

[Report 1948] / Medical Officer of Health, Durham County Palatine / County Council.

Contributors

Durham (England : County). Council.

Publication/Creation

1948

Persistent URL

<https://wellcomecollection.org/works/a2dw4nvb>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

COUNTY COUNCIL OF DURHAM.

ANNUAL REPORT

OF THE

Medical Officer of Health,

AND

OTHER RECORDS

FOR THE YEAR

1948.

COUNTY COUNCIL OF DURHAM.



ANNUAL REPORT

Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library



AND
OTHER RECORDS
FOR THE YEAR

1918.

INDEX OF CONTENTS.

	PAGE
Ambulance Service	58
Area Health Sub-Committees	77
Bacteriological Laboratory Facilities	15
Cancer	100
Care of Mothers and Young Children	21
Closet Accommodation	109
Domestic Help Service	70
Domiciliary Midwifery Service	36
Drainage, Sewerage and Sewage Disposal	106
Food and Drugs Act	102
General Hospitals	16
Government Evacuation Scheme	103
Health Centres	20
Health Visiting	47
Home Nursing Service	50
Housing	108
Infectious Diseases, Prevalence and Control Over	93
Maternal Mortality	44
Maternity Patients, Accommodation for.....	41
Maternity Service, Emergency	43
Mental Health Service	72
Milk and Dairies Acts and Orders	101
Nursing Homes	20
Ophthalmia Neonatorum	46
Premature Infants, Care of	43
Prevention of Illness, Care and After-care	68
Public Assistance Medical Services	17
Puerperal Pyrexia	45
Rivers and Streams	104
Rural Water Supplies and Sewerage Act, 1944	107
Staff	6
Statistics	14
Treatment Centres and Clinics	15
Tuberculosis	83
Vaccination and Immunisation	52
Venereal Diseases	98
Water Supplies	103
Welfare Services	81
Welfare of the Blind and other Handicapped Persons	82

APPENDICES.

Table A.—Administrative County—Deaths by causes at various age periods.

Table B.—Urban and Rural Districts—Population, Birth-rate, Death-rate, etc.

Table C.—Urban and Rural Districts—Deaths at Certain Ages and from Certain Specified Causes.

Table D.—Chief Vital Statistics of the Administrative County and of England and Wales.

COUNTY COUNCIL OF DURHAM.

To the Chairman and Members of the County Council of Durham.

LADIES AND GENTLEMEN,

I have pleasure in submitting my annual report upon the public health services of the County Council for the year 1948, the sixtieth report of its kind.

Population.—The Registrar General's estimate of population shows an increase of 19,217 compared with 1947, which is 11,299 more than the natural increase.

Birth-rate.—The number of live births registered fell by 1,575 with a corresponding reduction in the birth-rate of 2.2 per 1,000 population. There were 475 stillbirths, or 26.0 per 1,000 total births.

Infant Mortality.—There were 831 deaths of children under one year or 47 per 1,000 live births, this being the lowest figure recorded for the county.

Maternal Mortality.—A further satisfactory reduction was recorded the rate being 1.31 per 1,000 births, again the lowest rate recorded for the county.

Infectious Diseases.—Although there was a slight increase (17) in the number of confirmed cases of diphtheria notified the number of deaths fell from 8 to 6. The remarkable decline in recent years confirms the value of immunisation.

For the second year in succession no deaths were registered from typhoid or para-typhoid infections, while there was a considerable reduction in the number of cases of poliomyelitis, the number of cases falling to the yearly average.

The only unsatisfactory epidemiological feature was the increased incidence of respiratory tuberculosis. This increase may to some extent be regarded as resulting from the increased facilities for diagnosis in consequence of the introduction of mass miniature radiography early in the year. The death-rate from respiratory tuberculosis was, however, the lowest recorded for the county.

National Health Service Act, 1946.—This Act came into operation on the 5th July, when the various schemes of the County Council as Local Health Authority became operative. The schemes are included in the body of the report.

The staff of my Department were involved in a considerable amount of additional work in consequence of the provisions of the new Act and I desire to express my thanks to them for their assistance.

I have the honour to be

Ladies and Gentlemen,

Your obedient Servant,

IAN McCracken.

County Health Department,
Shire Hall,
Durham.

December, 1949.

STAFF OF THE COUNTY HEALTH DEPARTMENT.

COUNTY MEDICAL OFFICER OF HEALTH.

Ian McCracken, M.A., B.Sc., M.B., Ch.B., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

G. Wilson, M.B., B.S., B.Hy., D.P.H.

*ASSISTANT MEDICAL OFFICER FOR PUBLIC MEDICAL SERVICES.

A. E. Raine, M.B., B.S.

*CHIEF CLINICAL TUBERCULOSIS MEDICAL OFFICER.

C. A. O'Neill, M.B., Ch.B., B.A.O.

*DISTRICT TUBERCULOSIS MEDICAL OFFICERS.

W. Clark, M.B., Ch.B., D.P.H.

D. B. Clay M.B., B.S. (appointed July, 1947).

W. D. Gray, M.B., Ch.B. (resigned 30.6.48).

J. W. A. Rodgers, M.B., Ch.B., B.A.O., D.P.H. (part-time—
H.M. Forces).

W. W. Rozner, M.D., Strasbourg (appointed 13.2.48).

J. M. S. Slater, M.B., Ch.B., F.R.C.S. (temporary) appointed
1.6.48.

J. D. Trail, M.B., Ch.B. D.P.H. (part-time).

R. Webster, M.B., Ch.B., D.P.H. (part-time).

*MEDICAL DIRECTOR, MASS MINIATURE RADIOGRAPHY UNIT.

D. M. Calvert, M.B., B.S. (appointed 26.1.48).

*VENEREAL DISEASES CLINICAL MEDICAL OFFICER.

W. G. Annan, F.R.C.S.E., M.D., Ch.B., F.R.S.E.

SENIOR WELFARE MEDICAL OFFICER.

E. S. Williamson, B.Sc., M.B., L.L.A., D.P.H.

ASSISTANT WELFARE MEDICAL OFFICERS.

M. L. Anderson, M.B., Ch.B.

J. W. Bates, M.B., B.S. (part-time).

L. R. Benham, M.B., B.S., D.P.H. (part-time).

H. Blacklay, M.B., Ch.B., D.P.H., L.M.

G. M. Cox, M.B., B.S.

P. Dixon, M.B., B.S.

M. Goldston, M.B., B.S. (resigned 31.12.48).

P. Greenslade, M.B., B.S. (part-time).

M. E. Hegarty, M.B., B.Ch., B.A.O.

M. J. Hegarty, M.B., B.Ch., B.A.O., D.P.H.

M. K. Henegan, M.B., B.S., D.P.H.

H. Hindson, M.D., B.S. (part-time).

M. Hopper, M.B., B.S., B.Hy., D.P.H. (part-time) resigned
30.11.48.

M. Markham, M.B., Ph.B., D.P.H., D.T.M. appointed 1.5.48.
Also M.O. Croxdale Hall Maternity Home.

M. F. Murray, L.R.C.P., L.R.C.S. (temporary).

M. T. McFadden, M.B., B.Ch., B.A.O., D.P.H.

J. Mackay, M.B., Ch.B.

M. Raw, B.Sc., M.B., B.S.

W. M. Rodgers, M.B., B.Ch., B.A.O., D.P.H. (part-time
from 1.6.47).

L. Ross, M.B., B.S. (temporary).

K. Schaps, M.D. (Heidelberg) also M.O. Hardwick Hall Maternity
Home.

E. Schonberger, M.D. (Vienna).

J. Sherriffs, M.B., Ch.B.

With effect from the 5th July the following general practitioners took sessions at maternity and child welfare clinics in Hartlepool and Stockton Municipal Boroughs.

HARTLEPOOL M.B.

J. E. Brodie, M.B., Ch.B.
A. R. Farmer, M.B., Ch.B.
E. C. Gall, L.R.C.P., L.R.C.S.
M. S. Gibb, M.B., Ch.B.
M. J. Nolan, L.R.C.P., L.R.C.S.

STOCKTON M.B.

D. D. Anderson, M.B., B.Ch., B.A.O.
M. R. Edmiston, M.R.C.S., L.R.C.P.
W. M. Ritchie, M.B., Ch.B.
G. L. Webster, M.B., Ch.B.
W. K. Young, M.B., Ch.B.

***MEDICAL SUPERINTENDENT, HOLYWOOD HALL SANATORIUM.**

J. W. Gray, M.A., B.Sc., M.D., Ch.B.

***ASSISTANT MEDICAL OFFICER.**

E. G. W. Hoffstaedt, M.D. (Berlin).

***MEDICAL SUPERINTENDENT, SEAHAM HALL SANATORIUM.**

W. C. Pinkney, M.D., B.S.

***MEDICAL OFFICER, EARL'S HOUSE SANATORIUM.**

H. R. Shenkin, M.B., Ch.B.

***MEDICAL OFFICER, RICHARD MURRAY HOSPITAL JOINT BOARD.**

G. Ewen, M.B., Ch.B. (temporary).

†CONSULTANT OBSTETRICIANS.

H. R. Arthur, M.B., B.S., F.R.C.S., M.R.C.O.G. (Newcastle).
F. J. Burke, M.D., M.B., Ch.B., M.R.C.S., L.R.C.P. (Sunderland).
H. Evers, M.S., M.B., B.S., F.R.C.S., L.R.C.P., (Newcastle).
W. Hunter, M.D., B.S., (Newcastle).
R. P. R. Lyle, M.D., B.Ch., B.A.O., B.A., L.R.C.P. (Newcastle).
E. F. Murray, M.D., Ch.B., F.R.C.S. (Newcastle).
S. Raw, M.D., B.S., F.R.C.S. (Sunderland).
S. Ritson, B.Sc., M.B., B.S., M.S., F.R.C.S., M.R.C.S., L.R.C.P. (Sunderland).
T. G. Robinson, M.R.C.S., L.R.C.P., M.R.C.O.G. (South Shields).
Z. M. H. Ross, M.B., Ch.B., F.R.C.S. (Sunderland).
F. E. Stabler, M.D., B.S., F.R.C.S. (Newcastle).
G. F. Walker, M.D., Ch.B., M.R.C.P. (Sunderland).
S. A. Way, M.R.C.S., L.R.C.P., M.R.C.O.G. (Newcastle).

DENTAL SURGEONS—PART-TIME AT WELFARE CENTRES.

G. Clarke, L.D.S.
T. M. Hopgood, L.D.S.
W. Moss, L.D.S.
F. J. Norris, L.D.S.
N. Peters, L.D.S.
E. Renwick, L.D.S.
R. W. Sibson, L.D.S., R.C.S.
T. H. Smailes, L.D.S.
S. Todd, L.D.S.

COUNTY ANALYST (PART-TIME).

C. J. H. Stock, B.Sc., F.R.I.C.

COUNTY HEALTH INSPECTOR.

J. Savage, C.R.S.I., M.S.I.A.

*DRYBURN EMERGENCY HOSPITAL.

MEDICAL SUPERINTENDENT.

J. B. Marinan, M.B., B.Ch., B.A.O., F.R.C.S.

RESIDENT MEDICAL OFFICER.

F. J. Rath, M.B., B.Ch., B.A.O.

ASSISTANT RESIDENT MEDICAL OFFICERS.

T. P. Edwards, L.R.C.P., L.R.C.S., L.R.F.P.S.G. (Terminated 31.7.47).

H. Simmons, L.R.C.P., L.R.C.S., L.R.F.P.S.G.

GYNAECOLOGICAL REGISTRAR AND RESIDENT SURGICAL OFFICER.

L. Ganz, M.B., B.Ch., B.A.O., M.R.C.P.I.

RESIDENT ANAESTHETIST.

H. Waters, M.B., Ch. B., D.A., R.C.S.

SUPERINTENDENT HEALTH VISITOR.

Mrs. D. Barrett.

DEPUTY SUPERINTENDENT HEALTH VISITORS.

Miss A. Fraser.

Miss M. Gray.

HEALTH VISITORS.

The establishment of health visitors is 128. On the 31st December there were 112 health visitors on the staff (including 9 temporary health visitors) and the following summary shows the qualifications possessed by each health visitor.

Supt. Health Visitor possesses	qualifications number 3, 5, 6	}	1 Ministry of Health Certificate for Health Visitors.
1 Dep. Supt. Health Visitor	„ 1, 5, 6		2 Board of Education Diploma, Health Visitors.
1 Dep. Supt. Health Visitor	„ 1, 5, 6		3 Health Visitors' Certificate (Royal Sanitary Institute.)
84 Health Visitors	„ 1, 5, 6		4 Sanitary Inspectors' Certificate (Royal Sanitary Institute).
20 „ „	„ 1, 5a, 6		5 Certificate of Central Midwives Board.
1 „ „	„ 3, 5, 6		5a do. Part I only.
2 „ „	„ 1, 6,		6 State Registered Nurse.
2 „ „	„ 4, 5,		
1 „ „	„ 5, 6.		
1 „ „	„ 2, 4, 5.		
1 „ „	„ 6		

COUNTY MIDWIVES INSPECTOR.

Miss K. Furness (Qualifications 1, 5, 6.)

ASSISTANT COUNTY MIDWIVES INSPECTOR.

Miss H. P. Robson (Qualifications 5, 6.)

DOMICILIARY MIDWIVES.

The establishment of midwives is 171, and on the 31st December there were 151 midwives on the staff.

WEIGHTS AND MEASURES INSPECTORS, WHO ALSO ACT AS FOOD AND DRUGS SAMPLING OFFICERS.

J. W. Bache (Chief).

A. Graham (Deputy).

E. F. F. Braund.

T. Lamb.

R. A. Morrison.

E. G. Pickering.

J. H. Routledge.

D. H. Seaton.

I. A. Sharman.

J. W. Simpson.

J. Trotter, B.Sc.

G. W. Woods.

***COUNTY SANATORIA.**

3 Matrons, 3 School Teachers, Nursing, Domestic and Out-door Staffs.

***COUNTY MATERNITY HOMES.**

3 Matrons, Nursing and Domestic Staffs.

E. F. PEILE COUNTY CONVALESCENT HOME.

Matron, Nursing and Domestic Staffs.

Two Venereal Diseases Orderlies.*NURSERIES.**

7 Matrons, 94 Nursing and 27 Domestic Staff.

MENTAL HEALTH.

7 Duly Authorised Officers.

AMBULANCE SERVICE.

Ambulance Officer.

Maintenance Officer.

118 Driver-Attendants.

27 Clerk-Telephonists.

* Transferred to Regional Hospital Board.

† This Service passed from the County Council with effect from 5.7.48.

PUBLIC ASSISTANCE DISTRICT MEDICAL OFFICERS AND
PUBLIC VACCINATORS.

(Until 4th July, 1948.)

Name.	Qualifications.	D.M.O.'s District.	No. of P.V.'s District.
Adamson, C.	M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.	Durham (Eastern)	38
Alderson, B. S.	M.B., B.S.	Lanchester	14
Alexander, J. B.	M.A., L.M.S.S.A.	Hamsterley	15
Allan, W. B.	M.B., B.S.	Chester-le-Street	46
Anderson, J. B. (P.V. only)	M.B., Ch.B.	—	23
Anderson, P. V.	M.B., B.S.	Sildon	28
Anderson, S. E. H.	M.B., B.S.	Cockfield	51
Anderson, W.	M.B., Ch.B.	Chilton	62
Barkes, W.	M.D., B.S.	Houghton Newbottle	53
Bell, C. M. (P.V. only)	M.B., B.S.	—	24
Benson, W. A. (P.V. only)	L.R.C.P., L.R.C.S., L.R.F.P.S.	—	6
Boland, S. E. W. (D.M.O. only)	L.R.C.P., L.R.C.S., L.R.F.P.S.	Tanfield	13
Brown, R.	M.B., Ch.B.	Durham (St. Nicholas)	—
Burns, A.	M.B., Ch.B.	Rainton	35
Cama, D. B.	L.R.C.P., L.R.C.S., L.R.F.P.S.	Escomb	25
Charlton, A.	M.B., B.S.	Thornley (Tow Law)	43
Cort, F.	M.B., Ch.B.	Esh	32
Craven, J. G.	M.B., Ch.B.	Whitburn	16
Dawson, R.	M.A., M.D., Ch.B.	Billingham Norton	10
Denholm, W. H.	M.B., B.S.	Middleton	73
Dickey, T.	M.B., B.Ch., B.A.O.	Egglesstone	60
Ewen, G. (D.M.O. only)	M.B., Ch.B.	Durham (Western)	61
Fairbairn, L. (D.M.O. only)	M.B., B.S.	Hylton	34
Farmer, A. R.	M.B., Ch.B.	Iveston	27
Fenwick, C.	M.B., B.S., M.R.C.S., L.R.C.P.	Dunston	—
Fletcher, R.	M.B., Ch.B.	Hartlepool	59
Forbes, A. (D.M.O. only)	M.B., Ch.B.	West Auckland	47
Gale, W. S.	M.B., B.S.	Park and Forest	31
Gillan James (D.M.O. only)	M.B., Ch.B.	Boldon	—
Gillan, John (P.V. only)	M.A., M.B., C.M.	—	66
Graham, R. P.	M.B., B.S.	Heighington	—
Gray, A. P.	M.B., Ch.B.	Ryhope	66
Grey, K. T.	M.B., B.S.	Byers Green	49
Hall, H. F. G. (P.V. only)	M.B., Ch.B.	Thornley	39
		Consett	11, 12
		—	7
		—	9

Name.	Qualifications.	D.M.O.'s District.	No. of P.V's. District.
Handyside, W. B. (D.M.O.)	M.B., B.S.	Ford	—
Hardie, W. G.	M.B., Ch.B.	Howden	44
Harris, I. (P.V. only)	B.A., M.B., B.Ch.	—	3
Henderson, W. M. P.	M.A., B.Sc., M.B., Ch.B.	Chopwell	2
Hepburn, J. (D.M.O. only)	L.R.C.P., L.R.C.S., L.R.F.P.S.	Medomsley	—
Hewitson, W. A. (D.M.O. only)	M.B., M.S., F.R.C.S.	Easington	—
Hickey, W. J.	M.B., B.S.	Gainford	65
Hindhaugh, J. C. V.	M.B., B.S.	Sedgefield	56
		Bishopton	57
Jones, I. M. (D.M.O. only)	M.B., B.S.	Tunstall	—
Kelly, T. L. (P.V. only)	M.B., B.S.	—	5
Kent, H. S.	L.R.C.P., L.R.C.S., L.R.F.P.S.	Middleton-St. George	70
Kidd, E.	M.B., B.S.	Harraton	22
King, R. P. T.	M.B., Ch. B.	Hurworth	69
Laydon, J. H. (D.M.O. only)	M.B., B.S.	Jarrow	—
Leishman, A.	M.B., Ch.B.	Barnard Castle	63
Lishman, F.	M.B., B.S.	Crook	45
Lloyd, A. G. (D.M.O. only)	M.R.C.S., L.R.C.P.	Penshaw	—
MacRae, A. K. (P.V. only)	M.B., Ch.B.	—	41B
Mather, G. S.	M.B., Ch.B., D.P.H.	Greatham	58
Melrose, W. W. N. (P.V. only)	M.B., B.S.	—	19
Millar, G.	M.B., Ch.B., B.Hy., D.P.H.	Witton Gilbert	20
Millar, M. F. St. J. (D.M.O. only)	M.B., B.S., D.Obst.	Heworth	—
Miller, A.	M.B., B.Ch., B.A.O.	Trimdon	55
Moffatt, J.	M.B., Ch.B.	Durham (Southern)	37
Morrison, J. W. (D.M.O. only)	M.B., B.S.	Winlaton	—
Mukerji, N. (D.M.O. only)	B.Sc., L.R.C.P., L.R.C.S., L.R.F.P.S.	Stanley	—
McConchie, J. F.	M.B., Ch.B.	Wolsingham	33
Neilan, C. J. (P.V. only)	L.A.H.	—	42
Neville, J. R. (D.M. only)	M.B., B.Ch., B.A.O.	Evenwood	—
Oliver, O. H. D.	L.R.C.P., L.R.C.S., L.R.F.P.S.	Cornforth	54
Ord, A. F. T.	M.B.I., Ch.B.	Piercebridge	67
Parry, R. (D.M.O. only)	L.R.C.P., L.R.C.S., L.R.F.P.S.	Annfield Plain	—
Porteous, A. M. (P.V. only)	M.B., Ch. B.	—	41
Ritchie, F.	M.B., Ch.B., D.P.H.	Stockton	71
Rollin, H. C. (P.V. only)	M.B., B.S.	—	17

Name.	Qualifications.	D.M.O.'s District.	No. of P.V.'s District
Russell, R. G.	M.B., Ch.B.	Wingate	40
Rutherford, R. (P.V. only)	M.B., B.S.	—	18
Sacco, J. A.	M.B., B.S.	Ryton	1
Scott, W. B. (P.V. only)	M.B., Ch.B.	—	41A
Shier, T.	M.B., B.Ch., B.A.O.	Birtley	21
Smith, A.	M.B., B.S.	Whickham	4
Stein, M.	M.B., Ch.B.	Ferryhill	52
Stubbs, D. E.	M.B., B.S.	Darlington	68
Swainston, J. N.	M.B., B.S.	Hebburn	8
Thomson, D.	M.B., Ch.B.	Stanhope	30
Tinsley, S. V.	M.B., Ch.B.	Tudhoe	36
		Whitworth	50
Ward, J. G.	M.B., Ch.B.	Cleatlam	64
Wardle, V. H.	L.R.C.P., L.R.C.S., L.R.F.P.S.	Bishop Auckland	48
Watson, M. A.	L.R.C.P., L.R.C.S., L.R.F.P.S.	Hetton	26
Weir, H. J. (D.M.O. only)	M.B., Ch.B.	Seaham	—
Wilmot, K. G. (P.V. only)	M.B., B.S.	—	72

MEDICAL OFFICERS AND PUBLIC VACCINATORS OF PUBLIC ASSISTANCE INSTITUTIONS AND COTTAGE HOMES.

