by such measures as agitation, critical publication and the courting of press publicity for their cause.

§ 5. FOOD AND DRUGS ACT, 1955

The following is a list of foods which have been submitted for chemical analysis :—

Double cream ...	1
Ice cream ...	3
Meat products ...	20
Milk	96
Water	2
Sundry	24
	<hr/>
	146
	<hr/>

All the samples were reported to be satisfactory with the exception of a sample of pork sausage and a tin of Reddi-milk which showed slight discrepancies. The manufacturers were notified.

When people buy food, they are legally entitled to get food of the nature, substance or quality that they demand, and when food is pre-packed, they are entitled to get food of the name, and composed of the ingredients described on the label. It is for these reasons that samples of food are selected with great care, and our range includes locally manufactured commodities as well as some unpublicised items to ensure the food is what it purports to be. In one instance, suspicion was aroused that one of the ingredients in a canned meal was not what it was described to be. The suspicion proved to be ill-founded although the pictorial representation on the label showed a meal much more attractive in appearance than the contents of the can. An approach to the manufacturer resulted in their agreeing to consider altering the label.

During the year, advisory bulletins were prepared and sent out to retailers on the Cheese Regulations, 1965 and to retailers and local manufacturers on the Meat Pie and Sausage Roll Regulations, 1967. Both regulations deal with compositional standards and labelling requirements.

In May, we were alerted by the Newcastle-upon-Tyne Health Department as to the possibility of mussel poisoning caused by the consumption of mussels supplied from that area. They had very promptly traced an outbreak of this rare illness to the causative food. We immediately contacted all local fish vendors and were satisfied that no mussels from the Northumberland source were supplied to Darlington.

48 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 reasonable were reported to the Health Committee. Out of 22 cases reported, the Committee authorised legal proceedings in 12 cases and letters of warning in 3 cases.

Details of legal proceedings are as follows :—

1. Drawing pin in doughnut — Fined £10 + £2 2s 0d costs.
2. Mould in pasty — Fined £10.
3. Mould in yogurt — Fined £10 + £2 2s 0d costs.
4. Glass in bottle of milk — Fined £30 + £5 5s 0d costs.

5. Fly-blown meat	—	Case dismissed.
6. Mould in yogurt	—	Fined £10 on each of two charges + £3 3s 0d costs.
7. Mould in black pudding	—	Fined £10 + £5 5s 0d costs.
8. Mould on bread	—	Fined £20 + £15 5s 0d costs.
9. Mould in apple pie	—	Fined £10 + £3 7s 6d costs.
10. Wasp in iced lolly	—)
11. Insect in baby food	—	) Proceedings pending.
12. Foreign body in scone	—)

473 specimens of human faeces were taken and submitted to the Public Health Laboratory in connection with 61 cases of suspected food poisoning of which 33 cases were reported to be positive. Most of these cases were of sonnei dysentery and clostridium welchi and concerned children attending two schools within the Borough.

Specimens were also taken from 182 contacts and of these, 80 were reported to be positive. Further specimens from all positive cases and contacts were taken and submitted to the Public Health Laboratory until negative results were obtained.

Some of the cases of sonnei dysentery did not appear to respond to medical treatment and as many as 9 consecutive specimens were taken in each case before a negative result was obtained.

The following samples of food were sent for bacteriological examination during efforts to trace the source of infection at the two schools, but all the samples were reported to be negative.

- 2 samples of meat gravy.
- 2 samples of potatoes.
- 1 sample of mint sauce.
- 1 sample of cabbage.
- 1 sample of liver, onion and gravy.
- 1 sample of turnip.
- 1 sample of coconut sponge pudding.
- 2 samples of custard.
- 1 sample of apple crumble.

A sample of roast lamb showed scanty growth of clostridium welchi.

§ 6. 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) ...	209
	(b) Residing outside, but retailing inside the Borough	5

Of the 4 dairies referred to above, 2 are concerned only with the handling of a relatively small quantity of bulk cream and filling it into cartons.

The Milk (Special Designations) Regulations, 1963 (Amended 1965)

The 4 designations under which milk may be sold are "untreated," "ultra-heat treated," "pasteurised" and "sterilised," and to these designations may be added the words "farm bottled" or "homogenised" where appropriate.

There is also milk sold under the special descriptions "channel island," "Jersey," "Guernsey" which are required to have a minimum 4% of milk fat and this milk is usually pasteurised or untreated.

In order to distinguish one milk from another, dairies use different coloured bottle tops which may be silver, gold, red, green or striped. Unfortunately, there is not at present a uniform colour code, and the lack of one undoubtedly leads to confusion in the minds of the public, especially in areas where there are several dairies, each one operating its own colour code. There is obviously a need for the compulsory adoption of a uniform code.

All users of special designations are licensed, but the number of licences issued is by no means an accurate indication of the quantity of milk sold under a particular designation, but undoubtedly the bulk of the milk sold in Darlington is pasteurised. There are only 3 licences of "ultra-heat treated" milk.