(Until 4th July, 1948.)

Name.	Qualifications.	Institution.	No. of P.V.'s District
Alderson, B. S.	M.B., B.S.	Lanchester	79
Allan, W. B.	M.B., B.S.	Chester-le-Street	75
Barkes, W.	M.D., B.S.	Houghton-le-Spring	78
Grey, K. T.	M.B., B.S.	Medomsley Cottage Homes	85
Hewitson, W. A.	M.B., M.S., F.R.C.S.	Easington	77
Hindhaugh, J. C. V.	M.B., B.S.	Sedgefield	80
Leishman, A.	M.B., Ch.B.	Barnard Castle	82
McDonald, J. R.	M.B., Ch.B.	Durham	76
Ritchie, F.	M.B., Ch.B., D.P.H.	Stockton	81
Strang, N. (P.V. only)	M.B., Ch.B.	Cleadon Cottage Homes	84
Wardle, V. H.	L.R.C.P., L.R.C.S. L.R.F.P.S.	Bishop Auckland	74

VACCINATION OFFICERS.

(Until 4th July, 1948.)

Name	Registration Sub-Districts.
Armin, Miss G.	Sunderland.
Armin, Mrs. L.	Consett.
Atkinson, M. W.	Stanley.
Bird, T. D.	Bishop Auckland, Spennymoor.
Carr, R.	Crook.
Carter, J.	Easington.
Cartman, H. W.	Felling.
*Clark, C. R.	Ryhope, Tunstall, Ford.
*Davison, W. W.	Aycliffe, Hurworth.
Hill, Mrs. A. M.	St. John, Stanhope, Wolsingham.
†Jobling, M.	Whickham, Sunnyside.
Leonard, H. T.	Barnard Castle, Staindrop, Middleton.
Luck, A. E.	Seaham.
Malkin, G. P.	Castle Eden.
Mellon, M.	Durham.
Nichol, A.	Sedgefield.
Porter, W.	Sildon.
Roberts, J.	Chester-le-Street.
Salmon, W.	Stockton.
Smith, T. T.	Blaydon.
Stephenson, W.	Lanchester, Brandon.
Thorman, Miss M. I.	Houghton-le-Spring.
Wild, F.	Jarrow.
Wilson, J.	Hartlepool, Greatham.
Wood, W. H.	Birtley.

* Not Registrar of Births and Deaths.

† Also Relieving Officer.

STATISTICS.

Area	623,260 acres
Registrar-General's estimate of population, mid-1948	889,597
Rateable value as at the 1st April, 1948	£3,722,752
Sum represented by a penny rate	£14,033

		Total.	Males.	Females.
Live Births	{ Legitimate	17,041	8,763	8,278
	{ Illegitimate	738	381	357
Stillbirths	{ Legitimate	440	233	207
	{ Illegitimate	35	24	11
Total births (live and still)		18,254	9,401	8,853

Birth Rate per 1,000 estimated population mid-1948	20.0
Still-birth Rate per 1,000 total (live and still) births.....	26.0
Number of Deaths	9,861
Death Rate per 1,000 estimated average population	11.1

Deaths from puerperal causes :—

	Deaths	Rate per 1,000 total (Live and still) births.
Puerperal Sepsis	3	0.16
Other puerperal causes	21	1.15
Total	24	1.31

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	47.
Legitimate infants per 1,000 legitimate live births	46
Illegitimate infants per 1,000 illegitimate live births	51

Deaths and Death Rates from :—

	No. of Deaths.	Rate per 1,000 estimated average population.
Cancer	1,518	1.71
Measles	15	0.02
Whooping Cough	14	0.02
Diarrhoea (under 2 years of age)	61	0.07
Scarlet Fever.....	2	0.002
Diphtheria	6	0.007
Typhoid and Paratyphoid	—	—

TABLE 1.
ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Bacteriological Laboratory—Number of Specimens Submitted for Examination.

	General Practitioners.	Hospitals.	Tuberculosis Dispensaries and Sanatoria.	V.D. Clinics.	School Medical Officers.	Sanitary Insp.	TOTAL.
<i>Swabs for:</i>							
Diphtheria.....	942	1,904	9	—	83	57	3,055
Haem. streptococci.....	351	822	1	—	144	15	1,333
Vincent's Angina.....	21	—	33	—	—	—	54
Organisms.....	69	113	2	—	2	2	188
<i>Blood for:</i>							
Widal examination.....	12	17	1	—	—	7	37
*Wassermann reaction.....	79	855	—	1,158	—	4	2,096
*Kahn test.....	14	35	—	941	—	3	993
*Gonococcal complement fixation.....	8	47	—	98	—	—	153
Culture and misc. exam.....	—	7	—	—	—	13	20
<i>Sputum for:</i>							
Tubercle bacilli.....	738	—	3,545	—	—	—	4,283
Organisms.....	11	11	25	—	—	—	47
<i>Smears for:</i>							
*Micro-organisms.....	8	7	—	8	—	—	23
<i>C.S. Fluid for:</i>							
*Wassermann reaction.....	—	168	—	42	—	—	210
*Goldsol test.....	—	3	—	2	—	—	5
*General.....	—	19	1	40	—	—	60
<i>Ascitic Fluid</i>	—	—	—	—	—	—	—
<i>Pus and other Fluids for:</i>							
Organisms.....	13	22	44	—	—	—	—
<i>Faeces for:</i>							
Enteric, Dysentery, Food Poisoning, etc.....	46	68	2	—	—	67	183
Organisms.....	50	86	1	—	1	29	167
Tubercle bacilli.....	—	—	—	—	—	—	—
<i>Urine for:</i>							
Enteric.....	3	4	—	—	—	—	—
Organisms.....	7	23	4	—	1	12	19
Tubercle bacilli.....	1	—	3	—	—	—	4
<i>Water for:</i>							
Coliform organisms.....	—	—	—	—	—	359	359
<i>Ice Cream for:</i>							
B.Coli and Count.....	—	—	—	—	—	158	158
<i>Milk for:</i>							
B.Coli.....	—	—	—	—	—	14	14
Methylene blue test.....	—	—	—	—	—	4	4
B.Coli and meth. blue.....	—	—	—	—	—	366	366
B.Coli and count.....	—	—	—	—	—	—	—
Phosphatase test.....	—	—	—	—	—	133	133
Phosphatase and count.....	—	—	—	—	—	—	—
<i>Miscellaneous for:</i>							
Pathogens.....	1	—	1	—	—	28	30
<i>ANIMAL INOCULATION.</i>							
Diphtheria swabs for virulence.....	4	52	—	—	—	2	58
Milk for tubercle bacilli.....	—	—	—	—	—	31	31
Miscellaneous for tubercle bacilli.....	—	—	13	—	—	—	13
TOTALS.....	2,378	4,328	3,685	2,289	231	1,333	14,244

* Figures for half year ended 30th June, 1948 only.

BACTERIOLOGICAL LABORATORY FACILITIES.

In accordance with the National Health Service Act, 1946 the Medical Research Council, acting on behalf of the Ministry of Health are responsible for the administration of the public health laboratory service.

The laboratory, situated at the Government Buildings, Ponteland Road, Newcastle-on-Tyne, undertakes all examinations except those necessitating animal inoculation which are referred to the County Laboratory, Newburn, Northumberland.

Table I shows the number of specimens submitted for examination.

TREATMENT CENTRES AND CLINICS.

Maternity and Child Welfare Centres.—The number of welfare centres in the maternity and child welfare area of the administrative county on the 4th July, 1948, was 80, but on the 5th July in accordance with the National Health Service Act the County Council became the Local Health Authority for the whole of the administrative county, incorporating the municipal boroughs of Hartlepool, Jarrow and Stockton, in consequence of which the number of centres increased to 91.

Dental Clinics.—On the 4th July there were 12 dental clinics but at the end of the year owing to the resignation of part-time dentists there were only 4 in operation.

Ante-Natal Clinics.—80 ante-natal clinics were in operation on the 4th July and this number was increased to 86 at the end of the year by the taking over of the control of the clinics in the three municipal boroughs above-mentioned.

Post-Natal Clinics.—Special sessions were held at 31 centres.

Birth Control Clinics.—Special sessions were held at 21 centres, which includes one taken over from the Hartlepool Municipal Borough.

Nurseries.—On the 4th July there were 2 day nurseries and 2 residential nurseries and on the 5th July 3 day nurseries were taken over from the Stockton Municipal Borough, making a total of 5 and 2 respectively under the control of the County Council at the end of the year.

Artificial Sunlight Clinics.—One clinic in Jarrow came under the control of the County Council on the 5th July, making a total number of such clinics at the end of the year 26.

Tuberculosis Dispensaries and Venereal Diseases Treatment Centres.—The 11 tuberculosis dispensaries and 2 venereal diseases clinics passed from the control of the County Council on the 5th July.

Mental Treatment Clinics.—Five such clinics under the control of the Regional Hospital Board were in operation at the end of the year.

GENERAL HOSPITALS.

The following statement shows the number of county patients approved for admission to general hospitals for surgical and other treatment, up to 4th July, classified by types of condition.—

TABLE 2.

Hospitals.	TYPE OF CASE.									TOTALS	
	Cancer	Gynaecological	Infantile Paralysis (Physiotherapy)	Medical	Neuro surgical	Surgical (General)	Thoracosurgical	Tuberculosis	Urological		Unclassified
Cherry Knowle, Ryhope	—	—	—	—	—	—	—	—	—	—	—
Darlington Memorial	13	—	—	—	—	—	—	—	—	—	13
Dryburn, Durham	—	—	—	—	—	—	—	—	—	—	—
Gateshead General	2	6	—	31	1	22	3	—	—	1	66
Hartlepoons	9	—	—	—	—	—	—	—	—	—	9
Middlesbrough General	—	1	—	1	—	1	—	—	—	—	3
North Ormesby, Middlesbrough	6	—	—	—	—	—	—	—	—	—	6
Newcastle General	164	5	—	33	79	30	50	29	8	4	402
Newcastle Royal Victoria Infirmary	—	—	—	—	—	—	—	—	—	—	—
Stockton and Thornaby	17	—	—	—	—	—	—	—	—	—	17
Sunderland Municipal	—	7	—	10	—	12	2	—	—	—	31
*Sunderland Royal Infirmary	404	—	—	—	—	—	—	—	—	—	404
Winterton, Sedgely	—	—	—	—	—	—	—	—	—	—	—
Totals	615	19	—	75	80	65	55	29	8	5	951

*Admissions during period 1st November, 1945 to 4th July, 1947.

PUBLIC ASSISTANCE MEDICAL SERVICES.

The Public Assistance Medical Services ceased to operate as such on the 4th July.

The following table shows the number of applications for special forms of outdoor medical relief dealt with during the period 1st January to the 4th July, compared with the previous three years.

TABLE 3.

Provision of.—	1.1.48	1947	1946	1945
	4.7.48			
Dental treatment (by local dental practitioners)	7	15	13	9
Surgical appliances	122	149	160	149
Ophthalmic treatment	210	371	264	239
Clothing to enable tuberculous patients to proceed to sanatoria	1	9	10	5
Insulin	72	110	118	113
Special medicaments	49	93	73	58
Totals	461	747	638	573

Dental Clinics.—Dental treatment recommended by district medical officers was available until the 4th July, at the dental clinics established at the Bishop Auckland and Chester-le-Street public assistance institutions. The following table gives a summary of the work completed at the clinics during the period 1st January to the 1st July.

TABLE 4.

	Clinic.	
	Bishop Auckland.	Chester-le-Street.
Sessions	27	42
Patients	103	192
No. of Attendances	238	435
Waiting list 1.1.48	15	26
Receiving treatment on 1.1.48	9	15
Number of new applications received	86	131
	110	172
Number of cases in which treatment completed	101	158
Number of cases in which treatment given but not completed on 4.7.48	4*	9*
Number of applications withdrawn	5	5
Waiting list (treatment not commenced 4.7.48)	—	—
	110	172

*Treatment completed at 10 sessions held after the appointed day.

Outdoor Medical Relief.—Part-time medical officers appointed to specified medical relief districts continued to provide this service until the 4th July. Four changes in personnel occurred, and on the 4th July there were 70 officers in the outdoor medical service.

Public Assistance Institution Hospitals.—The following table (Table 5) shows the number of admissions in each of the years 1939 to 1947, and for the period 1st January to 4th July, 1948:—

TABLE 5.

Total number of hospital beds 4/7/1948.	Admissions during year.									
	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939
1588	1160	2640	2828	2618	2634	3084	2917	2387	2534	2858

Admissions to, and discharges from, public assistance institution hospitals during the period 1st January to 4th July are set out in Table 6.

TABLE 6.

Name of Institution.	In residence 1-1-48	Admissions.	Deaths	Discharges	In residence 4-7-48
Barnard Castle	53	45	21	21	56
Bishop Auckland	204	94	31	73	194
Chester-le-Street	229	334	126	189	248
Durham	154	95	41	45	163
Easington	181	263	70	177	197
Houghton-le-Spring	56	37	18	22	53
Lanchester	227	153	49	110	221
*Sedgefield.....	—	21	1	20	—
Stockton	149	118	37	75	155
Totals	1253	1160	394	732	1287

*This institution became a colony for aged (female) infirm and female adolescents 2/9/35.

In Table 7 are shown the names of the nine public assistance institutions together with the sick ward accommodation and number of staff employed on the 4th July, 1948.

TABLE 7.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Sick ward bed accommodation and staff at public assistance institutions on 4th July

Name of Institution.	No. of Beds in Sick Wards			Medical Officer Part-time—Non-resident	Supt. Nurse.	Trained Nurses		Assis- tant Nurses		Male Nurses		Mental Attend- ants.		Trained	Assist- anst.		Auxilia- ries.	
	M.	F.	C.			Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	M.	F.		Full time	Part time		
																		Full- time	Part- time
Barnard Castle	61	—	—	1	—	2	—	2	—	10	—	—	—	—	—	—	—	—
Bishop Auckland	98	73	23	1	1	10	5	10	10	11	—	—	—	6	26	—	1	—
Chester-le-Street	102	146	18	1	1	7	3	14	4	20	—	—	—	1	6	1	—	—
Durham	113	65	10	1	1	4	—	15	—	9	—	—	—	—	—	—	—	—
Easington	93	103	216	1	1	5	1	13	7	13	—	—	—	—	9	—	—	1
Houghton-le-Spg.	24	32	—	1	1	—	—	10	—	4	—	—	—	—	—	—	—	—
Lanchester	83	120	42	1	1	7	—	24	—	5	—	—	—	—	4	—	—	—
Sedgefield	—	—	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Stockton	89	62	11	1	1	6	—	19	—	6	—	—	—	—	—	—	—	—
Totals	663	601	324	9	8	41	9	107	21	78	—	—	7	13	45	1	—	2

NURSING HOMES.

During the year no applications were made to the County Council under section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. Twelve general and cottage hospitals were re-inspected during the year and granted exemption. The maternity and nursing homes were periodically inspected.

REGISTERED NURSING HOMES.

<i>Name and address.</i>	<i>Description.</i>
St. Monnica's, 60 North Bondgate, Bishop Auckland.	Maternity.
West End, 1, Rosslyn Terrace, Stockton-on-Tees.	Maternity, aged and infirm
Barton House, Yarm Road, Stockton-on-Tees.	Maternity and general.
Rosemount, 32, Bede Road, Barnard Castle.	Maternity and general.
Percy House, Neville's Cross, Durham.	Aged, infirm and border- line mental cases.
12, South Bailey, Durham.	General, chronic, aged and infirm.

GENERAL AND COTTAGE HOSPITALS
GRANTED EXEMPTION.

- * Hartlepoons Hospital.
- Sherburn Hospital.
- * Stockton and Thornaby Hospital.
- * Horden Cottage Hospital.
- * Lady Eden Cottage Hospital.
- * Wickham and District War Memorial Cottage Hospital.
- * Durham County Hospital.
- * Holmside and South Moor Miners' Welfare Hospital.
- * Palmer Memorial Hospital, Jarrow.
- * Ellison Hall Infirmary, Hebburn.
- Consett Iron Works Infirmary.
- Wayside, Boldon.

*Transferred to Regional Hospital Board with effect from 5th July, 1948.

HEALTH CENTRES.

The date for the submission of the County Council's proposals for the provision of health centres under Section 21 of the National Health Service Act, 1946, had not at the end of the year been determined. In a circular at the beginning of the year the Minister of Health stated that, in view of the impossibility of a new building programme and the need for intensive research and thought about design, the date for the submission of proposals would be postponed. The Minister in a further letter stated that local health authorities should consider the continuation as health centres of premises at which general practitioner service of certain medical aid societies and similar bodies or dental clinics for the adult population were now being provided. In the meantime information is being obtained with regard to suitable sites for health centres.

CARE OF MOTHERS AND YOUNG CHILDREN.

The following proposals of the County Council under Section 22 of the National Health Service Act, 1946, were approved by the Minister of Health on the 19th May, 1948.—

PART I.

GENERAL STATISTICAL DATA.

1. The total mid-1946 population of the Authority's area as estimated by the Registrar General, is 863,530.

2. The total mid-1946 number of children under 5 in the Authority's area was 71,622.

3. The total number of registered live births in the Authority's area, legitimate and illegitimate was :—(a) 1945—15,639 ; (b) 1946—18,408.

EXISTING SERVICE.

The maternity and child welfare services are administered in the municipal boroughs of Jarrow, Hartlepool and Stockton by the Corporations of the boroughs and in the rest of the administrative county by the County Council.

THE COUNTY WELFARE AREA.

The medical staff consists of.—

A senior welfare medical officer.

15 assistant welfare medical officers.

2 assistant welfare medical officers who reside in county maternity homes and devote part of their time to duties in the homes.

3 assistant welfare medical officers who hold joint appointments as medical officers of health of county districts and who devote part (respectively 8/22nds, 3/11ths, and 1/11th) of their time to the duties of medical officer of health.

3 part-time assistant welfare medical officers.

The assistant welfare medical officers do not confine themselves to clinical medicine exclusively. They are responsible for the efficient running of the welfare centres and clinics and take an active part in the educational and social aspects of the work. Each assistant welfare medical officer attends child welfare centres and ante-natal, post-natal and ultra violet ray clinics and nurseries in her area. She is assisted at the centre and clinics by one or two health visitors, a clerk and a voluntary committee.

Ante-natal Care.—The service at the clinics provides routine examination and advice ; taking of blood for Wassermann and Rhesus factor tests ; ultra violet ray treatment (at 23 centres) ; provision of rugs, vitamin foods etc. (supplied free of cost in necessitous cases for the treatment of anaemia, malnutrition and endocrine deficiencies) ; and health education, demonstration of layettes, etc.

Specialist ante-natal clinics are held at three places for the convenience of mothers who live at a distance from hospital ante-natal clinics. Mothers are referred to these by assistant welfare medical officers and to a limited extent by general practitioners.

Close co-operation exists between the ante-natal clinics and the neighbouring maternity hospitals, booked cases being referred back to the county clinics for ante-natal supervision.

Post-natal Care.—The proportion of mothers who avail themselves of the facilities at the post-natal clinics is still relatively low. The principal demand is for advice and help in connexion with minor gynaecological conditions which do not require surgical intervention. Advice is sought on sterility.

Birth Control.—Advice is given at nineteen centres on medical grounds.

Child Care.—The activities of the infant and child welfare clinics comprise routine weighing examination and advice; immunisation against diphtheria; the provision of drugs, vitamin foods and baby foods (which at the discretion of the assistant welfare medical officer may be given free in necessitous cases); ultra violet ray treatment (at 23 centres); and educational work. Mothers who attend with their children are if necessary examined and given advice. Co-operation between the clinics and the Department of Child Health in Newcastle is close.

Prevention of deafness.—Arrangements exist for the provision of specialist treatment at the Royal Victoria Infirmary and the Fleming Memorial Hospital, Newcastle.

Treatment of Squint.—Special provision has been made for examination and treatment.

Orthopaedic treatment.—The County Council defray the cost of in-patient treatment and appliances in necessitous cases.

Physically defective children.—Arrangements are made for admission to special schools in suitably selected cases.

County Convalescent Home.—This provides rest and more continuous supervision and instruction than can be given at periodic visits to a clinic. It has accommodation for 24 children aged 1-5 years and 9 mothers with their babies under 6 months.

The County of Durham Federation of Voluntary Workers has a Convalescent scheme for mothers who are not eligible for the County Convalescent Home.

Dental Service.—Extension of this service is desirable, as soon as circumstances permit. Twelve part-time dentists are employed by the Voluntary Committees at 12 of the County Council centres. The mothers pay moderate fees for treatment. The County Council give grants towards the fees of the dentists and pay the cost of dentures in necessitous cases.

Nurseries.—The County Council administers two day nurseries with an aggregate of 120 places and two residential nurseries with an aggregate of 90 places. Three of these are used in connexion with the scheme of training for the National Nursery Certificate.

Care of Unmarried Mothers.—The Council's Officers co-operate closely with the officers of the Durham Diocesan Moral Welfare Association in the care of unmarried mothers. The Council contribute towards the maintenance of one of the Association's homes (St. Monnica's, Bishop Auckland) and have agreed to assist the Association to equip and maintain another (Ramside, near Durham).

Arrangements with other local authorities.—Arrangements exist whereby mothers and children living in the county welfare area may, if more convenient for them, attend the centres of neighbouring welfare authorities.

THE BOROUGH OF HARTLEPOOL.

Infant and Child Welfare work is carried out by the Medical Officer of Health at two corporation clinics. Ante-natal supervision is carried out by four general practitioners at two corporation clinics and in some cases at the home of the mother. Welfare foods are sold at the clinics.

There is in addition an ante-natal clinic at the Hartlepoons Hospital and the Corporation pay for the upkeep of 4 beds in the Maternity unit of the Hospital.

A voluntary committee assists at the Child Welfare clinics.

THE BOROUGH OF JARROW.

The duties of Welfare Medical Officer are carried out by the Medical Officer of Health. Ante-natal and child welfare sessions are held at the welfare centre, and immunisation against diphtheria is carried out. Vitamin foods are distributed both at the welfare centre and at another distribution centre. An ante-natal clinic at the Corporation maternity home serves mothers who have arranged to be admitted for confinement.

THE BOROUGH OF STOCKTON.

The duties of Welfare Medical Officer are carried out by the Medical Officer of Health and his assistant. Adequate ante-natal and child welfare facilities are provided by the Corporation. The average attendance per session at the child welfare centres during 1946 was 67.44 and at the ante-natal centres 19.99.

Facilities are available for dental treatment for expectant mothers and children under 5 years and for specialist treatment of ear, nose and throat, and eye cases in pre-school children.

X-ray facilities are available for expectant mothers and two artificial sunlight clinics are held weekly where children referred from the child welfare centres receive treatment.

Arrangements have been made for the care of premature infants. As the Corporation has a maternity home, most premature infants under 4-lbs. are removed there, where facilities are available for their care. Cots are available for nursing premature infants at home.

Maternity outfits are available at the child welfare centre if required.

Dried milk and vitamin products are available at all child welfare centres.

The Corporation has agreed to accept responsibility for the care and maintenance of unmarried mothers and their babies in the Brettargh Holt Home, near Kendal.

STATISTICAL INFORMATION.

The following are particulars of the services provided by welfare authorities and voluntary organisations in the area of the Local Health Authority :—

	<i>H'pool M. Borough</i>	<i>Jarrow M. Borough</i>	<i>S'ton M. Borough</i>	<i>Rest of Admin. County</i>	<i>Admin. County</i>
<i>A. Ante-natal clinics.</i>					
(i) Number of clinic premises	2	2	2	73	79
(ii) Number of expectant mothers who attended in 1946	247	532	880	13,807	15,466
(iii) Number of sessions held weekly	2	4	1	70½	77½
<i>B. Post-natal clinics.</i>					
(i) Number of clinics	—	—	1	28	29
(ii) Number of sessions held weekly	—	—	1 per m'th	11	11½
<i>C. If arrangements are made with general practitioners.</i>					
(i) Number of women antenatally examined	67	—	—	—	67
(ii) Number of women postnatally examined	62	—	—	—	62
<i>D. Child Welfare clinics.</i>					
(i) Number of clinics	2	1	6	78	87
(ii) Number of sessions held weekly	2	2	9	81	94
<i>E. Day nurseries.</i>					
(i) Number	—	—	3	2	5
(ii) Number of places for children	—	—	152	120	272
<i>F. Residential nurseries provided under maternity and child welfare powers.</i>					
(i) Number	—	—	—	2	2
(ii) Number of places for children	—	—	—	90	90
<i>G. Mother and Baby Homes.</i>					
(i) Number	—	—	—	2	2
(ii) Accommodation					
(a) Mothers	—	—	—	23	23
(b) Babies	—	—	—	23	23
(iii) Number of maternity beds (if any)	—	—	—	5	5
<i>H. Dental treatment given in 1946</i>					
(i) to expectant or nursing mothers	1	1	12	836	850
(ii) to children under 5	—	—	4	205	209

PART II.

Description of the Service which it is proposed to operate on the appointed day.

A. GENERAL ARRANGEMENTS.

1. The arrangements for the care of mothers and young children in the area of the Local Health Authority will be under the general control of the senior welfare medical officer, who will be responsible to the County Medical Officer of Health.

There will be 25 Assistant Maternity and Child Welfare Medical Officers whole-time or part-time to the equivalent of 22 whole-time officers.

The centres as at present located are considered to be adequate in number for the needs of the area. The numbers of sessions are modified from time to time in accordance with demand.

The centres as constituted on the appointed day will continue in operation. The assistant welfare medical officers will be responsible for their operation as at present.

2. Arrangements similar to those existing will be made whereby mothers and children may attend centres in Darlington, Gateshead, South Shields, Sunderland and West Hartlepool, and in Yarm (North Riding of Yorkshire) on such terms as may be agreed between the Local Health Authorities concerned.

3. The Local Health Authority will make arrangements with the Durham Diocesan Moral Welfare Association in connexion with the care of unmarried mothers and their children.

4. In accordance with arrangements concluded with the Regional Hospital Board as modified from time to time if necessary by agreement with the Board.

- (a) expectant mothers may be referred from ante-natal clinics of the Local Health Authority to clinics of the Board for a specialist opinion ;
- (b) expectant mothers may be referred from ante-natal clinics of the Local Health Authority to Maternity Hospitals or homes of the Board for admission for ante-natal treatment or for confinement ;
- (c) nursing mothers may be referred from post-natal clinics of the Local Health Authority to clinics of the Board for the opinion of a specialist ;
- (d) prematurely born infants (with their mothers) may, where necessary, be admitted to special units of the Board ;
- (e) young children suffering from physical defects may be referred from child welfare centres of the Local Health Authority to clinics of the Board for specialist advice and, if necessary, treatment ; and
- (f) specialists of the Board will attend specialist ante-natal sessions held in centres of the Local Health Authority.

5. Under arrangement with the Education Committee and if necessary modified from time to time by agreement, children requiring orthoptic treatment may be referred to clinics of the Education Committee for advice and treatment.

B. PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

1. Clinics.

(a) Number of ante-natal clinics	.....	.....	79
Number of ante-natal sessions	.....	.....	85 per week.
(b) Number of post-natal clinics	.....	.....	31
Number of post-natal sessions	.....	.....	13 per week.
(c) Number of infant welfare clinics	.....	.....	90
Number of infant welfare sessions	.....	.....	100 per week.
Number of ultra violet ray clinics	.....	.....	28
Number of ultra violet ray sessions	.....	.....	56 per week.

2. *Care of premature infants.*—A stock of special cots, hot water bottles, woollen shawls, blankets and clothing, cotton wool, olive oil and special feeders, will be maintained centrally. Equipment when required will be taken to the case by the Supervisor of Midwives or her assistant at the request of the midwife. The midwife will devote special attention and additional time to the care of the premature infant and will attend as long as is necessary. She will instruct relatives in the care of the infant and encourage them to co-operate in the nursing.

3. *Dental Care.*—It is estimated that owing to shortage of professional staff, there is little possibility of expanding the dental service by the appointed day. The existing arrangements will therefore be continued, the Local Health Authority assuming financial responsibility for the service.

The arrangements will be as follows :—

(i) Clinics.

(a) There will be 12 clinics at 12 child welfare centres for expectant and nursing mothers.

(b) Young children will receive dental treatment at the same clinics as expectant and nursing mothers.

(ii) Dentists.

(a) Full-time—nil.

(b) Part-time—8.

(iii) Sessions.

Sessions are held fortnightly at 3 clinics and monthly at 9 clinics.

(iv) Dentures will be provided by the dentists attending the clinics at the child welfare centres.

In Stockton the arrangements under which mothers and children are referred to School Dental Officers for treatment will be continued.

4. *Supply of Welfare Foods.*—The Council propose to distribute, on behalf of the Ministry of Food, those welfare foods which are included in the Government's Welfare Food Scheme, and to arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers or young children so require.

5. *Provision of maternity outfits.*—Stocks of maternity outfits will be maintained centrally, and outfits will be distributed as required by midwives.

6. *County Convalescent Home.*—The Local Health Authority will provide accommodation in the County Convalescent Home, Shotley Bridge, for mothers with their babies and young children who require special supervision for short periods.

7. *Nursery Provision.*—

(a) *Day Nurseries.* Five day nurseries, one in Hebburn with 80 places one in Haverton Hill with 40 places and 3 in Stockton with 152 places will continue in operation.

(b) *Residential Nurseries.* There will be two of these, one at Birtley with 60 places and one at Bishop Auckland with 30 places.

It is intended that these nurseries, both long and short-stay, shall be provided in discharge of the duty placed on the County Council by the Children Act, 1948, and shall be administered in the manner provided in that Act and the Regulations made thereunder.

(c) It is not proposed to provide other forms of day care for children.

8. *Care of unmarried mothers and their children.*—The Local Health Authority will arrange with the Durham Diocesan Moral Welfare Association for the provision of help and advice to unmarried mothers by the workers of the association. The Local Health Authority will make a grant to the Association which will include an amount in respect of the maintenance of St. Monnica's Home, Bishop Auckland, and Ramside Hostel, near Durham. The arrangements will provide in relation to hostel accommodation (a) that the Association in the case of a person from the area of another Authority will make an appropriate charge to that authority; and (b) that the Local Health Authority will have such representation on the hostel committee as will ensure that they have an adequate share in the management of the service.

In special circumstances individual cases may be admitted to hostels under the control of other organisations provided that the financial arrangements are satisfactory.

PART III.

DEVELOPMENT PLAN.

Dental Care.—The part of the arrangements for the care of mothers and young children most in need of expansion is the dental service.

It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic; for the periodical examination of children under the age of five, and for the necessary treatment to be provided for expectant and nursing mothers and young children particular attention being given to conservative treatment.

Integration with other services.—The development of an arrangement in which medical officers are allocated either to ante-natal and obstetric work or to child welfare and paediatric work can only be gradual and under conditions in the county, for some considerable time, partial. In rural districts, centres may be open only fortnightly or monthly and division of function necessitating the attendance of two officers would be extravagant. In urban areas, arrangements will be made for one assistant welfare medical officer to do infant welfare work and another to undertake ante-natal work. When and to the extent to which, it is found practicable for these officers to devote part of their time to hospital work by arrangement with the Regional Hospital Board, it will be necessary to increase their number. On the assumption that ultimately each may spend 15% of her time in hospital work 4 additional assistant welfare medical officers making 26 in all will be required.

The Local Health Authority will consider in consultation with the Executive Council, as the need becomes apparent and as the provision of Health Centres advances, the possibility of employing general practitioner obstetricians to staff clinics at which they would give ante-natal and post-natal supervision to women at whose confinements they might be required to assist.

NURSERIES.—

The Local Health Authority will provide such additional nursery accommodation as may be required and circumstances permit. It is, however intended that residential nurseries, both long and short-stay, shall be provided in discharge of the duty placed on the County Council by the Children Act, 1948, and shall be administered in the manner provided in that Act and the Regulations made thereunder.

General.—The services provided will be reviewed from time to time and will be adjusted or extended as necessary and as circumstances permit.

It will be noted that from the appointed day the administration of this work in the municipal boroughs of Hartlepool, Jarrow, and Stockton was transferred to the County Council.

Staff.—At the end of the year the staff consisted of the Senior Welfare Medical Officer, and 15 whole-time and 7 part-time assistant welfare medical officers. At Hartlepool the work was done by the Borough Medical Officer of Health and 5 medical practitioners on a sessional basis, at Jarrow by the County Council staff, and at Stockton-on-Tees by 5 medical practitioners on a sessional basis.

Centres.—By the transfer of 9 welfare centres on the appointed day and the opening of 2 additional centres in the county during the year there were 89 welfare centres in existence at the end of the year. 38 of these centres were held in premises owned or wholly rented by the County Council, the remaining centres being held in Church halls, etc., on a rental basis.

Table 8 shows the aggregate attendances at the welfare centres during the year and Table 9 the attendances at each welfare centre.

TABLE 8.

	Babies and Children's Sessions.			Ante-Natal Sessions.
	Under 1 year.	1 and under 3 years.	3 and under 5 years.	
No. on books	9,079	11,873	4,215	12,972
Attendances	78,198	27,893	7,243	57,240
Average attendances per session	19	7	2	13
Consultations	58,591	21,894	5,715	56,782
Average consultations per session	15	6	1	13

Compared with 1947, and excluding Hartlepool, Jarrow and Stockton, this shows that the number of expectant mothers attending the centres has fallen by 787, babies 410, children 1—3 years 1,014, and children 3—5 years 293.

The following statement gives the attendances of mothers from the county maternity and child welfare area at centres outside the area.—

		Mothers Attendances.	
Darlington .....	.....	94	330
Gateshead .....	.....	50	148
South Shields .....	.....	44	123
Stockton (up to 4.7.48.) .....	.....	18	37
Sunderland .....	.....	117	286
West Hartlepool .....	.....	27	171
Yarm and Eaglescliffe .....	.....	143	397
Totals .....	.....	<u>493</u>	<u>1492</u>

Ante-Natal Clinics.—During the year 12,972 expectant mothers attended the clinics, which is a decrease of 261 compared with 1947. The following is an analysis of some features of 12,331 of these cases.—

Duration of Pregnancy at first attendance.

Under 3 months	2,215
3-6 months	7,107
6-9 months	3,009

Total 12,331

Age of Patients.

Under 20 years	683
20-25 years	5,140
26-30 years	3,471
31-35 years	1,858
36-40 years	936
41-45 years	231
46-50 years	12

Total 12,331

Number of Pregnancy.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
5,247	3,584	1,726	822	392	226	132	71	56	29	23	7	8	6	1	1
Total :—12,331															

History of Previous Confinements.

(1) Normal	12,597
(2) Abnormal (a) P.P.H. Retained Placenta	123
(b) A.P.H.	330
(c) Instrumental	1,160
(d) Induction	79
(e) Caesarean	57
(f) Breech	362

Total 14,708

Full Term Live Births	12,421
Still Births	358

Premature Live Births	602
-----------------------	-----

Abortions	1,195
Twins	131
Triplets	1

Total 14,708

Health of Mothers.

Poor.	Moderate.	Good.	Total.
604	2,406	9,321	12,331

Nature of Confinement.

(a) Normal	7,504
(b) Abnormal	
Instrumental	476
Induction	51
Caesarean	68
Malpresentation	86
Other abnormalities	86
A.P.H. Haemorrhage	69
P.P.H. Haemorrhage	79
Prolonged Labour—Disproportion	33
Inertia	11

Total 8,463

Results.

Full time live births	.....	7,714
Full time still births	.....	152
Premature live births	.....	286
Premature still births	.....	44
Abortions	.....	162
Twins	.....	98
Triplets	.....	1
Not yet delivered	.....	3,529
Removed from district	.....	339
Maternal deaths	.....	5
Pregnancy terminated	.....	1

Place of Confinement.

County Maternity Home	.....	293
Richard Murray Hospital	.....	149
Princess Mary Maternity Hospital	.....	573
Hardwick Hall Maternity Home	.....	569
Croxdale Hall Maternity Home	.....	365
Public Assistance Hospitals	.....	101
Other maternity homes and hospitals	.....	486
At Home		
Doctor	.....	55
Midwife	.....	4,920
Doctor and midwife	.....	812
B.B.A.	.....	140
Removed	.....	339
Not yet delivered	.....	3,529
Total		<u>12,331</u>

Abnormal conditions found at ante-natal examinations :—

Anaemia	.....	1,643	Albuminuria plus raised		
Dyspepsia	.....	384	blood pressure	.....	243
Dental caries	.....	2,921	Albuminuria	.....	375
Cardiac (a) Functional	.....	453	Venereal disease	.....	57
(b) Organic	.....	297	Varicose veins	.....	2,188
Placenta praevia	.....	23	Haemorrhoids	.....	794
Respiratory disease	.....	339	Constipation	.....	2,647
Tuberculosis	.....	99	Toxic ante-partum		
Raised blood pressure	.....	798	haemorrhage	.....	119
Nephritis	.....	13	Some degree of pelvic		
Chronic Nephritis	.....	109	contraction (a) Minor	.....	550
Non-venereal discharges	.....	1,933	(b) Major	.....	80
Persistent Vomiting	.....	862	Other conditions	.....	1,282
Malpresentation					
(a) Rectified	.....	324			
(b) Persistent	.....	111			

Post-Natal Clinics.—Special sessions were held at 31 centres. Table 10 shows the numbers of mothers on the books and the attendances made by them. The number of mothers on the register showed an increase of 205 and the number of attendances 259 compared with 1947.

TABLE 10.

Post-Natal Clinics.—No. on Books and Attendances, 1948:—

Centre.	No. of mothers on books.	No. of Attendances.	Centre.	No. of mothers on books.	No. of Attendances.
Billingham	54	112	Ferryhill	72	99
Birtley	21	44	Hebburn	70	126
Bishop Auckland	167	255	Horden	28	35
Blackhall	20	40	Houghton-le-Spring	91	111
+ Blaydon & Winlaton	111	199	Rowlands Gill	35	43
Brandon	43	61	Ryton	70	136
Chester-le-St.	65	304	Seaham Harbour	34	41
Chopwell	16	17	*Shotley Bridge	10	10
Consett	146	205	× Silksworth	9	12
Coundon	26	33	South Moor	29	46
Coxhoe	96	145	Washington	112	155
Crook	76	90	West Auckland	26	29
Dunston	66	109	West Stanley	47	74
Durham	122	222	†Wingate	13	16
Easington	44	64	‡Witton Park	22	33
Felling	48	64			
Totals.				1789	2930

+ Joint Clinic from 6.1.48.

† Opened 2.2.48.

* Opened 9.1.48.

× Opened 14.4.48.

‡ Opened 5.4.48.

Birth Control Clinics.—The number of these clinics increased by 2 to 21, one of these coming under the control of the County Council from the Hartlepool Municipal Borough. Table 11 shows the number of mothers on the books and the attendances made by them. The number of mothers on the register showed an increase of 272 while the total number of attendances increased by 424 compared with 1947.

TABLE 11.

Birth Control Clinics.—No. on Books and Attendances, 1948:—

Centre.	No. of mothers on books.	No. of Attendances.	Centre.	No. of mothers on books.	No. of Attendances.
Billingham	89	191	Easington	27	48
Birtley	42	56	Felling	84	95
Bishop Auckland	52	96	× Hartlepool	9	14
Blackhall	4	6	Horden	12	18
‡ Blaydon & Winlaton	146	280	Houghton-le-Sp.	83	130
Chester-le-St.	50	76	Rowlands Gill	18	28
Consett	84	117	Seaham Harbour	47	63
Coxhoe	32	54	*South Moor	12	14
Dunston	38	77	Washington	84	131
Durham	104	195	West Stanley	58	112
			†Wingate	24	44
Totals				1099	1845

‡ Joint clinic from 6.1.48.

† Opened 2.2.48.

* Opened 14.4.48.

× Taken over by County Council

5.7.48.

Dental Clinics.—The number of dental clinics at the beginning of the year was 12 but after the 5th July, owing to the resignation of part-time dentists, the number of such clinics fell by the end of the year to 4. Table 12 shows the work done in these clinics.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Dental Treatment.

Clinic.	No. of Patients Treated		No. of Attendances made		No. of Attendances made		Extrac-tions.		Scal-ings.		Fill-ings.		Dentures for Mothers.				Other Treat-ment or advice.		Fees Received.		Number of Attendances of Dentist.	Last Session held				
	Mothers.		Children.		Mothers.		Children.		Mothers.		Children.		Full Upper		Full Lower		Partial Upper		Partial Lower				Mother		Children	
	No. of Patients Treated	No. of Attendances made by Mothers.	No. of Patients Treated	No. of Attendances made by Children.	For Mothers	Casual	Mothers	Children	Mothers	Children	Mothers	Children	Mothers	Children	Mothers	Children	Mothers	Children	£	s. d.						
Birtley	15	3	3	14	23	4	—	—	—	—	—	—	—	—	—	—	3	—	17	0	5	July				
Bishop Auckland	48	15	23	62	93	46	3	3	—	—	2	—	—	—	—	—	28	12	17	12	3	17	—			
Blaydon	31	21	26	64	35	32	2	—	—	—	—	—	—	—	—	—	8	5	1	15	6	14	December			
Consett	20	7	9	—	12	9	—	—	—	—	—	—	—	—	—	—	12	1	13	6	9	August				
Durham	61	23	24	98	64	41	3	—	—	—	—	—	—	—	—	—	28	—	26	13	0	22	—			
Felling	12	—	—	19	25	—	—	—	—	—	—	—	—	—	—	—	4	—	14	17	6	5	July			
Hebbarn	23	8	9	—	47	13	—	—	—	—	—	—	—	—	—	—	—	—	1	16	3	10	September			
Horden	56	14	15	65	51	21	2	—	—	—	—	—	—	—	—	—	34	5	32	19	6	13	—			
Houghton-le-Spring	63	22	24	111	73	16	6	—	—	—	—	—	—	—	—	—	27	10	71	1	6	22	—			
Seaham Harbour	68	4	4	92	18	16	1	—	—	—	—	—	—	—	—	—	2	—	77	15	6	6	July			
Trimdon	18	1	1	7	35	—	4	—	—	—	—	—	—	—	—	—	1	—	14	15	9	13	December			
West Stanley	19	3	3	120	13	8	—	—	—	—	—	—	—	—	—	—	—	1	38	19	3	6	September			
Totals	434	121	141	652	489	206	21	—	—	—	—	—	—	—	—	—	147	34	299	16	6	142	—			

Ultra-Violet Ray Clinics.—Apart from the addition of the Jarrow clinic, which came under the control of the County Council on the 5th July, the number of clinics (25) remained unchanged throughout the year. Table 13 gives details of treatment given at each clinic during the year. Excluding Jarrow, 5,367 patients received 66,456 treatments. This shows an increase of 606 cases and 9,438 treatments compared with 1947.

TABLE 13.

Ultra-violet-Ray-Clinics, 1948.