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	54	4
	Phosphatase	58	0
Untreated	Methylene Blue	24	3
Sterilised	Turbidity	4	0
Total		140	7

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

12 samples of milk bottles were taken to check the efficiency of bottle-washing plant and 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	24	0
	Brucella abortus	24	0
	Antibiotics	24	0

Production and Distribution of Ice Cream

Registered premises or persons are as follows :—

Manufacturers (Hot mix)	...	...	6
Manufacturers (Cold mix)	...	...	6
Vendors (Pre-packed)	...	...	317
Vendors (Unwrapped)	...	...	39

12 samples of ice cream were taken and submitted for bacteriological examination. All the samples were reported to be satisfactory with the exception of two. Visits were made to the place of manufacture and advice given, and further samples taken were reported to be satisfactory.

§ 7. 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 1968

	Cattle	Calves	Sheep	Pigs	Total
Abattoir	14,162	1,031	39,799	16,219	71,211
Private Slaughterhouses ...	1,620	24	6,154	3,443	11,241
Total	15,782	1,055	45,953	19,662	82,452

Carcases and Offal inspected and condemned in whole or in part

	Cattle excl'g Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	10,907	4,875	1,055	45,953	19,662	82,452
Number inspected	10,907	4,875	1,055	45,953	19,662	82,452

All diseases except tuberculosis and cysticerci

Whole carcasses condemned ...	27	43	28	78	70	246
Carcases of which some part or organ was condemned ...	1,038	1,151	3	3,352	1,249	6,793
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci ...	9.76	24.49	2.94	7.46	6.71	8.54

	Cattle excl'g Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Tuberculosis only						
Whole carcasses condemned ...	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	2	—	—	—	24	26
Percentage of the number inspected affected with tuberculosis ...	0.02	—	—	—	0.12	0.03
Cysticercosis						
Carcasses of which some part or organ was condemned ...	4	—	—	—	—	—
Carcasses submitted to treatment by refrigeration ...	4	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Three out of the four cattle found to be affected with cysticercosis originated from the same farm, and the Veterinary Officer of the Ministry of Agriculture, Fisheries and Food was asked to investigate whether there was any significance in this coincidence.

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
69 pig caecal swabs	1 salmonella typhimurium	1
69 pig mesenteric glands	—	—
13 drain/sewer swabs	1 salmonella dublin	1
	1 salmonella orienburg	1
2 W.C. block	—	—
Total 153		3

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

Meat Inspection Regulations, 1963

All animals slaughtered during the year have been examined in the manner prescribed by the Regulations, and the carcasses 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	...	...	...	£2,751	6s	10d
Private slaughterhouses	...			£ 486	7s	3d
				<hr/>		
Total				£3,237	14s	1d

Slaughterhouse Hygiene

Apart from our own regular inspections of the abattoir and slaughterhouses, at least one inspection per year is made in company with a veterinary officer of the Ministry of Agriculture, Fisheries and Food. The fact that he was more critical this year than on previous occasions was indicative of a higher standard of assessment, and one must assume that this is being applied elsewhere within the County. Many of the items criticised had been accepted without adverse comment on previous inspections. Most of the criticism of the abattoir stemmed from the fact that the premises are being used far beyond their designed capacity. The Ministry will not give approval to piecemeal extensions and improvements however desirable they might be in the short term, and therefore the alternatives with which the Council is faced are (a) to embark on a comprehensive scheme of improvement or (b) to build a new abattoir on a new site or (c) to discontinue the public abattoir service altogether.

Licensing of Slaughterhouses

There are 5 private slaughterhouses licensed in Darlington. The legal maximum duration of a licence is 13 months but the Council may issue licences for such shorter periods as they consider appropriate and usually the period is for 12 months. At 2 private slaughterhouses, certain recommended works of improvement had not been completed by the end of the year, although work was in progress in both cases, and it was decided that the duration of the new licences for these premises be limited to 3 months in order to encourage completion of the work.

The Imported Food Regulations, 1968

These Regulations, which came into force on 1st August, had not had much impact in Darlington by the end of the year, but in the course of the time they are likely to involve us in a new field of food inspection which hitherto has been the responsibility of port health authorities.

The Regulations have arisen from the development of large bulk food containers, and will permit these to pass through the ports of arrival unopened until they reach their destination at inland container terminals. It will be the duty of the inland authorities to inspect the food in containers reaching their areas. The port authority has a duty to notify the receiving authority.

Condemned Meat and Other Food

Carcases and portions thereof, and organs having a total weight of 40 tons 0 cwts. 4 stones 2 lbs. were found to be diseased or otherwise unfit for human consumption, as were canned foods and other provisions having a total weight of 6 tons 17 cwts. 4 stones 11 lbs.

The disposal arrangements for inedible by-products and waste from slaughterhouses have not escaped the vigilance of the officers of the Ministry of Agriculture, Fisheries and Food in their efforts to tighten up the loop holes through which Foot and Mouth disease could spread. In the event of a local outbreak, it now seems that severe restrictions would be placed on the removal of such things as condemned meat, hides and skins, bones, inedible offal and fat and manure to places outside the area of control.