Centre.	No. of Patients treated	No. of Treatments given.	Average per Session.	No. of Sessions held.
Annfield Plain	156	1430	19	75
Billingham	238	3418	35	99
Birtley	110	1364	14	98
Bishop Auckland	245	2978	31	97
Blaydon	327	3789	39	97
Do. —Kromayer	75	655	7	93
Boldon	125	973	10	99
Chester-le-Street	246	3083	32	97
Chopwell	182	1942	20	99
Consett	234	2514	25	100
Coxhoe	138	2201	23	95
Crook	209	2660	28	97
Dunston	175	2296	24	97
Durham	394	5427	54	100
Felling	157	2014	20	100
Ferryhill	187	2780	29	97
Hebburn	194	2541	26	99
Hetton	195	2937	30	99
Horden	309	3585	36	100
Houghton-le-Spring	250	3319	34	98
*Jarrow	53	303	9	33
Seaham Harbour	205	1904	24	80
Shotton	292	4316	44	98
Silksworth	131	1213	16	77
Spennymoor	163	2516	25	99
Washington	232	2540	30	84
West Stanley.....	198	2061	28	73
Totals	5420	66759	27	2480

*Taken over by C.C. 5.7.48.

E. F. Peile Home, Shotley Bridge.—This Convalescent Home for mothers and babies remains under the control of the County Council. During the year 102 mothers, 111 babies and 159 children were admitted. The average duration of stay of these cases was 20 days for mothers and babies and 21 days for children.

Dental treatment was provided at the Home as follows:—

No. of sessions	18
Attendances made by mothers	86
Attendances made by children	140
Attendance made by staff	1
Extractions for mothers	10
Scalings for mothers	37
Examinations for mothers	86
Examinations for children	140
Examination for staff	1

Nurseries.—On the 5th July three day nurseries in the Stockton Municipal Borough passed to the control of the County Council and these, together with those already administered by the County Council (2 day and 2 residential) made a total at the end of the year of 5 day and 2 residential nurseries. The following table shows the accommodation available in each nursery together with the average daily attendances.—

TABLE 14.

Nurseries.—

Nursery.	Number of Places.		Average Attendances	
	Day	Night	Day	Night
Birtley	80	48	57	53
Bishop Auckland	25	25	26	26
Haverton Hill	40	—	34	—
Hebburn	80	—	69	—
Stockton.—				
(a) Durham Road	60	—	44	—
(b) Lorne Terrace	30	—	27	—
(c) Norton Road	60	—	42	—

Cases of Squint.—Treatment was provided for 229 children, or 7 less than in 1947.

Prevention of Deafness.—Up to the 5th July 48 children were recommended for treatment under this scheme, compared with 66 for the whole of 1947.

Orthopaedic Treatment.—Up to the 5th July assistance towards the cost of appliances was granted in respect of five children. Two children were admitted into an orthopaedic hospital.

County Federation of Voluntary Workers.—Four meetings were held during the year. The sum of £36 11s. 0d. was subscribed to the Federation Convalescent Scheme by the voluntary committees of the welfare centres, and arrangements were made for 12 mothers to have convalescent treatment under this scheme.

Specialist Clinics.—Three specialist consultation clinics were held throughout the year. Cases are referred by assistant welfare medical officers from welfare centres and also by general practitioners for examination, and Table 15 shows the consultations held during the past five years.

TABLE 15.

Clinic.	Com- menced	Doctor Attending	Sessions	Consultations.				
				1944	1945	1946	1947	1948
Bishop Auckland M. & C.W. Centre, "Ninefields," Etherley Lane.	November 1944	E. F. Murray M.D., Ch.B., F.R.C.S. F. E. Stabler, M.D., B.Sc. F.R.C.S.	1st & 3rd Weds. morn- ings of each month	78	401	435	398	367
Horden. M. & C.W. Centre, Third Street.	December 1945	F. J. Burke, M.D., M.B., Ch.B., M.R.C.S., L.R.C.P.	3rd. Weds. after- noon of each month	—	3	29	57	83
Houghton. M. & C.W. Centre, Newbottle Street.	December 1945	do.	1st. Weds. after- noon of each month	—	—	80	121	119

Mother and Baby Hostels.—A hostel for unmarried mothers and their babies at Ramside, Belmont, Nr. Durham City, is administered by the Durham Diocesan Moral Welfare Association, the County Council making an annual grant towards its maintenance. In all 47 girls and 24 babies were admitted during the year and 20 girls were re-admitted. Forty girls and 19 babies were discharged to their homes or to domestic work, and at the end of the year there were 7 girls and 5 babies in the hostel.

St. Monnica's Home, Bishop Auckland, for unmarried mothers is also administered by the Durham Diocesan Moral Welfare Association and the County Council gives an annual grant to the Home. Twenty-seven girls were admitted to the Home during the year and 27 babies were born. 23 girls and 22 babies were discharged. One baby died at the age of 8 weeks. Four girls and 4 babies were in the Home at the end of the year.

DOMICILIARY MIDWIFERY SERVICE.

It will be seen from the following proposals of the County Council made under section 23 of the National Health Service Act that from the 5th July the County Council became the Local Supervising Authority for the whole of the administrative county and that the agreement with the County Nursing Association whereby certain areas of the county are served by district nurse-midwives is continued.

PART I.

STATISTICAL DATA.

<i>Number of domiciliary births.</i>	<i>Stockton Mun. Borough.</i>	<i>Rest of Administrative County.</i>	<i>Total</i>
1945	748	11,127	11,875
1946	908	13,485	14,393

EXISTING SERVICE.

Under the Midwives Act, 1936, a service of domiciliary midwives is provided in the Municipal Borough of Stockton by the Corporation of Stockton and in the rest of the administrative county by the County Council. In Stockton it is provided directly by the Corporation who employ 10 full-time midwives. In the rest of the county, the County Council as the Local Supervising Authority provide the service partly by employing midwives directly (principally in urban areas) and partly through the agency of the Durham County Nursing Association and the affiliated District Nursing Associations (principally in rural areas).

The number of domiciliary midwives employed by the County Council when all posts are filled is 147; at present there are 7 vacant posts.

The District Nursing Associations who provide service under the arrangements between the County Council and the County Nursing Association employ 71 nurse-midwives for this purpose.

Nine independent midwives in the County Local Supervising Authority's area and one independent midwife in Stockton have notified their intention to practise.

Arrangements for the supervision of midwives.--The County midwives and independent midwives are supervised by a non-medical supervisor of midwives who has one assistant. In the case of the district nurse-midwives who carry out midwifery under the County arrangements, the Superintendent of the County Nursing Association acts as non-medical supervisor and in this capacity is directly responsible to the County Medical Officer of Health. She has one assistant.

In Stockton the Senior Health Visitor acts as non-medical supervisor.

Transport.--Cars are not provided by the County Council. Midwives who own motor cars, motor cycles or push cycles may use them on official business and may claim mileage on the county scale. The use of a taxi is permitted in emergency if the midwife does not possess a car. If public transport is used, fares may be claimed.

District nurse-midwives who use cars do so under arrangement between the nurse and her employing association. The grant paid by the County Council to the County Nursing Association includes an adjustable amount in respect of travelling expenses incurred on midwifery work.

The County Nursing Association provides a car for the use of their administrative officers.

Gas and Air Analgesia.--Midwives who do not possess Gas and Air Analgesia Certificates are being trained in its use as quickly as possible under arrangements made with neighbouring hospitals. This applies

to County midwives and district nurse midwives. Already 66 county midwives and 13 district nurse midwives have been trained, 52 county midwives and 53 district nurse midwives remain to be trained and the rest either possess certificates or will shortly be retiring. Transport of the apparatus presents difficulties unless the midwife has a car.

PART II.

Description of the service which will operate on the appointed day.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. It is proposed that the service be provided in the more populous portion of the area of the Local Health Authority by midwives employed directly by the Local Health Authority and in the less populous rural area of the county by district nurse midwives employed by the Durham County Nursing Association acting as agents for the Authority.
2. The Local Health Authority will employ directly domiciliary midwives (whole-time or part-time) to the equivalent of 171 whole-time midwives.
3. It is proposed at the inception of the scheme that an arrangement be made under which the Durham County Nursing Association will act as the agents of the Local Health Authority for the provision of a domiciliary midwifery service in that portion of the Local Health Authority area not covered by the direct service.

The arrangement would provide that :—

- (1) The areas of the county in which the service is provided respectively by the Local Health Authority directly and by the County Nursing Association shall be of substantial size in order to facilitate relief in case of vacancy, holiday and sickness.
- (2) The County Nursing Association will employ and pay all nurse midwives directly, subject to the appointments being approved by the County Council.
- (3) The County Nursing Association will reorganise and coordinate the work of district nurse midwives to secure maximum efficiency in cooperation with the County Medical Officer of Health.
- (4) The County Superintendent will be responsible directly to the County Medical Officer of Health.
- (5) The Local Health Authority will make to the County Nursing Association a grant including :
 - (a) the actual salaries and travelling expenses ;
 - (b) cost of postages and telephones ;
 - (c) an amount in respect of administration expenses.
- (6) The Local Health Authority will have such representation on the Durham County Nursing Association as will ensure that they have an adequate share in the management of the service.

The Association will employ 71 nurse midwives in connexion with these arrangements.

4. In cases where the district of a nursing association which provides a service of domiciliary midwives under the above arrangement extends into the area of a neighbouring local health authority it is proposed that a joint arrangement be made with such authority.

ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES.

The Local Health Authority will employ directly a non-medical supervisor of midwives with two deputies and one assistant who will be in charge of the part of the service provided by directly employed midwives. She will also supervise the work of independent midwives who are in practice in the area of the Local Health Authority.

The County Nursing Association will employ a Superintendent with two assistants who will be in charge of the part of the service provided by the County Nursing Association and supervise the work of district nurse midwives.

TRANSPORT.

Fares incurred in travelling by public transport will be reimbursed. Midwives and nurse midwives who possess cars, motor cycles or push cycles and are authorised to use them on official journeys may claim mileage on the county scale. For journeys over 1 mile when public transport is not available or for journeys involving the transport of analgesic apparatus it is proposed that arrangements be made to hire cars where necessary until a service of cars can be provided in conjunction with the ambulance service.

ANALGESIA.

The existing arrangements for the training of midwives and nurse midwives who do not already hold certificates in the use of analgesia will be continued and integrated until as many as practicable are trained.

REFRESHER COURSES.

The Local Health Authority will pay the cost to midwives and nurse midwives of refresher courses approved by the Authority and attended by midwives and nurse midwives in accordance with the Rules of the Central Midwives Board.

HOUSING.

The Local Health Authority will so far as reasonably practicable provide houses for midwives and nurse midwives in appropriate cases.

PART III.

DEVELOPMENT PLAN.

The proposals in Part II will provide on the appointed day a service which apart from vacancies on the staff due to shortage of midwives will cover the area of the Local Health Authority. If it is found that the number of midwives provided for in the preceding part of the proposals is inadequate additional midwives will be employed as needed and as they can be secured.

Development of the service will be directed under the arrangements with the County Nursing Association, to (a) the segregation of midwifery from district nursing in urbanised areas where this is practicable and (b) the integration of the services provided directly by the Local Health Authority and indirectly through the County Nursing Association in order to make the most effective use of the midwives available and to facilitate mutual assistance and relief during absence from duty.

The development should be completed in two years.

It is proposed that a service of cars be provided in conjunction with the ambulance service which may, subject to conditions to be determined from time to time by the County Council, be used by midwives and nurse midwives.

The total number of midwives who gave notice of intention to practise in the administrative county during the year was 327, which included County Council whole-time midwives (162) district nurse-midwives (89) midwives employed in hospitals (62) and those engaged in private practice (14). At the end of the year 151 whole-time domiciliary midwives were employed by the County Council and 71 district nurse-midwives by the County Nursing Association. It has not been possible to reach the full establishment (171) of whole-time domiciliary midwives directly employed but replacement difficulties have been less than in previous years largely as a result of the efforts of local housing authorities to allocate council houses for midwives.

During the year 11,039 applications were received for the domiciliary services of the midwives appointed under the Act, 9,088 as midwife and 1,951 as maternity nurse.

The midwives requisitioned medical help on 4,594 occasions, and the following statement gives particulars as to the reasons for so doing:—

1. Ante-natal examination—general	55
2. Ante-natal examination—possible venereal disease	3
3. Ante-natal examination—albuminuria	219
4. Eclampsia, fits, convulsions—maternal	14
5. Miscarriage	241
6. Threatened miscarriage	136
7. Ante-partum haemorrhage	187
8. Post-partum haemorrhage	95
9. Placenta praevia	13
10. Retained or adherent placenta or membranes	148
11. Contracted pelvis, disproportion between child and pelvic outlet	80
12. Malpresentation	248
13. Prolonged or delayed labour, uterine inertia	727
14. Mammary inflammation, varicose veins, cardiac weakness, weakness during puerperium, etc.	124
15. Stillbirth	12
16. Ruptured perineum	1,385
17. Premature birth	119
18. Rise in temperature	116
19. Mental condition during pregnancy and parturition	17
20. Feebleness of child. Illness of child	193
21. Phimosi, tongue tie, suspicious eruptions on skin of baby, and umbilical conditions	53
22. Marked congenital malformation	48
23. Inflammation of child's eyes	116
24. Condition of mother ill-defined	50
25. Condition of baby ill-defined	19
26. Midwife in attendance at another case	13
27. Precipitate labour	1
28. Death of baby	3
29. Other conditions	159

In addition to the notifications of sending for medical help, the following notifications were received from midwives.—

Stillbirths	.....	.....	.....	.....	.....	.....	189
Death of mother	.....	.....	.....	.....	.....	.....	10
Death of child	.....	.....	.....	.....	.....	.....	165
Artificial feeding	.....	.....	.....	.....	.....	.....	236
Laying out the dead	.....	.....	.....	.....	.....	.....	27
Liability to be a source of infection	.....	.....	.....	.....	.....	.....	79

With regard to the 116 cases in which medical help was requisitioned on account of rise of temperature, 27 were subsequently notified as puerperal pyrexia, and 14 of these received in-patient hospital treatment.

Of the 116 cases of inflammation of the eyes, 26 were notified as ophthalmia neonatorum and 10 received hospital treatment.

Maternity outfits are available free of charge for all domiciliary confinements and the number issued during the period 5th July to 31st December was 415.

At the end of the year 119 wholtime midwives and 29 nurse-midwives had received the necessary training in gas and air analgesia and 135 have been supplied with the necessary apparatus. Two independent midwives have also been trained.

MATERNITY HOME ACCOMMODATION.

Maternity Homes and Hospitals.—On the 5th July the County Maternity Home, Bishop Auckland; the Croxdale Maternity Home; and the Hardwick Maternity Home, Sedgfield; together with the Maternity Department of the Richard Murray Hospital, Blackhill, passed to the control of the Regional Hospital Board. The allocation of maternity beds in these Homes, has however, by arrangement with the Hospital Board remained for the time being with the County Council. Priority for those requiring admission is based on grounds of obstetric emergency and environmental or social reasons.

The following table gives the number of patients admitted into maternity homes and hospitals from the maternity and child welfare portion of the administrative county area for the four years 1944-1947 and for the period 1st January to 4th July, 1948.—

	1944	1945	1946	1947	1948 (1st Jan to 4th July)	Total
Admitted to maternity homes	11	12	11	10	5	50
Admitted to hospitals	—	—	—	—	—	—
Total	11	12	11	10	5	50

TABLE 16.

Maternity Home or Hospital	Number of Cases Admitted.				
	1944	1945	1946	1947	1.1.48 to 4.7.48.
County Maternity Home, Bishop Auckland	364	342	363	375	183
*Richard Murray Hospital, Blackhill	399	348	74	29	129
Princess Mary Maternity Hospital, Newcastle	1100	1004	1,406	1,354	595
Sunderland Municipal Hospital.....	63	115	156	224	126
Grantully Maternity Home, West Hartlepool	27	34	28	42	16
Hardwick Hall Maternity Home, Sedgefield	481	515	663	635	360
†Croxdale Hall Maternity Home near Durham	—	—	211	479	302
Dilston Hall Emergency Home, Corbridge	79	93	90	6	—
Harton Hospital, South Shields	158	141	142	24	20
Municipal Hospital, Darlington....	54	66	44	40	14
Hartlepoons Hospital	35	40	27	21	12
Bensham General Hospital	21	51	33	62	31
Danesfield Maternity Home, Jarrow	60	76	43	34	123
‡Queen Elizabeth Hospital Gateshead.....	—	—	58	54	25
Totals	2841	2825	3338	3379	1936

* Ceased to admit cases as from April, 1946 to April, 1947.

† Cases admitted from January, 1946.

‡ Previously included in Bensham General Hospital figures.

Until the 4th July accommodation for maternity cases was provided at three public assistance hospitals, i.e. at Bishop Auckland and Easington for normal cases and at Durham for cases complicated by venereal diseases. The following table shows the number of beds available and the cases admitted during the period 1st January to 4th July, 1948:—

TABLE 17.

Name of Institution.	No. of Beds in Instit- ution (Ex- clusive of Isola- tion and labour beds).	No. of Cases ad- mitted during the year.	Average duration of stay. Days.	No. of Cases delivered by			No. of cases in which medical assist- ance was sought by Mid- wife	No. of Mater- nal Deaths
				(a)	(b)	(c)		
				Doc- tors.	Mid- wives.	Born before arrival		
Bishop Auckland	9	76	10	19	57	—	16	—
Durham	2	2	13	—	2	—	—	—
Easington	3	18	14	2	16	—	2	—
Totals	14	96	37	21	75	—	18	—

Cases of Abortion.—Arrangements were continued until the 4th July whereby a small number of beds in the Bishop Auckland Public Assistance Hospital was available for these cases, while arrangements also existed for the admission of cases to the Dryburn Hospital, Durham. Twenty-four cases were admitted to Bishop Auckland Hospital.

CARE OF PREMATURE INFANTS.

The following statement shows the number of infants recorded as weighing 5½lbs. or less at birth. For purposes of classification such babies, irrespective of the period of gestation, are recorded as premature. It will be seen that the statement has been divided into two separate periods, the first period being in respect of the welfare area of the County Council and the second period for the whole of the administrative county, i.e. including the municipal boroughs of Hartlepool, Jarrow and Stockton.

	1.1.48 to 4.7.48.	5.7.48 to 31.12.48.
Number of premature babies notified	379	385
do. born at home	253	266
do. born in hospital	126	119
Total live births registered	7,829	8,474
Percentage of premature births to total live births registered	4.8	4.5
Number of deaths registered	121	96
(a) under 1 week	92	79
(b) 1—4 weeks	18	10
(c) 1—3 months	11	7
Number who died in hospital	50	39

In accordance with the recommendations of the Ministry of Health the County Council provides the special equipment necessary for the care and nursing of premature babies, but few requests were received for this during the year.

Because of the considerable time and attention devoted by midwives to premature births, the results of home nursing continue to be good, and it has not been found necessary to admit any cases to special hospital units.

EMERGENCY MATERNITY SERVICE.

The arrangements continued unchanged and up to 4th July the 'flying-squad' was requisitioned on 11 occasions and the services of consultants were obtained in respect of 13 patients.

MATERNAL MORTALITY.

Table 18 gives the maternal mortality rate in the administrative county during the past ten years :—

TABLE 18.

ADMINISTRATIVE COUNTY OF DURHAM.—Maternal Mortality—
1939-1948.

Year	Births Registered (Live and Still)	Deaths from Puerperal Sepsis	Rate Per 1,000 births Registered	Deaths from other accidents and diseases of pregnancy and parturition.	Rate per 1,000 births Registered	Total Maternal Mortality Rate per 1,000 births registered
1939	15,418	26	1.69	51	3.31	4.99
1940	15,380	14	0.92	51	3.31	4.23
1941	14,969	15	1.00	53	3.54	4.54
1942	15,236	19	1.25	38	2.50	3.74
1943	15,631	11	0.70	48	3.07	3.77
1944	17,730	16	0.90	29	1.64	2.54
1945	16,202	8	0.49	37	2.28	2.78
1946	19,047	9	0.47	41	2.15	2.62
1947	19,864	3	0.16	40	2.01	2.16
1948	18,254	3	0.16	21	1.15	1.31

For the purpose of the Ministry of Health inquiry 22 maternal deaths were investigated during the year.

The following is an analysis of some features of these.

Ages—

20-29	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	11
30-39	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
40-50	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1—22

Parity

	1	2	3	4	5	6	7	8	9	10	
	10	5	2	-	-	2	1	-	1	1	22

Ante-Natal Care.

None	.....	5	
Doctor	.....	5	
Midwife	.....	3	
Doctor and midwife	.....	4	
Midwife and ante-natal clinic	.....	3	
Ante-natal clinic, hospital, midwife and doctor	.....	2	— 22

Health during ante-natal period.

Good	.....	8	
Moderate	.....	3	
Poor	.....	1	
One existing disease	.....	7	
Not known	.....	3	— 22

Causes of death.

Cardiac disease	.....	4	
Embolism	.....	1	
Sepsis	.....	1	
Ectopic gestation	.....	2	
Shock	.....	2	
Post-partum haemorrhage	.....	6	
Tuberculosis	.....	1	
Abortion	.....	1	
Acute yellow atrophy	.....	1	
Toxaemia	.....	3	— 22

Results.

Full time live births	.....	9	
Full time still-births	.....	3	
Premature live births	.....	4	
Premature still-births	.....	1	
Undelivered	.....	5	
Abortions	.....	1	— 23

(1 set twins)

PUERPERAL PYREXIA.

During the year 72 cases of puerperal pyrexia were notified compared with 75 in 1947. Three deaths were registered from puerperal sepsis which is the same number as in the previous year. Up to the 4th July 23 cases were admitted to hospitals under the County Scheme and the services of consultants were utilised in 5 cases. From this date until the end of the year, according to our information, 25 cases were admitted to hospital and a consultant was called in respect of 1 case.

OPHTHALMIA NEONATORUM.

TABLE 19.

Period	Notified	Cases.			Vision un-impaired	Vision im-paired	Total Blind-ness.	Re-moved No Report	Deaths	Under treatment at end of year
		Treated		Hospital						
		At Home	In-p'tient							
1-1-48 to 4-7-48	15	8	7	—	17	—	—	—	—	
*5-7-48 to 31-12-48	24	11	13	—	21	—	—	—	1	

The health visitors are instructed to make careful enquiries into all cases of inflammation of the eyes of newly-born children, and during the year, in addition to the 39 cases notified as ophthalmia neonatorum, they reported 491 such cases to which they paid 1,421 home visits.

The following details have been abstracted regarding these cases.—

	1-1-48 to 4-7-48	5-7-48 to 31-12-48
--	------------------------	--------------------------

Treatment.

No. of cases treated by own doctor	151	122
No special treatment	155	63

Hospital Treatment.

In-patients	2	1
Out-patients	4	4

Results.

Vision unimpaired	297	174
Under treatment at the end of the year	—	20

All the cases receiving treatment at the end of 1947 cleared up satisfactorily.

*Includes figures in respect of the municipal boroughs of Hartlepool, Jarrow and Stockton.

HEALTH VISITING.

The following proposals of the County Council under Section 24 of the National Health Service Act, 1946, were approved by the Minister of Health on the 26th May, 1948.—

PART I.

STATISTICAL DATA.

1. Area in square miles of Local Health Authority area—973.8.
2. Total mid-1946 population—863,530.
3. Number of births in 1946—18,408.

EXISTING SERVICE.

The existing service of health visitors in the area of the Local Health Authority is provided directly by the County Council and the Corporations of Hartlepool, Jarrow and Stockton.

In the county welfare area their combined duties comprise the following :—

Maternity and Child Welfare.

Home visiting of children under 5 years who are not attending school.

Home visiting of expectant mothers.

Attendance at (a) child welfare centres ;
 (b) ante-natal clinics ;
 (c) post-natal clinics ;
 (d) ultra violet ray clinics ;
 (e) dental clinics.

Tuberculosis.

Home visiting of tuberculous patients (including enquiries regarding maintenance allowances).

Attendance at Tuberculosis Dispensaries.

Mental Deficiency.

Ascertainment of Mental Defectives.

Home visiting of Mental Defectives.

School Children.

School Medical Inspection.

Home visiting of school children.

Attendance at (a) school clinics.
 (b) school dental clinics.

Escorting children to special schools and institutions.
 Cleanliness surveys.

Child Life Protection.

Supervision of cases.

Other duties.

Inquiries in connexion with assessment of fees for hospital treatment.

Supervision of (a) boarded out children.
(b) residual evacuee children.

In the Boroughs the work of health visitors is confined to the maternity and child welfare service.

Number of Health Visitors employed :—

	County Welfare Area.	Hartle- pool.	Jarrow	Stockton	Total
Superintendent Health Visitor	1	—	—	—	1
Deputy Superintendent Health Visitors	2	—	—	—	2
Health Visitors Establishment	116	2	3	5	126
Health Visitors employed	101½	1½	3	5	111

PART II.

Description of the service which will operate on the appointed day.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

In pursuance of the Act the scope of the service will be the visiting of persons in their own homes for the purposes of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

1. The Health Visitor service in the area of the Local Health Authority will be in charge of a Superintendent Health Visitor responsible to the County Medical Officer. She will be assisted by 2 deputy superintendents and 2 assistants.
2. It is proposed that the establishment of health visitors for the area of the Local Health Authority be 140.
3. No arrangements with voluntary organisations are proposed.
4. No joint arrangements with other Local Health Authorities are proposed.

TRANSPORT.

It is proposed that health visitors who possess cars be allowed to claim mileage on the county scale and that transport be provided for the administrative staff when it is necessary to pay visits in the district.

REFRESHER COURSES.

The Local Health Authority will pay the cost of refresher courses approved by them, which are attended by health visitors in accordance with the Report of the Nurses Salaries Committee.

PART III.

DEVELOPMENT PLAN.

It is considered that the proposals will provide an adequate service for the area. If it is found that the number of health visitors provided for in the preceding part of the proposals is inadequate additional health visitors will be employed as needed and as they can be secured.

Health Visitors Training School.—The twenty students in training were all successful at the April examination, while one student who was unsuccessful at a previous examination also satisfied the examiners.

Notifications of Births.—From the 5th July all births which occurred in the municipal boroughs of Hartlepool, Jarrow, and Stockton, were notified to the County Council as the Local Health Authority. During the whole of the year 16,044 live births and 383 stillbirths were notified; the number registered being 17,779 and 475 respectively. Of the notified births 11,559 were reported by midwives, 128 by doctors 4,724 by maternity homes and hospitals, and 16 by public assistance institutions. The health visitors paid first visits to 16,566 infants at home.

On the 5th July, 1948, the functions previously referred to the Health Committee relating to Child Life Protection under Part VII of the Public Health Act, 1936, and under the Adoption of Children Regulation Act, 1939, were transferred to the Children Committee. Supervisory duties, however, continued to be carried out by the health visitors for the Children's Officer under the following headings.—

Child Life Protection.—At the end of the year there were 73 cases under supervision, and generally speaking it was found that the standard of care continued to be good.

Boarded-out Children.—At the end of the year 75 cases were under supervision. Each case is visited at least once a quarter.

Adoptions.—225 children were legally adopted during the year while 82 were placed for adoption but legal proceedings had not been taken. Of the total adoptions 53 were arranged through an Adoption Society, 104 by private arrangement, and 68 were arranged by a third party.

Save the Children Fund.—The number of children in the county receiving free gifts from this Fund is now reduced to three.

Summary of Work Done by Health Visitors.—The work of the health visitors during the year ended 31st December, 1948, is summarised in Table 20.

TABLE 20.
DOMICILIARY VISITS.

<i>Maternity and Child Welfare.</i> —		
Ante-Natal First visits	.....	3,684
Revisits	.....	2,102
Births First visits	.....	16,566
Revisits to children	under 1 year	40,809
" " "	1—2 years	34,868
" " "	2—3 "	27,391
" " "	3—4 "	24,130
" " "	4—5 "	28,950
" " "	5—6 "	500
Visits to Child Life Protection Cases	.....	504
Visits to Board ed out cases	.....	194
Other visits	.....	5,747
Total	.....	<u>185,445</u>

<i>Tuberculosis.—</i>		
First visits	.....	2,067
Revisits	.....	16,667
Other visits	.. .. .	2,329
	Total	21,063
<i>School Work.—</i>		
School Children (Home visits)	.....	24,097
do. (School visits)	.....	1,470
	Total	25,567
<i>General Health.—</i>		
Visits re financial circumstances	.....	2,372
<i>Mental Deficiency.—</i>		
Visits paid to mentally defective persons	.....	6,315
Ineffective visits	.....	29,742
Total number of visits	.....	270,504
Number of effective visits	.....	240,762
Time (as days) spent on visits (routine, other and ineffective)	.....	10,734
Average daily number of effective visits per health visitor	.....	23
<i>Clinic, Etc., Work.—</i>		
Time (as days) spent :—		
(a) at M. & C.W. centres	.....	8,654
(b) at tuberculosis dispensaries	.....	1,649
(c) at school head to head inspections	.....	547
(d) at school clinics	.....	240
(e) conducting children to special schools	.....	102
(f) assisting with school medical inspection	.....	376
<i>Cases reported to district Medical Officers of Health.—</i>		
Overcrowding	.....	405
Sanitary defects	.....	550

PART TIME OFFICERS.—1st January—4th July, 1948.

Hartlepool Municipal Borough health visitors.—

No. of visits :—		
School	.....	1
Tuberculosis	.....	243
Mental defectives	.....	82
Time (as days) spent at dispensaries	.....	60
" " " " " " school clinics	.....	6
" " " " " " school medical inspection	.....	6

HOME NURSING SERVICE.

Prior to the 5th July general nursing in the home was carried out in the whole of the administrative county through the district nursing associations.

Under Section 25 of the National Health Service Act, 1946, the following proposals of the County Council for carrying out the duties were approved by the Minister of Health on the 20th May, 1948.

PART II.

Description of service which will operate on the appointed day.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. The administration and development of the home nursing service will be under the general supervision of the County Medical Officer of Health, and will be in charge of the Superintendent of the County Nursing Association who for this purpose will be directly responsible to the County Medical Officer of Health. It is proposed that provision be included for a night service of home nurses. Every effort will be made to extend the service to un-nursed areas as soon as possible.

2. It is not proposed that the Local Health Authority employ home nurses directly.

3. It is proposed at the inception of the scheme that the Local Health Authority conclude an arrangement with the County Nursing Association under which the Association will provide a service of home nurses. The arrangement will embody the following features :—

- (1) The service will cover the whole area of the Local Health Authority. This implies the affiliation with the County Nursing Association of all District Nursing Associations in the area of the Local Health Authority who desire to participate in the arrangements.
- (2) The County Nursing Association will employ and pay 165 nurses directly, including 71 district nurse midwives who give part of their time to midwifery, subject to the appointments being approved by the County Council.
- (3) The Superintendent of the County Nursing Association will be responsible directly to the County Medical Officer of Health.
- (4) The County Nursing Association will where necessary reorganise and coordinate the work of district nurses to secure maximum efficiency in cooperation with the County Medical Officer of Health.
- (5) The Local Health Authority will make to the County Nursing Association a grant including :
 - (a) the actual cost of salaries and travelling expenses of nurses ;
 - (b) cost of postages and telephones ;
 - (c) an amount in respect of administration expenses.
- (6) The Local Health Authority will have such representation on the Durham County Nursing Association as will ensure that they have an adequate share in the management of the home nursing service.

4. In cases where the district of a nursing association which provides a service of domiciliary nurses under the above arrangement extends into the area of the neighbouring local health authority it is proposed that a joint arrangement be made with such authority.

5. The Local Health Authority will so far as reasonably practicable causes for nurses in appropriate cases.

TRANSPORT.

Fares incurred in travelling by public transport will be reimbursed. Nurses who possess cars, motor cycles or push cycles and are authorised to use them on official journeys may claim mileage on the county scale. For journeys over one mile when public transport is not available it is proposed that arrangements be made to hire cars until a service of cars can be provided in conjunction with the ambulance service.

REFRESHER COURSES.

The Local Health Authority will pay the cost to district nurses of refresher courses approved by the Authority and attended by nurses in accordance with the recommendations of the Nurses Salaries Committee.

PART III.

DEVELOPMENT PLAN.

The proposals in Part II will provide on the appointed day a home nursing service in the area of the Local Health Authority similar to that which is now provided. Development under the arrangement with the County Nursing Association will be directed to :

- (a) integration and coordination by the County Nursing Association of the services now provided by individual district nursing associations ; and
- (b) extension of this service to cover un-nursed areas in so far as this has not been achieved by the appointed day.

This development should be effected in two years.

If it is found that the number of home nurses provided for in the preceding part of the proposals is inadequate additional nurses will be employed as needed and as they can be secured.

It is proposed that a service of cars be provided in conjunction with the ambulance service which may, subject to conditions to be determined from time to time by the County Council, be used by nurses.

At the end of the year 94 wholetime and 2 part-time nurses were employed. During the year nurses attended 2,236 midwifery, 494 maternity, and 13,689 general cases, paying the following visits 36,722 midwifery, 9,509 maternity, 297,847 general, 13,685 casual, 16,987 ante-natal, and 4,901 post-natal. In addition, 18,907 visits were made by patients to home surgeries conducted by the nurses.

VACCINATION AND IMMUNISATION.

The following proposals of the County Council under Section 26 of the National Health Service Act, 1946, were approved by the Minister of Health on the 23rd March, 1948.—

PART I.

Statistical Data.

1. Total mid-1946 population of Administrative County :—863,530.
2. Mid-1946 child population of Administrative County :—
 - (a) Under 5 :—71,622
 - (b) Ages 5-15 :—137,542.

3. Number of registered live births in the Administrative County :—
 (a) 1945 :—15,639 (b) 1946 :—18,408,
4. Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946 :—
 (a) Under 5 :—39 (b) Ages 5-15 :—66.

Detailed figures in respect of 1-4 for each non-county borough and county district are given in Appendix A.

5. Estimate of the number of VACCINATIONS against SMALLPOX to be undertaken in the year to 31st March, 1949 :—
 Children 0-15 years :—8,000.

Estimate of the number of IMMUNISATIONS against DIPHTHERIA to be undertaken in the year to 31st March, 1949 :—
 Children 0-15 years :—18,000.

PART II.

DIPHTHERIA IMMUNISATION.

A. CHILDREN UNDER 5.

The Council's general arrangements for securing that as many infants and young children as possible receive immunisation will be organised centrally and will be controlled from the County Health Department.

The arrangements will provide that when each child reaches an appropriate age an offer of immunisation, together with information as to where it can be obtained and form of consent and application, will be sent to the parents. Eight months is at present regarded as an appropriate age, should immunisation be delayed beyond the age of one year the custom of sending a birthday greeting card will continue to be used. The form will allow the parent to state whether he wishes the child immunised by his own medical practitioner or by the Council's medical officer.

The health visitor will be responsible for following up the notice and supplying further advice and information should acceptance of the offer of immunisation be delayed. She will also be able to recommend in case of doubt whether a child can be brought to an immunisation session or should be immunised at home.

On receipt of application for immunisation appointments will be made for attendance at an immunisation session at a child welfare centre, doctor's surgery, or other suitable place, or for home immunisation in accordance with the needs and convenience of the children.

Midwives and teachers in addition to health visitors will advise parents on the advantages of immunisation in the course of their work and will be supplied with explanatory handbills for distribution as found necessary.

In addition to the notice sent to the parents of each child, handbills will be made available at health offices, clinics and centres, and posters will be displayed giving information about the facilities available locally.

Notices will be published periodically in the press and local campaigns will be organised in which use will be made of the propaganda material provided by the Ministry of Health and the Central Council for Health Education.

B. CHILDREN OF SCHOOL AGE.

The Council's arrangements will provide for the offer of a reinforcing injection of prophylactic to children who are about to enter school and who have previously received an immunising course in infancy, and for such injections as circumstances may require at any time during school-life. They will also provide for immunisation of school children who have not been immunised in infancy.

For this purpose a notice will be sent to the parent when the child approaches school age with form of consent and application on which the parent may indicate the doctor (whether general practitioner or local health authority's medical officer) by whom he wishes the injection to be given.

In the case of older school children, the value of immunisation will be kept before the parents by distribution by teachers of handbills to children who have not been immunised.

Immunisation whether by a general practitioner or by a medical officer of the council, may be carried out at sessions held for the purpose at a health centre or other convenient premises, or arrangements may be made to suit individual cases.

C. RECORDS AND PAYMENTS OF FEES.

The records of immunisation provided by medical officers and general practitioners will be in such standard form as the Minister of Health may request local health authorities to use. They will be received in the County Health Department and kept in such form as will make it possible to provide such returns as the Minister may require.

Following the receipt of certified records of immunisations the County Medical Officer of Health will arrange for the payment at appropriate intervals to general medical practitioners of fees therefor on a scale negotiated by the appropriate bodies and agreed by the local health authority.

D. MEDICAL ARRANGEMENTS.

Every general medical practitioner practising in the area of the Local Health Authority will be given an opportunity to provide services under the Council's arrangements for immunisation under Section 26 of the Act.

Immunisation will also be carried out by the Council's medical officers at child welfare centres and by wholetime district medical officers of health (by arrangement with district councils) as found appropriate.

SMALLPOX.

A. INFANT VACCINATION.

The Council's general arrangements to secure that as many infants as possible are vaccinated against smallpox will be organised centrally and will be controlled from the County Health Department.

Following the birth of a child the parent will receive an offer of vaccination together with a form of consent and application, and will be advised to present it to her family doctor who may perform the vaccination at his surgery or at home as circumstances require if the infant is fit to be vaccinated. If the practitioner does not undertake vaccination the parent will be advised to transmit the form to the County Medical Officer of Health who will arrange for another practitioner to vaccinate. Sessional arrangements will be organised if, in the light of experience, it may be found desirable to provide supplementary facilities of this kind.

If acceptance of the offer of vaccination is delayed the health visitor will follow up and advise.

Midwives will advise parents on vaccination of infants in the course of their work and will be provided with information and forms for distribution, if necessary.

Information regarding the facilities available for vaccination will be made available to the interested public by poster and by handbills distributed by midwives, health visitors, and at health centre clinics and health offices.

B. RECORDS AND PAYMENT OF FEES.

Following the receipt of certified records of vaccination from general medical practitioners the County Medical Officer of Health will arrange for payment at suitable intervals to the practitioners of fees therefor on a scale negotiated by the appropriate bodies and agreed by the Local Health Authority.

Medical practitioners performing vaccinations will be required to furnish particulars for record purposes in such standard form as the Minister of Health may request local health authorities to use.

The records will be kept in the Department of the County Medical Officer in such form as to make it possible to furnish returns as the Minister may require.

C. ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

If, owing to the occurrence of an outbreak of smallpox in the county, it becomes necessary to vaccinate or re-vaccinate considerable numbers of contacts or of the public, general arrangements will be made to hold vaccination sessions in such suitable premises as are available in the district affected.

General medical practitioners will be invited to give sessional service for this purpose.

The facilities available will be published by press notices, in the cinema, by posters, and at premises of the local health authority and district councils.

D. MEDICAL ARRANGEMENTS.

Every general medical practitioner practising in the area of the Local Health Authority will be given an opportunity to provide services under the Authority's arrangements for vaccination under Section 26 of the Act.

Vaccination will also be carried out by the Authority's medical officers at child welfare centres and by whole-time district medical officers of health (by arrangement with district councils) as found appropriate.

APPENDIX A.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 26 (Vaccination and Immunisation).

ADMINISTRATIVE COUNTY OF DURHAM.

PART I. STATISTICAL DATA.

District	Popu- lation Mid- 1946	Child Popula- tion Mid-1946		Live Births Registered		Number and estimated percentage of mid-1946 Child Population immunised up to 31st December, 1946.			
		Under 5	5-15	1945	1946	Under 5		5-15	
						No.	%	No.	%
URBAN DISTRICTS									
Durham	18,120	1,380	2,690	269	393	398	28	2,035	76
Hartlepool	15,780	1,390	2,840	341	426	587	42	1,646	58
Jarrow	27,230	2,380	4,550	508	630	1,317	55	2,750	60
Stockton	69,750	6,230	11,070	1,311	1,585	2,364	38	7,537	68
Barnard Castle	4,190	332	622	66	95	141	43	332	53
Billingham	22,460	2,000	3,950	434	515	1,279	64	3,478	88
Bishop Auckland	34,280	2,790	5,350	660	774	916	33	3,042	57
Blaydon	30,370	2,310	4,620	509	619	916	40	3,936	85
Boldon	15,850	1,150	2,440	245	305	303	27	31	1
Brandon & Bysh.	18,890	1,640	2,880	399	421	693	42	2,083	72
Chester-le-Street	17,820	1,380	2,650	317	401	589	42	1,836	69
Consett	36,760	3,110	6,130	694	751	1,510	49	4,779	78
Crook & Willington	27,560	2,090	3,760	416	519	200	10	51	1
Felling	24,560	1,910	3,820	388	492	103	5	80	2
Hebburn	22,780	2,020	3,760	419	502	805	40	3,473	92
Hetton	18,970	1,620	3,090	377	365	501	31	2,338	75
Houghton-le-Spr.	28,490	2,430	4,640	499	636	780	32	3,008	65
Ryton	13,540	1,050	1,950	238	252	527	50	1,604	82
Seaham	24,990	2,180	4,470	515	585	382	17	3,534	80
Sildon	14,180	1,150	2,220	231	296	230	20	846	39
Spennymoor	18,710	1,660	3,060	356	454	349	21	1,900	62
Stanley	48,110	3,860	7,200	862	975	1,240	32	3,564	50
Tow Law	3,070	270	490	53	75	60	2	239	49
Washington	17,040	1,370	2,880	314	332	515	38	1,853	64
Whickham	22,250	1,660	3,460	344	434	681	41	2,758	80
RURAL DISTRICTS.									
Barnard Castle	16,430	1,360	2,520	288	318	404	30	1,558	61
Chester-le-Street	40,720	3,260	6,250	748	875	2,529	78	5,059	81
Darlington	9,382	710	1,350	155	152	365	51	1,099	81
Durham	32,110	2,520	4,930	588	725	1,381	55	4,371	88
Easington	79,600	7,290	13,810	1,627	1,751	3,149	43	9,754	71
Lanchester	14,490	1,200	2,460	262	259	482	40	1,974	80
Sedgefield	35,210	2,740	5,250	652	677	947	35	4,591	87
Stockton	7,456	690	1,220	116	161	14	2	6	0.4
Sunderland	23,430	1,860	3,900	337	514	810	44	3,430	88
Weardale	8,952	630	1,260	101	144	264	42	1,013	80
ADMINISTRATIVE Co.	863,530	71,622	137,542	15,639	18,408	27,722	39	91,588	66

TABLE 23.