Disposal of Condemned Food

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

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

All other condemned food is surrendered at the Public Health Department and disposed of by controlled tipping.

§ 8. 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.

§ 9. RODENT CONTROL

Two full-time rodent operatives are employed who combine the duties of rodent control with other disinfestation problems, disinfection and general duties. Disinfestation of private dwellings is carried out free of charge, but a charge based on time and material is made in respect of business premises. Sewer treatment is carried out by a specialist firm. The Corporation refuse tip which lies within the area of the rural district council is regularly serviced by our staff.

Practically all major surface infestations dealt with during the year have originated from sewers and to that extent it must be admitted that the sewer treatment has not been wholly successful. This is not due to lack of care in the planning of the operations nor to lack of thoroughness in their execution; any failure must be attributed to the inadequate number of manholes for baiting purposes on many sections of the older sewerage system. It is significant that in one area notably lacking in sewer manholes, we have recurrent infestations of a school and rats have been seen to emerge from newly installed road gullies whose access ports had not been fitted with sealing caps.

We have had instances of sewers and drains on new estates becoming infested during the course of their construction, rats having been attracted by food scraps left by building workers.

Infestation in the vicinity of the West Beck, Cockerton, was one of the reasons for renewed agitation by residents to have the water-course culverted. The infestations were satisfactorily dealt with following arrangements to have the overgrown herbage cut down.

General

	L.A. Premises	Type of Property Houses	Agricultural Property	Business Premises	Total
No. of properties in L.A. District	135	28,738	27	3,955	32,855
No. of properties found to be infested by rats					
(Major)	5	1	—	4	10
(Minor)	12	170	—	53	235
No. of properties found to be infested by mice					
(Major)	—	—	—	—	—
(Minor)	5	30	—	34	69
No. of visits made to above	88	633	25	324	1,070

§ 10. 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 (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	25	6	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	326	217	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	10	25	1	—
Total ...	361	248	14	—

2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of Cases in which Prosecutions were Instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
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	11	5	—	—	—
(c) Not separate for sexes	3	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	5	—	5	—	—
Total ...	20	6	5	1	—

Part VIII of the Act

Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making, etc.	2	—	—	—	—	—
Total	2	—	—	—	—	—

§ 11. MISCELLANEOUS PROVISIONS

Pharmacy and Poisons Act, 1933

There are 25 persons whose names are entered on the list entitling them to sell poisons included in Part II of the Poisons List.

20 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 2 shops and 4 market stalls.

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

Rag Flock Act, 1961

There were no premises in the County Borough during 1968 required to be registered under the provisions of this Act.

Fertilisers and Feeding Stuffs Act, 1926

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

New Regulations and amendments made during the year require quantitative declarations of copper and magnesium present in excess of specified amounts and added to feeding stuffs during the course of manufacture or preparation for sale. They also require quantitative declarations to be made in respect of all coccidiostats and anti-blackhead drugs in feeding stuffs. Certificates of analysis and returns are revised. The new Regulations came into force on 1st July, except those relating to fertilisers in containers of not more than 5 gallons or 56 lbs. by weight which operate from 1st October, 1970.

3 formal samples and 13 informal samples were taken during the year, 11 of feeding stuffs and 5 of fertilisers. 2 samples of feeding stuffs were reported to contain an excess of oil and 1 sample a deficiency of protein. Formal samples of the same feeds were found to be satisfactory. The fourth unsatisfactory sample contained an excess of protein which was not considered to be prejudicial to the purchaser, and no further action was taken.

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. One licence was in force during 1968 and the premises to which it referred were 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.

One such licence was issued during the year.

the first of the series of experiments was conducted in 1951.

The second of the series of experiments was conducted in 1952.

The third of the series of experiments was conducted in 1953.

The fourth of the series of experiments was conducted in 1954.

The fifth of the series of experiments was conducted in 1955.

The sixth of the series of experiments was conducted in 1956.

The seventh of the series of experiments was conducted in 1957.

The eighth of the series of experiments was conducted in 1958.

The ninth of the series of experiments was conducted in 1959.

The tenth of the series of experiments was conducted in 1960.

The eleventh of the series of experiments was conducted in 1961.

The twelfth of the series of experiments was conducted in 1962.

The thirteenth of the series of experiments was conducted in 1963.

The fourteenth of the series of experiments was conducted in 1964.

The fifteenth of the series of experiments was conducted in 1965.

The sixteenth of the series of experiments was conducted in 1966.

The seventeenth of the series of experiments was conducted in 1967.

The eighteenth of the series of experiments was conducted in 1968.

The nineteenth of the series of experiments was conducted in 1969.

The twentieth of the series of experiments was conducted in 1970.

The twenty-first of the series of experiments was conducted in 1971.

The twenty-second of the series of experiments was conducted in 1972.



HEAVISIDES, STOCKTON