ADMINISTRATIVE COUNTY OF DURHAM.—Diphtheria Immunisation, 1948.—

District.	Child Population Mid—1948.		Live Births Registered.		Number and estimated percentage of mid—1948 Child Population immunised up to 31st December, 1948.				Number who completed a full course of primary immunisation during the year 1948.			Number who were given a reinforcing injection during the year 1948.
	Under 5	5—15	1947	1948	Under 5		5—15		Under 5	5—15	Total	0—15
					No.	%	No.	%				
URBAN DISTRICTS.												
Durham	1,493	3,311	366	344	347	23	1,907	58	118	29	147	28
Hartlepool	1,744	2,675	406	421	619	35	1,568	59	171	4	175	—
Jarrow	2,620	4,261	713	637	1,792	68	3,517	83	468	12	480	179
Stockton	6,928	11,070	1,748	1,621	2,817	41	7,436	67	996	76	1,072	15
Barnard Castle	364	655	90	79	170	47	335	51	51	1	52	5
Billingham	2,273	3,635	538	496	1,560	69	3,470	95	500	45	545	1,497
Bishop Auckland	3,294	5,123	894	772	1,191	36	2,769	54	482	49	531	8
Blaydon	2,604	4,560	636	623	1,231	47	3,927	86	446	15	461	51
Boldon	1,379	2,321	356	297	1,098	80	1,721	74	101	4	105	2
Brandon and Byshottles	1,772	2,815	404	381	780	44	2,533	90	187	469	656	330
Chester-le-Street	1,637	2,683	382	329	893	55	1,447	54	292	52	344	134
Consett	3,285	5,996	780	737	1,655	50	4,816	80	543	201	744	702
Crook & W'ton	2,243	3,663	544	512	718	32	2,576	70	224	19	243	19
Felling	2,192	3,671	545	493	651	30	1,777	48	321	19	340	67
Hebburn	2,207	3,582	503	462	905	41	3,432	96	319	13	332	15
Hetton	1,650	3,013	436	355	545	33	2,189	73	173	9	182	26
Houghton	2,760	4,130	642	635	1,060	38	3,164	77	422	90	512	101
Ryton	1,107	1,795	265	217	620	56	1,563	87	210	5	215	61
Seaham	2,485	4,195	599	568	1,075	43	3,364	80	423	142	565	491
Sildon	1,345	2,309	375	275	334	25	847	37	166	17	183	19
Spennymoor	1,915	3,102	452	415	540	28	1,705	55	208	7	215	2
Stanley	4,213	6,974	1,108	926	1,878	45	5,770	83	591	11	602	64
Tow Law	290	482	69	64	84	29	221	46	33	1	34	—
Washington	1,646	2,643	381	395	802	49	1,838	70	272	38	310	40
Whickham	1,907	3,333	464	428	908	48	2,749	82	359	13	372	110
RURAL DISTRICTS.												
Barnard Castle	1,376	2,204	348	306	548	40	1,487	65	187	60	247	90
Chester-le-Street	3,608	5,878	845	851	1,495	41	4,988	85	527	268	795	1,263
Darlington	825	1,422	191	174	333	40	1,134	80	63	17	80	2
Durham	2,965	4,938	691	609	1,155	39	4,260	86	148	257	405	389
Easington	7,726	13,504	1,759	1,722	3,498	45	9,472	70	979	59	1,038	231
Lanchester	1,288	2,729	294	284	474	37	1,894	69	140	13	153	21
Sedgefield	2,962	5,247	663	608	1,217	41	4,173	80	374	64	438	401
Stockton	702	1,116	176	174	82	12	29	3	25	—	25	—
Sunderland	2,169	3,787	544	455	1,036	48	3,413	90	291	3	294	961
Weardale	655	1,361	147	114	344	53	874	64	114	6	120	1
ADMINISTRATIVE COUNTY	79,629	134,273	19,354	17,779	34,455	43	98,365	73	10,924	2,088	13,012	7,325

Table 1: Summary of Data

Year	Q1	Q2	Q3	Q4	Total
1990	100	120	150	180	550
1991	110	130	160	190	590
1992	120	140	170	200	630
1993	130	150	180	210	670
1994	140	160	190	220	710
1995	150	170	200	230	750
1996	160	180	210	240	790
1997	170	190	220	250	830
1998	180	200	230	260	870
1999	190	210	240	270	910
2000	200	220	250	280	950
2001	210	230	260	290	990
2002	220	240	270	300	1030
2003	230	250	280	310	1070
2004	240	260	290	320	1110
2005	250	270	300	330	1150
2006	260	280	310	340	1190
2007	270	290	320	350	1230
2008	280	300	330	360	1270
2009	290	310	340	370	1310
2010	300	320	350	380	1350
2011	310	330	360	390	1390
2012	320	340	370	400	1430
2013	330	350	380	410	1470
2014	340	360	390	420	1510
2015	350	370	400	430	1550
2016	360	380	410	440	1590
2017	370	390	420	450	1630
2018	380	400	430	460	1670
2019	390	410	440	470	1710
2020	400	420	450	480	1750
2021	410	430	460	490	1790
2022	420	440	470	500	1830
2023	430	450	480	510	1870
2024	440	460	490	520	1910
2025	450	470	500	530	1950
2026	460	480	510	540	1990
2027	470	490	520	550	2030
2028	480	500	530	560	2070
2029	490	510	540	570	2110
2030	500	520	550	580	2150

TABLE 22.

ADMINISTRATIVE COUNTY OF DURHAM.—Number of Persons Vaccinated (or Re-vaccinated) during the period 5th July 1948 to 31st December, 1948.

District	Age as at 31.12.48 i.e. born in year	VACCINATED				Total	RE-VACCINATED			
		Under 1 1948	1-4 1944-47	5-14 1934-43	15 or over before 1934		Under 1 1948	1-4 1944-47	5-14 1934-43	15 or over before 1934
URBAN DISTRICTS.										
Durham	28	1	1	1	31	1	1	2	6	
Hartlepool	60	3	—	4	67	3	—	—	3	
Jarrow	52	1	—	5	58	1	—	—	4	
Stockton	105	5	1	6	117	2	—	1	23	
Barnard Castle	5	—	1	—	6	—	—	—	1	
Billingham	24	2	1	1	28	—	—	—	4	
Bishop Auckland	41	—	1	—	42	1	1	—	3	
Blaydon	6	—	1	3	10	—	—	—	1	
Boldon	5	—	—	—	5	1	1	1	6	
Brandon & Byshottles	15	1	1	3	20	—	—	—	—	
Chester-le-Street	15	3	3	5	26	1	—	—	—	
Consett	10	2	—	2	14	—	—	—	3	
Crook & Willington	16	—	—	1	17	1	—	1	4	
Felling	35	1	1	—	37	1	—	—	2	
Hebburn	81	1	1	2	85	—	—	—	7	
Hetton	7	—	—	1	8	—	—	—	—	
Houghton-le-Spring	13	1	—	4	18	1	—	—	—	
Ryton	12	2	—	2	16	2	—	—	1	
Seaham	33	1	1	1	36	1	—	2	5	
Sildon	8	1	—	3	12	—	—	—	1	
Spennymoor	18	—	—	2	20	4	—	—	1	
Stanley	18	4	8	7	37	—	1	—	7	
Tow Law	10	—	—	1	11	—	—	—	—	
Washington	66	3	—	—	69	—	—	—	2	
Whickham	38	2	—	—	40	—	—	—	4	
RURAL DISTRICTS.										
Barnard Castle	38	1	—	1	40	—	—	—	2	
Chester-le-Street	27	2	1	2	32	—	—	—	2	
Darlington	12	—	—	—	12	3	—	1	—	
Durham	34	3	—	1	38	1	—	2	3	
Easington	44	5	5	1	55	1	1	1	5	
Lanchester	6	1	—	—	7	—	—	—	—	
Sedgefield	13	—	2	2	17	1	—	—	—	
Stockton	9	—	—	1	10	—	—	—	2	
Sunderland	30	5	—	1	36	—	—	1	4	
Weardale	16	1	1	—	18	—	—	—	1	
Administrative County	950	52	30	63	1,095	26	5	12	107	

Smallpox—Vaccination.—The following are particulars of the work done under the Vaccination Acts during the six months ended 30th June, 1948.—

No. of public vaccinators	71
No. of vaccination officers	25
No. of births returned in the "birth list sheets" as registered	17,431
Total No. of certificates of successful primary vaccination of children under 14 (irrespective of the year of birth)	3,637
Total No. of certificates of successful primary vaccination sent to other vaccination officers	659

Table 21 shows the numbers of persons vaccinated and re-vaccinated at the cost of the rates by the medical officers of the public assistance institutions and the public vaccinators during the period 1.1.48 to 4.7.48.

TABLE 21.

Numbers of successful Primary Vaccinations of Persons :—			Number of successful re-vaccinations, i.e., successful vaccinations of persons who had been successfully vaccinated at some previous time.
Under one year of age	One year and upwards	Total.	
4,287	211	4,498	181

Since the 5th July information regarding the facilities available and a form of consent is sent by this Department to the parents of children who have reached the age of three months.

Table 22 shows the number of persons vaccinated (or re-vaccinated) during the period 5th July, to 31st December, 1948.

Diphtheria—Immunisation.—An offer of immunisation, together with information as to where it can be obtained and form of consent and application is sent to parents of children who have reached the age of eight months. If no record of immunisation reaches this Department before the child attains its first birthday a reminder is sent in the shape of a birthday greeting card, which also contains information regarding the facilities available for immunisation.

All information regarding immunisation and vaccination is passed to health visitors to enable them to follow-up children who have not been protected and to give advice, where necessary.

Table 23 shows the work undertaken during the year in connection with diphtheria immunisation.

AMBULANCE SERVICE.

The following proposals of the County Council under Section 27 of the National Health Service Act, 1946, were approved by the Minister of Health on the 4th June, 1948.

PART I.

1. POPULATION.

The total mid-1946 population of the administrative county, as estimated by the Registrar General, is 863,530.

2. AREA.

The area of the administrative county is 974 square miles.

3. EXISTING AMBULANCE SERVICES.

The first *schedule appended to these proposals gives, in the appropriate order, the particulars sought in Part I. of Ministry of Health Circular No. 66/47 for each ambulance in the administrative county, under the following headings.—

A. Owner and district served.

B. Make, horse-power, stretcher-carrying capacity, age, and need for replacement.

C. & D. These headings are omitted from the schedule since there are no vehicles under D. and only one under C. particulars of which are given at the end of the schedule.

E. Name, address, and telephone number of owner and garage.

F. Arrangements for servicing and maintenance.

G. Staff.—administrative, drivers, attendants, and any others subdivided in each group into part-time, whole-time, and on call.

H. Number of calls in the year 1946 in respect of general cases and industrial accidents.

I. Number of miles run in the year 1946 in respect of general cases and industrial accidents.

The numbers of ambulances in use are summarised in Table 1.

Analysis of Owners, Vehicles, and Staffs.

Owners.	Ages of vehicles in years.					Total Vehicles.	Staffs.	
	0-4	5-8	9-12	13-16	Over 16		Whole-time.	Part-time and on call.
(a) County District Councils and Joint Hospital Boards.—								
(i) General	9	4	7	3	5	28	29	28
(ii) Infectious Diseases	1	2	12	4	3	22	20	27
(b) Ministry of Health.—								
(i) Dryburn Emergency Hospital	—	2	1(1)	—	—	3(1)	4	—
(ii) Winterton Do.	—	1	—	—	—	1	2	3
(c) County Council.—								
(i) Tuberculosis	—	1	—	—	1	2	1	1
(d) Miners Lodges & Welfare Schemes	1	6	9	4	8	28	18	35
(e) Voluntary bodies other than (d) above	5	6	9	2	1	23	15	32
(f) National Coal Board	1	1	20	5	19	46	48	120
(g) Industrial firms (other than N.C.B.)	1	—	3	—	1	5	10	5
(h) Private hirers	1	—	1	2	1	5	15	19
Totals	19	23	62(1)	20	39	163(1)	162	270

(1) is a sitting case car.

PART II.

1. SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY.

The number of vehicles in use at present in the administrative county (163 ambulances and 1 sitting case car) is considered to be larger than is necessary to provide an adequate service in the first instance. Many ambulances are not used to their full capacity and it is considered that with a co-ordinated service the number required would be about two-thirds of the existing number.

The proposed organisation, as at the appointed day, is set out in tabular form in the *second schedule attached to these proposals and reference is made, where appropriate, in the following paragraphs, to this *schedule.

A. CO-ORDINATION OF EXISTING SERVICES.

It is proposed that the service should be under the administrative control of the County Medical Officer, and that an ambulance officer responsible to the County Medical Officer should be appointed together with clerical officers to supervise the arrangements.

The majority of vehicles on the service, being the 61 shown in column 2 of the *second schedule, will be under the direct control of the Local Health Authority.

Twenty-seven ambulances owned by 20 voluntary bodies will be included in the service on a basis of agency. These are shown in columns 7 and 8 of the *second schedule. (Agency arrangements have yet to be discussed with the voluntary bodies concerned). The remaining existing ambulance services will not come within the Local Health Authority's service at present. The Authority will provide a direct service in any of the areas concerned should this become necessary as a result of the revision or termination of agency arrangements.

For operational purposes the ambulances which it is proposed to use will be grouped into 17 units, as described in the first column of the *second schedule. Broadly speaking, in relation to the hospital districts suggested in the Survey of Hospital Services of the North-Eastern Area by Sir Hugh Lett and Dr. A. E. Quine, units 1 to 5 fall in the Newcastle hospital district, units 6 to 8 in the Sunderland hospital district, unit 9 in the Hartlepool hospital district, unit 11 in the Middlesbrough hospital district, units 12 and 13 in the Darlington hospital district, and units 10, 14, 15, 16, and 17, in the Durham hospital district.

There will be a control for each ambulance unit at which calls will be received and from which instructions will be transmitted to drivers. The control centres are shown in the last two columns of the *second schedule.

Of the controls to be established, some will be open throughout the 24 hours. The remainder will be open during the day and their functions will be taken over at night by one or other of the controls which are continuously in operation.

There will be complete co-ordination between the various units and the districts covered will be varied if necessary from time to time. Variations will also be made, if necessary, in the control arrangements.

B. REDISTRIBUTION AND AUGMENTATION OF EXISTING RESOURCES.

No immediate modifications under this heading are proposed. The

number of existing ambulances is greater than that required for an integrated service and there are no cars which could be transferred from other services. There are also more ambulance stations than are necessary and concentration of vehicles—which is desirable—cannot be effected without new buildings and adaptation, which cannot be undertaken immediately.

C. JOINT ARRANGEMENTS.

No formal joint schemes are proposed. Arrangements for provision of a service at certain points on the boundary of the administrative county are shewn in the *third schedule appended to this Scheme.

D. STAFF.

(i) *Voluntary bodies*.—The staff to be employed by voluntary bodies in the discharge of agency ambulance functions will be mutually agreed with them when the agency arrangements are made.

(ii) *Local Health Authority*.—Staff employed directly by the County Council will include an ambulance officer and administrative assistants together with the necessary drivers and control staff. The authority will make arrangements for securing that, as far as possible (a) all ambulance drivers and attendants shall hold the first aid certificate of the St. John Ambulance Association or the British Red Cross Society or the St. Andrew Ambulance Association or such other first aid qualification as may be approved or prescribed by the Minister of Health; (b) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

E. CONVEYANCE OF PATIENTS BY RAILWAY.

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking the Local Health Authority propose to arrange accordingly.

F. CALLING OUT ARRANGEMENTS.

The Authority will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the county informed of the action to be taken to call an ambulance.

2. DEVELOPMENT PLAN.

In order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79(1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County to places in or outside the County and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service, both provided directly and through the agency of voluntary organisations, will comprise a total of 75 to 95 ambulances, 6 to 20 sitting-case cars, and 108 to 286 whole-time drivers and attendants supplemented by part-time services of volunteers. The Council intend to develop the service up to the minima mentioned as rapidly as circumstances permit. The requirements of the ambulance service will be kept under constant review, and such adjustments as experience shows to be required will be made from time to time within the limits indicated above in the number of ambulances, sitting-case cars and staff. Such temporary redistribution of vehicles and staff between the stations will be made

as may from time to time be deemed necessary to ensure the most effective use of the authority's ambulance resources.

It is proposed that ultimately as many as possible of the vehicles of each unit will be concentrated at one ambulance station with adequate garage staff and office accommodation. The broad outline of development in the opening years of the new scheme will be.—In the first year of operation 1 sitting case car should be acquired for each of the ambulance units whose full complement of cars is 2, *i.e.* for units 1, 2, 3, 4, and 6, and replacements of ambulances over 16 years of age should be initiated. Commencement, at least, should be made on the adaptation of the necessary premises to accommodate these further vehicles and on the concentration of vehicles at control points in their units. The first project under this latter head might well be made at the old isolation hospital at Villa Real, Consett, where outbuildings could be conveniently altered to take all the vehicles and staff for number 4 unit.

In the second year the remaining 14 sitting case cars required to bring the full complement up to the 20 provided for in the scheme should be acquired and completion made of the replacing of the ambulances over 16 years of age together with a start in the replacement of those now between 13 and 16 years of age. The index of age is, however, not a true criterion of the condition of an ambulance and it may prove in practice that certain vehicles which have the greatest usage may require consideration before those which, although older, have not been so well used. The choice of one make and, as far as possible, of one uniform type of both sitting case car and ambulance should be a feature of any new acquisitions.

The difficulty of obtaining or altering any premises now used as ambulance stations makes a building programme almost impossible. In general terms, however, the aim will be gradually to reduce the number of stations until the ideal of all vehicles at a control point within a unit is attained, and in the second year of the scheme it is hoped that progress on these lines will have been commenced and in the succeeding years gradually secured.

* Schedules omitted from this report.

The cases to be dealt with were found to fall, broadly, into two categories, namely (*a*) accident and urgent maternity cases, etc., and (*b*) patients for admission to, or discharge from, hospital; maternity cases; persons suffering from infectious diseases; cases attending hospital out-patient departments; and occasionally a patient requiring transport to a distance.

In the latter group the condition governing the provision of transport is that the ambulance or car is requisitioned personally from a hospital or by a doctor, nurse, midwife, or dentist, or on the production by the patient or relative of a medical certificate supporting the need of transport.

At the beginning of the scheme it soon became evident that the public needed to be clearly informed of the correct procedure for summoning an ambulance, and to meet this need some 4,000 notices were printed and distributed to hospitals, doctors, dentists, nurses, midwives, health visitors, child welfare centres, branches of the public library, police stations, factories, etc., to be displayed in prominent positions.

A considerable proportion of the work of the service is concerned with the transport of cases attending hospitals for out-patient treatment, and some difficulty was at first experienced in that the ambulances were being detained at the hospitals for long periods in order to bring the patients home after receiving treatment. With the co-operation of the medical officers of health of the adjoining county boroughs, in which the majority of the hospitals are situated, this difficulty is gradually being overcome, though much yet remains to be done, to secure the standard of efficient working which is desired.

Several requisitions for transport for long-distance journeys have been received and dealt with. In such cases arrangements are made for the patients to be conveyed by train where possible, the ambulances taking them to the nearest convenient railway station, but in certain instances transport wholly by road has been necessary. Some of the destinations of these cases have been as far afield as Buckinghamshire, Edinburgh, North Wales, and Scarborough. In this connection, the co-operation of the local health authority at the patient's destination, or en route, with the object of conveying a patient on the return journey has been obtained. Co-ordination along these lines is helping to secure the maximum use of the vehicles employed and includes reciprocal arrangements in the case of patients coming into, or passing through, the county from other areas.

From the above brief summary of the scheme, it will be appreciated that the field of work covered by the service is very wide, and to meet the anticipated requirements, the County Council's initial proposals provided for the employment of 75 to 95 ambulances, 6 to 20 sitting-case cars, and 108 to 286 driver-attendants. Table 24 summarises information about the organisation at the close of the year:—

TABLE 24.

Headquarters staff	.....	.....	7
Ambulance controls	.....	.....	9
Clerk-telephonists	.....	.....	27
Ambulance depots	.....	.....	42
Ambulances	.....	.....	72
Sitting-case cars	.....	.....	2
Driver-attendants	.....	.....	118

During 1946 (the period for which figures are available for the purpose of comparison) some 160 ambulances were operated in the county area and carried 59,139 patients over 973,928 miles. In the six months now under review, however, there have been available in the County Service, on an average, no more than 70 ambulances and one car, and the following total figures (Table 25) show the work they have done:—

TABLE 25.

No. of Journeys made	No. of Patients carried			Total mileage covered
	Stretcher cases	Sitting cases	Total	
22,989	16,536	23,762	40,298	552,486

More detailed information will be found in Table 26.

A comparison of the above figures with those of 1946 shows that the present service is meeting a demand greater than that previously met by more than twice the number of vehicles, and it is reasonable to assume that, as the general public becomes aware of the facilities now made available, a substantial increase on these figures for ambulance and car transport will occur in the future.

ORGANISATION : (a) *Controls*.—The control duties were at first shared between 8 "day" controls (operating between 9 a.m. and 5 p.m. and manned by staff of the county district councils) and 9 "24-hour" controls, but as from 15th December it was found possible to close the "day" controls and operate the service from the "24-hour" controls only. For operational purposes the drivers and vehicles are grouped into 17 unit areas and these areas are, in turn, further grouped into the 9 control areas (for the detail of the groupings see Table 27). Seven of the controls are under the direct control of the County Council, while two—Darlington and West Hartlepool—act as agents in the scheme. Each control is continuously manned throughout every 24 hours, and its function is to receive calls for ambulance transport and transmit the necessary instructions to the head driver in charge of the drivers and vehicles available for duty in the appropriate unit area. Each unit area has an emergency-duty ambulance on a twenty-four hour availability while the balance of the vehicles operate in the "general" service.

(b) *Depots*.—There are at present 42 ambulance depots functioning in the county, and active steps are being taken to reduce this number to a workable minimum by concentrating the men and vehicles at the most convenient working point in each unit area—many of the so-called depots are actually no more than garages for the vehicles. Until the building position becomes easier, however, there is little prospect of obtaining new depots, and consequently, while the best of the existing depots will continue in use, every effort is being made to find more suitable temporary accommodation in other cases.

(c) *Vehicles*.—Most of the vehicles in the service are directly operated by the County Council, and have been assisted by nine vehicles which were operated for the Council by seven "agencies". One agency (Roddymoor, Crook) withdrew its vehicle from the scheme on 23rd October, while a second (Ferryhill) terminated its services on 1st November, but sold its vehicle to the Council and the driver was appointed on the county staff. On 5th July the scheme started with a total of 76 ambulances and one car, and this number has been gradually reinforced by purchases during the subsequent months; the total being made up as follows:—

TABLE 26.
ADMINISTRATIVE COUNTY OF DURHAM.—SUMMARY OF AMBULANCE WORK done during the period 5th JULY, 1948, to 31st DECEMBER, 1948.

UNIT AREA.	Authorised establishment of men and vehicles.			Actual numbers employed on 31st December, 1948.			No. of Journeys.	GENERAL.												EMERGENCIES.										Grand total of cases.		Petrol used (galls.)	Mileage																				
	Ambulances.	Cars.	Driver-Attendants.	Ambulances.	Cars.	Driver-Attendants.		Admissions to Hospital (includes Hospital inpatient and General cases).		Maternity cases.		Infectious Diseases Cases.		Hospital Out-Patient treatment cases.		Discharges from Hospital.		Miscellaneous.		Total.		Home.	Road.	General.	Industrial.	Maternity.	Miscellaneous.	Total.	Stretcher Cases.	Sitting Cases.																							
								S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.										S.			C.	S.	C.																	
																													S.	C.	S.			C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.
1. East Tyneside	8	2	26	7	—	8	2071	658	13	66	58	64	373	1746	141	139	15	15	1347	1971	42	39	8	169	5	7	270	1617	1971	2944½	28552																						
2. West Tyneside	5	1	16	5	—	6	1406	413	12	79	55	97	347	1586	147	303	9	9	1092	1965	23	23	5	30	2	—	83	1175	1965	2516½	33148																						
3. Stanley	7	2	18	6	—	8	915	440	8	28	32	1	130	970	54	118	4	26	666	1154	19	8	2	3	1	4	37	703	1154	2247	26685½																						
4. Consett	6	2	14	4	—	6	1487	512	26	28	19	23	183	1516	177	630	7	23	930	2214	9	10	7	14	—	—	40	970	2214	4708½	57505½																						
5. North Eastern	4	1	14	4	—	6	658	192	11	26	20	2	72	659	27	51	5	69	324	810	21	6	4	8	1	—	40	364	810	1422½	15272																						
6. Houghton	4	1	12	3	—	8	1144	338	15	73	38	69	301	1561	246	368	10	16	1097	1998	9	14	11	4	—	—	38	1135	1998	2263	27345																						
7. Seaham	4	1	12	3	—	6	1183	238	9	40	24	35	209	1494	169	294	12	277	763	2998	13	13	11	4	5	—	46	809	2998	1915	23729																						
8. Easington	12	1	20	7	—	10	2072	573	14	90	51	103	260	2775	295	446	9	8	1330	3294	22	24	4	5	5	—	60	1390	3294	4536	56730																						
9. Hartlepool	1	—	8	1	—	1	551	132	—	20	11	2	51	145	127	221	4	13	336	390	10	19	5	29	3	1	58	394	390	554½	8053½																						
10. Sedgefield	5	1	14	4	—	5	940	230	26	17	4	87	111	344	139	253	24	28	578	655	1	4	1	1	—	—	7	585	655	1833½	24522																						
11. Stockton	7	1	25	6	—	17	2358	773	33	66	41	107	196	686	251	313	19	9	1418	1082	57	83	106	92	1	—	339	1757	1082	2685½	29168																						
12. Darlington	—	—	—	—	—	—	210	—	1	5	1	10	47	29	—	—	16	—	161	31	4	16	2	4	—	1	27	188	31	259	3029½																						
13. Barnard Castle	2	1	10	2	—	2	374	—	10	5	3	7	67	341	16	18	13	11	196	383	1	7	—	4	1	1	14	210	383	1697	21215																						
14. Bishop Auckland	8	2	16	5	—	10	1759	72	19	78	51	130	194	966	107	177	6	28	1240	1241	21	33	5	29	—	1	89	1329	1241	4291	68058																						
15. Chester-le-Street	4	1	12	3	—	5	1169	223	31	65	61	244	184	594	60	105	6	13	832	804	3	12	4	11	—	—	30	862	804	2360½	24134																						
16. Dutham	13	2	34	10	2	16	4104	1223	23	61	76	380	389	2052	437	914	49	149	2549	3214	21	31	14	14	4	3	87	2636	3214	6251½	77929																						
17. Western	5	1	12	2	—	4	588	131	3	17	7	22	166	382	39	58	5	8	400	458	4	2	1	5	—	—	12	412	458	2017½	27479																						
TOTALS	95	20	263	72	2	118	22989	7313	254	764	552	1383	3280	17846	2432	4408	213	702	15259	23762	280	344	190	417	28	18	1277	16536	23762	44403	552486																						

* County ambulance reinforced as necessary by adjoining County Borough Service.
"S" Stretcher cases conveyed by ambulances.

† Darlington County Borough Council provides service as required.
"C" Sitting cases conveyed by ambulances and cars.

‡ Marked thus were operated as "day" controls only (i.e. from 9 a.m. to 5 p.m.) until 14th December, 1948, the remainder operated over each 24 hours.

1915

No.	Name	1915		1916	
		Jan	Feb	Jan	Feb
1	John Smith	10	15	12	18
2	John Smith	15	20	18	25
3	John Smith	20	25	25	30
4	John Smith	25	30	30	35
5	John Smith	30	35	35	40
6	John Smith	35	40	40	45
7	John Smith	40	45	45	50
8	John Smith	45	50	50	55
9	John Smith	50	55	55	60
10	John Smith	55	60	60	65
11	John Smith	60	65	65	70
12	John Smith	65	70	70	75
13	John Smith	70	75	75	80
14	John Smith	75	80	80	85
15	John Smith	80	85	85	90
16	John Smith	85	90	90	95
17	John Smith	90	95	95	100
18	John Smith	95	100	100	105
19	John Smith	100	105	105	110
20	John Smith	105	110	110	115
21	John Smith	110	115	115	120
22	John Smith	115	120	120	125
23	John Smith	120	125	125	130
24	John Smith	125	130	130	135
25	John Smith	130	135	135	140
26	John Smith	135	140	140	145
27	John Smith	140	145	145	150
28	John Smith	145	150	150	155
29	John Smith	150	155	155	160
30	John Smith	155	160	160	165
31	John Smith	160	165	165	170
32	John Smith	165	170	170	175
33	John Smith	170	175	175	180
34	John Smith	175	180	180	185
35	John Smith	180	185	185	190
36	John Smith	185	190	190	195
37	John Smith	190	195	195	200
38	John Smith	195	200	200	205
39	John Smith	200	205	205	210
40	John Smith	205	210	210	215
41	John Smith	210	215	215	220
42	John Smith	215	220	220	225
43	John Smith	220	225	225	230
44	John Smith	225	230	230	235
45	John Smith	230	235	235	240
46	John Smith	235	240	240	245
47	John Smith	240	245	245	250
48	John Smith	245	250	250	255
49	John Smith	250	255	255	260
50	John Smith	255	260	260	265
51	John Smith	260	265	265	270
52	John Smith	265	270	270	275
53	John Smith	270	275	275	280
54	John Smith	275	280	280	285
55	John Smith	280	285	285	290
56	John Smith	285	290	290	295
57	John Smith	290	295	295	300
58	John Smith	295	300	300	305
59	John Smith	300	305	305	310
60	John Smith	305	310	310	315
61	John Smith	310	315	315	320
62	John Smith	315	320	320	325
63	John Smith	320	325	325	330
64	John Smith	325	330	330	335
65	John Smith	330	335	335	340
66	John Smith	335	340	340	345
67	John Smith	340	345	345	350
68	John Smith	345	350	350	355
69	John Smith	350	355	355	360
70	John Smith	355	360	360	365
71	John Smith	360	365	365	370
72	John Smith	365	370	370	375
73	John Smith	370	375	375	380
74	John Smith	375	380	380	385
75	John Smith	380	385	385	390
76	John Smith	385	390	390	395
77	John Smith	390	395	395	400
78	John Smith	395	400	400	405
79	John Smith	400	405	405	410
80	John Smith	405	410	410	415
81	John Smith	410	415	415	420
82	John Smith	415	420	420	425
83	John Smith	420	425	425	430
84	John Smith	425	430	430	435
85	John Smith	430	435	435	440
86	John Smith	435	440	440	445
87	John Smith	440	445	445	450
88	John Smith	445	450	450	455
89	John Smith	450	455	455	460
90	John Smith	455	460	460	465
91	John Smith	460	465	465	470
92	John Smith	465	470	470	475
93	John Smith	470	475	475	480
94	John Smith	475	480	480	485
95	John Smith	480	485	485	490
96	John Smith	485	490	490	495
97	John Smith	490	495	495	500
98	John Smith	495	500	500	505
99	John Smith	500	505	505	510
100	John Smith	505	510	510	515

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

1939

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

2029

2030

2031

2032

2033

2034

2035

2036

2037

2038

2039

2040

2041

2042

2043

2044

2045

2046

2047

2048

2049

2050

Ambulance Control No.	Address of Control.	Unit Area No.	Districts served.	Telephone Number.
1	Ambulance Station, 1 St. John's Avenue, HEBBURN.	1 5	<i>East Tyneside:</i> Jarrow M.B.; Hebburn U.D.; Felling U.D. <i>North Eastern:</i> Washington U.D.; Boldon U.D.; Sunderland R.D. (that part lying north of the River Wear).	HEBBURN 32157.
4	Ambulance Station, Villa Real CONSETT.	2 3 4	<i>West Tyneside:</i> Whickham U.D.; Blyadon U.D.; Ryton U.D. <i>Stanley</i> Stanley U.D. <i>Consett:</i> Consett U.D.; Lancheater R.D. (the Civil parishes of Muggleswick and Healeyfield); Weardale R.D. (the Civil parishes of Hunstanworth and Edmondbyers). Also the township of Blanchland and the parts of Shotley Bridge in Northumberland.	CONSETT 411.
6	Ambulance Station, Devon Street, NEW HERRINGTON.	6	<i>Houghton:</i> Hetton U.D.; Houghton-le-Spring U.D.; Sunderland R.D. (that part lying south of the River Wear); Durham R.D. (the Civil parish of Rainton).	EAST HERRINGTON 3137.
8	Ambulance Control, Council Offices, EASINGTON.	7	<i>Seaham:</i> Seaham U.D.; Easington R.D. (the Civil parishes of Burdon, Cold Heslodon, Dalton-le-Dale, East Murton, Seaton-with-Slingley, and Warden Law).	EASINGTON 381
9	Ambulance Station, York Road, WEST HARTLEPOOL.	8	<i>Easington:</i> Easington R.D. (the Civil parishes of Castle Eden, Easington, Haswell, Hawthorn, Hutton Henry, Monk Heslodon, Nesbitt, Sheraton-with-Hulam, Shotton, Thornley, and Wingate).	HARTLEPOOL 2011
11	Ambulance Station, Woodlands, Yarm Lane, STOCKTON-ON-TEES.	9	<i>Hartlepool:</i> Hartlepool M.B.; Stockton R.D. (the Civil parishes of Brierton, Claxton, Dalton Piercy, Elwick, Elwick Hall, Greatham, Hart, Newton Bewley, and Seaton).	STOCKTON 67410.
12	Town Ambulance Station DARLINGTON.	11	<i>Stockton:</i> Stockton M.B.; Billingham U.D.; Stockton R.D. (the Civil parishes of Aislaby, Carlton, Egglecliffe, Elton, Grindon, Longnewton, Newsham, Norton, Preston-on-Tees, Redmarsh, and Whitton).	DARLINGTON 3333.
14	Ambulance Control, Health Department, 50 North Bondgate, BISHOP AUCKLAND.	12	<i>Darlington</i> Darlington R.D.	BISHOP AUCKLAND 621.
16	Ambulance Control, Dryburn Hospital, DURHAM.	13	<i>Barnard Castle:</i> Barnard Castle U.D.; Barnard Castle R.D. (excluding the Civil parishes of Bolam, Etherley, Evenwood-and-Barony, Hamsterley, and South Bedburn).	By Day (9 a.m. to 5 p.m.) By Night (5 p.m. to 9 a.m.) DURHAM 587 HAM 720
		14	<i>Bishop Auckland:</i> Bishop Auckland U.D.; Shildon U.D.; Spennymoor U.D.; Barnard Castle R.D. (the Civil parishes of Bolam, Etherley, Evenwood-and-Barony, Hamsterley, and South Bedburn).	
		17	<i>Western:</i> Crook and Willington U.D.; Tow Law U.D.; Weardale R.D. (excluding the Civil parishes of Hunstanworth and Edmondbyers in No. 4 Unit Area).	
		10	<i>Sedgefield:</i> Sedgefield R.D.	
		15	<i>Chester-le-Street:</i> Chester-le-Street U.D.; Chester-le-Street R.D.	
		16	<i>Durham:</i> Durham M.B.; Brandon U.D.; Durham R.D. (excluding the Civil parish of Rainton in No. 6 Unit Area); Lancheater R.D. (excluding the Civil parishes of Muggleswick and Healeyfield in No. 4 Unit Area).	

<p>1917</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>

TABLE 28.

	Ambulances	Cars	Total vehicles
Transferred from County District Councils and Joint Hospital Boards	48	—	48
Owned by 10 welfare organisations and operated for the Council on the basis of the reimbursement of actual expenditure, pending purchase	15	—	15
Owned by 7 "agencies" and operated for the Council on payment of a mileage rate	9	—	9
Purchased by the Council	10	1	11
Owned previously by the Council	2	—	2
Gifts to the Council	2	—	2
Totals	86	1	87

The average age of the vehicles is approximately ten years, and great difficulty has been experienced in keeping them in active service. Of the total of 86 ambulances, 14 were unserviceable by the end of the year, and one agency withdrew its vehicle during the period under review. There were thus available for duty on the 31st December only 72 ambulances and 2 cars, a further second-hand car having been purchased in December. From the 5th July minor repairs had to be undertaken on 73 of the vehicles, while 32 required major repairs.

To ease the vehicle situation, a replacement programme dealing with a total of 95 ambulances and 20 cars over a period of the next six years has been adopted, and it is hoped that, following negotiations with the makers, the delivery of new ambulances will start in 1949.

(d) *Staff.*—(i) *Headquarters.*—The Ambulance Officer and head-quarter's staff have had to work in very overcrowded conditions in a single room since the appointed day, but the building of more adequate hatted accommodation has recently been approved. In the meantime the staff are to be moved to temporary but more commodious accommodation.

(ii) *Controls.*—Each of the seven county controls is manned over the 24 hours by four clerk-telephonists working a three-shift system. Every effort is being made to improve the accommodation in which they work and to provide simple amenities.

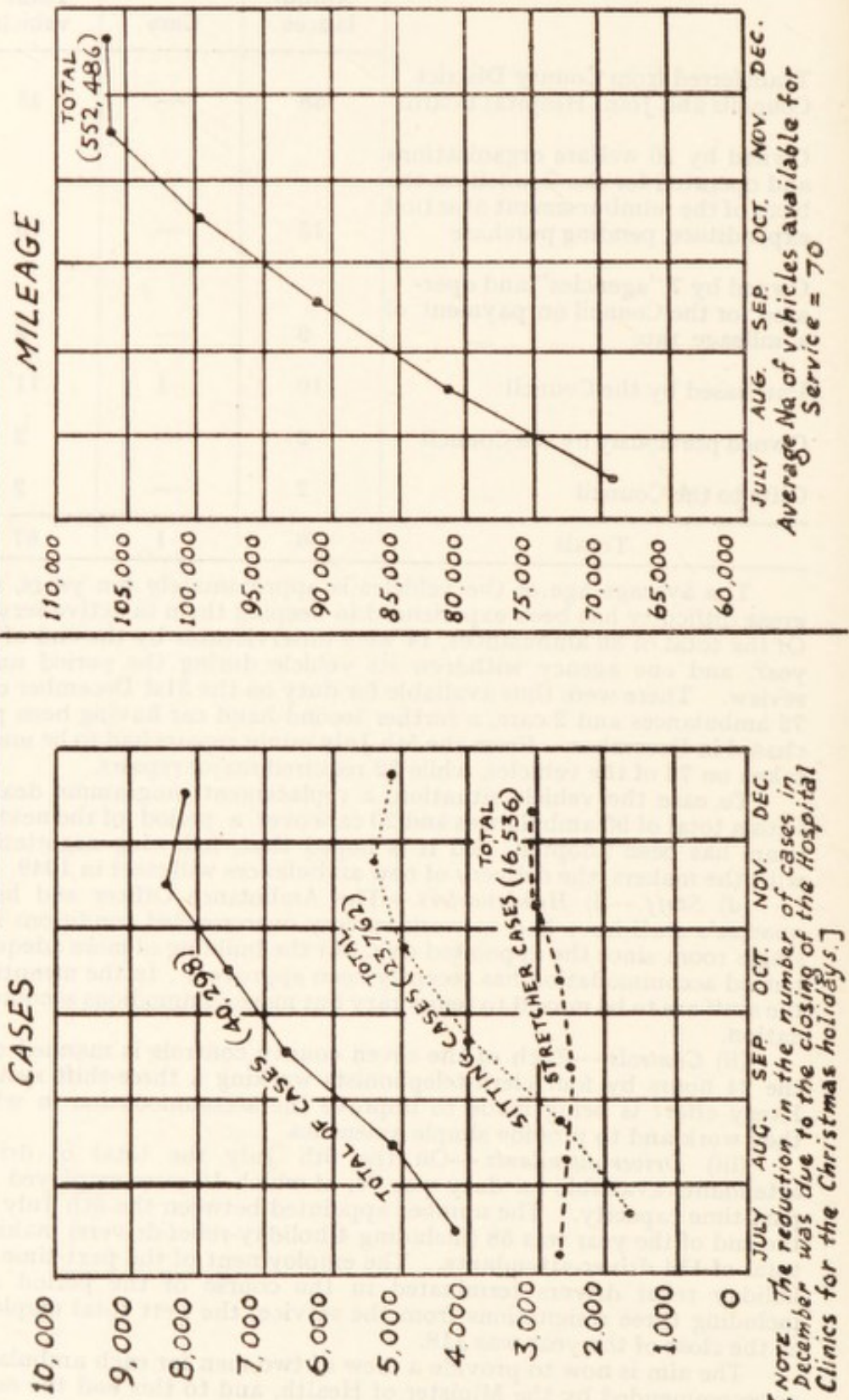
(iii) *Driver-attendants.*—On the 5th July the total of driver-attendants available for duty was 76, of which 10 were employed in a part-time capacity. The number appointed between the 5th July and the end of the year was 58 (including 4 holiday-relief drivers) making a total of 134 driver-attendants. The employment of the part-time and holiday relief drivers terminated in the course of the period and, including three resignations from the service, the nett total employed at the close of the year was 118.

The aim is now to provide a crew of two men for each ambulance, as recommended by the Minister of Health, and to this end the establishment has been fixed at a total of 263.

STATISTICS.—Table 26 gives details of the work done by the service during the past six months, while Figure 1 illustrates the growth of the scheme since its inception; and Figure 2 shows the demand over the twenty-four hours of one day, chosen as an example:—

FIG. 1.

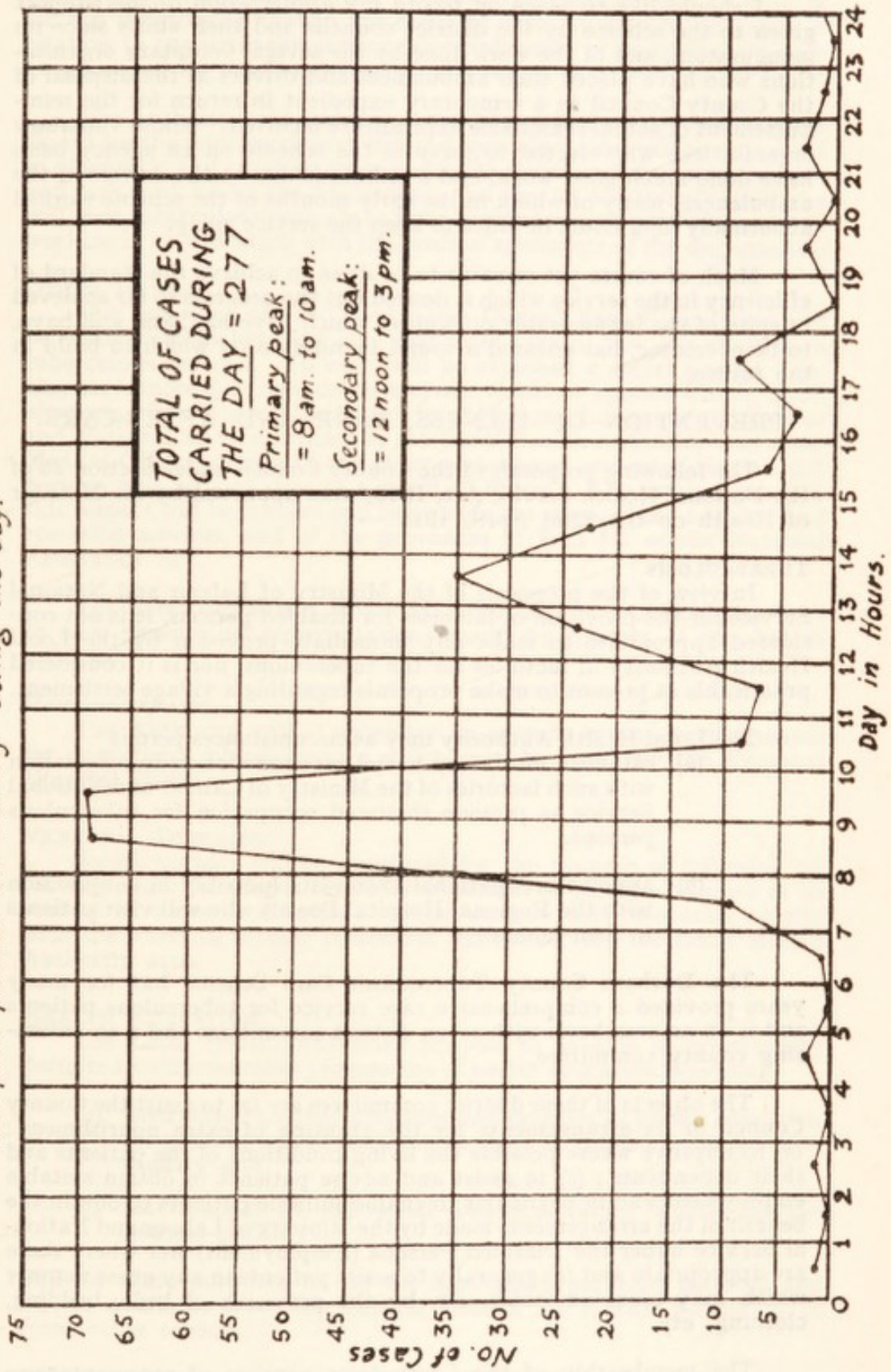
No. of cases carried per month by County Ambulances during the first six months of the Scheme (from July to December, 1948) and the total monthly mileage covered by the vehicles.



[NOTE. The reduction in the number of cases in December was due to the closing of the Hospital Clinics for the Christmas holidays.]

Average No. of vehicles available for Service = 70

No. of Cases carried by County Ambulances on Monday, 29th November, 1948. shewing the peak periods of mobility during the day.



I should like to place on record my appreciation of the support given to the scheme by the district councils and their staffs since its inauguration, and of the work done by the several voluntary organisations who have placed their ambulances and drivers at the disposal of the County Council as a temporary expedient in return for the reimbursement of actual reasonable expenditure incurred. Those voluntary organisations who elected to serve in the scheme on an agency basis have done much good work, and a tribute is due to the drivers of the ambulances, many of whom in the early months of the scheme worked abnormally long hours in order to keep the service going.

Much of course yet remains to be done to achieve the standard of efficiency in the service which is desired but the progress so far achieved in spite of the innumerable difficulties which have had, and still have, to be overcome, has ensured a sound foundation on which to build in the future.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The following proposals of the County Council under Section 28 of the National Health Service Act, 1946, were approved by the Minister of Health on the 22nd April, 1948.—

TUBERCULOSIS.

In view of the proposals of the Ministry of Labour and National Service for the provision of factories for disabled persons, it is not considered appropriate to make any immediate provision by the Local Health Authority of factories for the tuberculous, nor is it considered practicable at present to make proposals regarding a village settlement.

The Local Health Authority may as circumstances permit

- (a) establish dormitory hostel accommodation in association with such factories of the Ministry of Labour and National Service as provide sheltered occupation for tuberculous persons.
- (b) appoint occupational therapists (possibly in conjunction with the Regional Hospital Board) who will visit patients in their homes.

The Durham County Tuberculosis Care Scheme has for many years provided a comprehensive care service for tuberculous patients and is on an area basis with seven district committees and a co-ordinating county committee.

The objects of these district committees are (a) to assist the County Council in its arrangements for the granting of extra nourishment; (b) to improve where possible the living conditions of the patients and their dependents; (c) to assist and advise patients to obtain suitable employment and in particular to enable suitable patients to obtain the benefit of the arrangements made by the Ministry of Labour and National Service under the Disabled Persons (Employment) Act where these are appropriate and (d) generally to assist patients in any other manner which may seem advisable, e.g. by the provision of beds, bedding, clothing, etc.

The membership of the Committees consists of representatives from the County Council, local authorities, friendly societies, etc., and their funds are derived from grants from the County Council and donations and subscriptions from other sources.

On the appointed day this organisation (whose designation and constitution would be modified as necessary) will continue to provide for the tuberculous though the districts may possibly be adjusted in relation to any arrangement for decentralisation of control which may be approved by the Local Health Authority.

The Authority will seek arrangements with the Regional Hospital Board for the joint services of medical specialists who will be concerned in diagnostic and curative work under the Board and also in preventive and care work under the Authority ; and for the Authority's staff who will visit tuberculous patients in their homes to spend part of their time working in co-operation with the medical specialists at the dispensaries.

OTHER ILLNESS.

The functions of the County and District Care Committees will be enlarged to include the care and after care of the sick other than tuberculous persons. To each will be attached a social worker (who may serve more than one committee) who would co-operate with hospital almoners, the officers of the Ministries of National Insurance and Labour and National Service, officers in the Local Health Authority's services, Medical Officers of Health and other persons and organisations to assist persons who require care as a result of illness. The arrangements in this respect will be such as will lie outside the scope of the hospital and specialist services, and of the provisions of Part III of the National Assistance Act.

The care committees would maintain stocks of articles for loan to sick persons on representations made by officers of the health services.

PHYSIOTHERAPY.

The Authority will if necessary co-operate in any arrangements for domiciliary physiotherapy which may be made by the Regional Hospital Board.

VENEREAL DISEASES.

Social workers will be employed for the purpose of following up persons under treatment for venereal disease or persons believed to be sources of venereal infection. These workers will co-operate closely with the venereal disease treatment centres serving the Local Health Authority area.

HEALTH EDUCATION.

The Local Health Authority propose to develop as opportunity permits a comprehensive programme of health education providing

- (a) instruction on the principles and practice of health education for persons whose work brings them in contact with the community and
- (b) information on individual and community health for the general public ;

and for these purposes to use the appropriate services, material and advice available from the Central Council for Health Education or from other sources.

The following proposals relating to Mental Illness were approved by the Minister of Health on the 24th May, 1948 :—

MENTAL ILLNESS.

The supervision of mental defectives except those on licence from certified institutions has hitherto been carried out by Health Visitors and it is proposed to continue this arrangement. Mental defectives on licence from a certified institution have been supervised by the North Eastern Council for mental welfare and it is proposed that arrangements be made with the Regional Hospital Board for this work to be continued by this Association or its successor.

Proposals are included in the scheme under Section 51 of the National Health Service Act for setting up of occupational centres for mental defectives and for a home teaching service.

The following is a summary of the provision made by the seven district care committees during the year. The assistance granted prior to the 5th July, except for extra nourishment and rent, was provided from the voluntary funds of the committees and refers entirely to tuberculosis patients. From the 5th July onwards cases other than tuberculosis were also assisted, mostly with invalid chairs and sick room requisites from County Council supplies, although their numbers were few.

<i>Cases Assisted.</i>	1.1.48	5.7.48
	to 4.7.48	to 31.12.48
Extra nourishment	634	518
Clothing and/or boots	87	68
Beadsteads and bedding	51	30
Rent	1	—
Laundry	1	—
Travelling expenses	8	10
Appliances	8	11
Handicraft materials	3	3
Housing—overcrowding	23	8
Wireless accessories	1	1
Domestic help	1	1
Personal expenses	9	2
Correspondence courses	2	—
Dental treatment	6	—
Funeral expenses	—	1
<i>Cases referred to.—</i>		
Public Assistance Committees and National Assistance Board	44	157
Ministry of Labour and National Service	2	1
British Red Cross Society. (Emerg- ency Help Scheme)	5	4
W.V.S.	5	2
Returned British Prisoners of War Association	4	—

DOMESTIC HELP SERVICE.

The following proposals of the County Council under Section 29 of the National Health Service Act, 1946, for the provision of a service of domestic helps was approved by the Minister of Health on the 28th April, 1948.—

PART I.

STATISTICAL DATA.

1. Area in square miles of Local Authorities area 973.8.
2. Mid-1946 population—863,530.

EXISTING SERVICE.

The County Council have for 22 years provided a service of home helps in connexion with their Maternity and Child Welfare arrangements. The health visitors from their local knowledge select suitable persons who are willing to give service for the necessary period required for the case and supervise their work. The helps are paid on an appropriate scale by the Council and persons availing themselves of the service are required to pay in accordance with their financial circumstances. Having regard to the distribution of population, no whole-time helps are employed. For the last few years a service of domestic helps has been provided on the same basis. In 1946 a home help was supplied on 86 occasions and a domestic help on 20 occasions.

In the borough of Hartlepool a service is provided also by the occasional employment of approved persons. In 1946 12 home helps were employed.

There is no apparent demand for home helps in Jarrow.

In Stockton the service is provided by whole-time helps of whom 2 are employed.

PART II.

Description of the service which will operate on the appointed day.

1. It is proposed that the domestic help service be provided on a basis similar to the existing home and domestic help services. General supervision will be exercised by the Superintendent Health Visitor but having regard to the size and circumstances of the area, recruitment and supervision will be exercised locally by the health visitor.

In accordance with variation in the demand and as circumstances permit whole-time helps may be employed in areas in which the localised demand is sufficiently large (e.g. Stockton).

The list of occasional helps should contain about 150 names.

The full needs of Stockton will require 6 whole-time helps.

The Local Health Authority will recover charges appropriate to the means of the users of the service.

2. The proposals are considered suitable for a dispersed population and are readily applicable to rural areas.

3. No joint arrangement with another Local Health Authority is proposed.

PART III.

DEVELOPMENT PLAN.

Any deficiencies which may exist will be due to lack of suitable recruits for the service. Should a demand become apparent in more

populous areas, consideration will be given to the employment of whole-time helps or additional whole-time helps or to the attachment to nurseries of persons who would be available when required as domestic helps.

The County Council subsequently agreed to appoint a Domestic Help Organiser with two assistants but these appointments had not been made at the end of the year.

During the year the number of whole-time home helps employed was 5. Casual home helps were employed in respect of 301 cases.

MENTAL HEALTH SERVICE.

The following proposals for carrying out the duties under Section 51 of the National Health Service Act, 1946, were approved by the Minister of Health on the 24th May, 1948.

PART I.

POPULATION.

1. The total mid-1946 population of the administrative county, as estimated by the Registrar General, is 863,530.

2. (a) Number of patients chargeable to the Local Authority under the Lunacy and Mental Treatments Acts, as at 31st March, 1947—

In Durham County Mental Hospital	1655
In other mental hospitals	56
In Public Assistance institutions under section 24 of the Lunacy Act, 1890	80
	<hr/>
	1791
	<hr/>

(b) Number of Patients dealt with under the Lunacy and Mental Treatment Acts for the year ended 31st March, 1947

249

(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the year ended 31st December, 1946

144

(d) Number of persons reported to the Local Authority for the first time as mentally defective in the year ended 31st December, 1946

164

The cases included in para. 2(d) above were reported from the following sources.—

	<i>Cases</i>
Local Education Authority sect. 57(3)	55
Local Education Authority, sect. 57(5)	15
County health visiting and child welfare services	66
Public Assistance Committee	5
Criminal Cases	3
Miscellaneous, viz. transfers, social workers, probation officers, medical practitioners, assistance board, psychiatric clinics, etc.	20
	<hr/>
	164
	<hr/>

Of the above 20 cases were reported from the undermentioned sources which were not classified as mentally defective.—

County health visiting and child welfare services	14
Public Assistance Committee	3
Miscellaneous	3
	20

The following table shows the sex distribution of the children and adults on the register at 31st December, 1946.

DISTRIBUTION OF CASES.	MALE.		FEMALE.		Total
	Child- ren	Adults	Child- ren	Adults	
In institutions	17	188	10	253	468
On licence from institutions	1	13	—	22	36
In special schools	3	—	2	—	5
In state institutions	—	18	—	7	25
In elected homes	—	13	—	8	21
In public assistance institutions	14	74	4	74	166
In asylums	6	86	6	77	175
Under guardianship	—	33	—	39	72
Domiciliary supervision	155	631	125	728	1639
Pending	—	25	—	22	47
Adults in H.M. Forces	—	4	—	1	5
TOTALS	196	1085	147	1231	2659

PART II.

(A)

GENERAL.

- (i) The Health Committee has appointed a sub-committee of 16 members to deal with their Mental Health Service.

(ii) It is proposed that the service should be under the administrative control of the County Medical Officer.

(iii) It is proposed that a medical officer responsible to the County Medical Officer and having special qualifications and experience in mental deficiency should be appointed who would be responsible for the medical direction of the service.

(B)

MEDICAL.

- It is proposed that a whole-time medical officer having special qualifications and experience in mental deficiency be employed. His duties will include the medical direction of the mental health social workers and the certification of patients.

(C)

NON-MEDICAL.

- The duties of ascertainment of mental defectives are in a large measure performed by health visitors of whom there are 116 engaged part time in this work. They are also responsible for the domiciliary supervision of mental defectives with the exception of those on licence from a certified institution. It is proposed that they should continue to do this work.

Patients on licence from a certified institution are supervised by the North Eastern Council for Mental Welfare. This is a body jointly controlled by a number of authorities in Northumberland, Durham and the North Riding of Yorkshire.

It is proposed that arrangements be made with the Regional Hospital Board for this work to be continued by the North Eastern Council for Mental Welfare.

4. It is proposed that there should be from seven to ten authorised officers in the administrative county each with a district and a centre from which he will operate.

It is proposed that, where suitable applicants are available, relieving officers should be appointed as authorised officers who will be employed whole-time by the Local Health Authority. While the extent of the area to be covered will necessitate the appointment of seven authorised officers it is not expected that the duties under the Lunacy and Mental Treatment Acts hitherto performed by relieving officers will, after the appointed day, provide whole-time employment for these officers. It is therefore proposed that they should receive special training in the work of supervision of mental defectives and that they should after such training also undertake the duties involved in this section of the service.

(D)

AMBULANCE SERVICE.

5. It is proposed that patients should be conveyed to the Mental Hospital at Winterton by an ambulance to be stationed at the Hospital and that where the numbers requiring to be admitted at any one time necessitate an additional ambulance, recourse should be had to the nearest ambulance serving the area in which the hospital is situate. Experience may indicate the necessity of increasing the number of ambulances at the Mental Hospital.

It is proposed that arrangements be made with the Regional Hospital Board for trained staff to be available to accompany mental patients to hospital, where necessary.

DEVELOPMENT.

(a) *Community Care.*

It is proposed in due course to appoint a psychiatric social worker for work in connection with the mentally ill and a principal mental health worker for work in connection with the mentally defective in each case under medical supervision.

(b) *Training of defectives.*

(i) It is proposed that a scheme of training of mental defectives in their own homes should be introduced. It would be convenient for this to be carried out in part by authorised officers after special training and in part by qualified social workers as and when they are available. It will be necessary to rely on this service in the rural parts of the county for providing occupation for mental defectives.

(ii) It is proposed that approximately 8 occupational centres for mental defectives be set up in the more densely populated areas in the county.

In the initial stage it will be necessary to adapt and use existing buildings, this factor together with the acute shortage of trained staff will inevitably render progress slow and will determine the order in which such centres can be opened.

Administration.—

The Mental Health Sub-Committee which meets quarterly is a sub-committee of the County Health Committee.

The medical work of this section continues to be carried out by the Deputy County Medical Officer.

Seven duly authorised officers were appointed and took up their duties on the 5th July. In addition to their duties under the National Health Service Act, 1946, these duly authorised officers are also engaged in certain work under the National Assistance Act, 1948.

In view of the serious difficulty in obtaining the necessary staff, an arrangement has been made with the National Association for Mental Health for dealing with after-care of ex-service personnel and other persons suffering from mental illness.

Except for the duly authorised officers, no arrangements have been initiated for the training of mental health workers. Five of the seven duly authorised officers have attended a three weeks' course of training at King's College, Newcastle-on-Tyne, and it is hoped that similar arrangements may be made at an early date for the remaining two officers.

Account of work undertaken in the Community.

National Health Service Act, 1946, Section 28.—The supervision of mental defectives, except those on licence from certified institutions, is carried out by the health visitors. Provision has been made in the estimates for the setting up of two occupation centres.

Lunacy and Mental Treatment Acts, 1890—1930.—During the period 5th July, 1948, to 31st December, 1948, the duly authorised officers, at the request of medical practitioners or the police, investigated cases under the Lunacy and Mental Treatment Acts. In the following cases admission to a mental hospital was arranged:—

Lunacy Act, 1890.

Section 16—Certified patients	152
Section 20—3-day Orders	13
Section 21(1)—14-Day Orders	4

Mental Treatment Act, 1930.

Section 1—Voluntary patients	46
Section 5—Temporary patients.....	5

Mental Deficiency Acts, 1913-1938.

Ascertainment.—On the 31st December, there were 2,707 mentally defective persons on the register, which number gives an ascertainment figure of 3.04 per 1,000 population in the administrative county area. Table 29 shows the sex distribution of patients on the register.

TABLE 29.

MENTALLY DEFECTIVE PERSONS.—Sex Distribution:—

Distribution of cases.	Male.	Female	Total
In certified hospitals for mental defectives	241	294	535
Places of safety	5	11	16
In special schools	5	3	8
In State institutions	16	7	23
In elected homes	16	9	25
In general hospitals	77	67	144
In Mental hospitals	112	92	204
Under guardianship	33	42	75
Domiciliary supervision	774	865	1,639
Pending	16	18	34
In H.M. Forces	4	—	4
Totals	1,299	1,408	2,707

During the year 88 cases were added to the register, and at the end of the year approximately 400 mental defectives were awaiting vacancies in hospitals.

Under the provision of the Education Act, 1944, the Local Education Authority notified during the year to the Local Health Authority the following:—

	M.	F.	Total
Under Section 57 (3) —Children considered ineducable within the school system	32	3	35
Under Section 57 (5) —Children who require further supervision after leaving school	6	5	11

During the year 44 petitions were presented and an Order under the Acts was made in each case—41 for hospital care and training, and 3 for guardianship.

Difficulty continues to be experienced in obtaining vacancies in hospitals for defectives, only 63 being secured during the year.

Guardianship and Supervision.

Four defectives were placed under the statutory guardianship of their parents during the year. The number under this section of the Act directly supervised by this authority on the 31st December was 69 (Male 30, female 39).

The county health visitors continued to supervise defectives in their homes, making 6,315 visits to 1,838 defectives during the year. Of the defectives known to this authority, 16 have given birth to children during this period, 6 while unmarried. Six male and 11 female defectives were married.

Training.

The County Council is considering the question of the provision of occupation centres for mental defectives.

Examinations by Medical Officer.

The number of examinations made by a medical officer for the purpose of certification or classification is shown in Table 30.

TABLE 30.

Examinations.	Certifiable.	Not Certifiable.	Total
Domiciliary	38	3	41
In institutions	43	5	48
Under guardianship	43	—	43
In medical officer's office	5	1	6
In H.M. Prison, Durham	2	—	2
Totals	131	9	140

School Aycliffe Colony.—On the 5th July, this colony passed to the control of the Regional Hospital Board.

AREA HEALTH SUB-COMMITTEES.

The following Scheme for the appointment of Health Sub-Committees pursuant to Paragraph 6 of Part II of the Fourth Schedule to the National Health Service Act, 1946, to exercise on behalf of the Health Committee functions relating to health services to be provided by the County Council was adopted by the County Council on the 25th February, 1948.—

SCHEME

FOR THE APPOINTMENT OF HEALTH SUB-COMMITTEES.

1. There shall be constituted for each of the areas named in column 1 of the sub-joined table a local health sub-committee (hereinafter called "the sub-committee") consisting of the Chairman for the time being of the Health Committee and the number of persons shown in column 6 of the table of whom—

- (a) the number shown in column 3 of the table shall be members of the County Council and shall be appointed by the Health Committee ;
- (b) the number shown in column 4 of the table shall be members of the Councils of the County Districts comprised in the area and shall be appointed by those Councils ;
- (c) the number shown in column 5 of the table shall be persons not being elected members of the County Council or District Councils, appointed by the Health Committee.

Of the total number of members of the sub-committee at least three shall be women.

2. (1) The first members of the sub-committee shall be appointed as soon as possible after any necessary approval of this scheme or of the County Council's proposals under Part III of the Act by the Minister of

Health and thereafter, subject to the provisions of Articles 3 and 4 hereof, the sub-committee shall be appointed at the first meeting of the Health Committee held after the triennial election of County Councillors.

(2) The members of the sub-committee shall hold office until the date on which their successors are appointed.

3. Any member of the sub-committee who ceases to be a member of the Council appointing him shall cease to be a member of the sub-committee, and any member of the sub-committee not being a member of a Council appointing to the sub-committee at the date of his appointment who becomes a member of such Council, shall thereupon cease to be a member of the sub-committee: Provided that a member of the sub-committee shall not be deemed to have ceased to be a member of a Council if on or before the day on which he goes out of office he has been re-elected a member of the Council.

4. A member of the sub-committee may resign his membership by sending notice to the Clerk of the County Council of his desire to do so.

5. Any casual vacancy in the membership of a sub-committee arising more than three months before the ordinary date on which a member would go out of office shall be filled by an appointment of a new member, and the person so appointed shall hold office during the remainder of the term of office of the person whose place he takes:

Provided that a member of a sub-committee shall not be deemed to have ceased to be a member of the council of a district or of the County Council if on or before the day on which he goes out of office he has been re-elected a member of the Council of the district or of the County Council as the case may be.

6. The proceedings of a sub-committee shall not be invalidated by reason of any vacancy in their number, or by any defect in the appointment or qualification of any member of the sub-committee.

7. The first meeting shall be convened by the Clerk of the County Council on such a day and at such place as may be fixed by the Clerk of the County Council.

8. The sub-committee shall meet as often as business shall require and at least once in every quarter.

9. At their first meeting the sub-committee shall appoint one of their number to be chairman and he shall, unless he resigns his office or ceases to be a member of the sub-committee, continue in office for one year or until his successor is appointed. If the chairman is not present, the sub-committee shall appoint a member present to preside.

10. No business shall be transacted at a meeting of the sub-committee unless at least 5 members are present.

11. (1) Subject to such general or special directions as may from time to time be given by the Health Committee, and to the exceptions set out in paragraph (2) of this clause, the functions of the Health Committee under sections 21 to 29, inclusive, of the National Health

Service Act, 1946, in relation to the undermentioned services shall be exercised by the sub-committees within their respective areas, namely—

- (a) Health Centres ; (b) Maternity and Child Welfare ;
- (c) Midwifery ; (d) Health Visitors ; (e) Home Nursing ;
- (f) Vaccination and Immunisation ; (g) Ambulances ; (h) Prevention of illness and Care and After Care of sick persons ;
- (i) Domestic Help.

(2) The following functions are excepted from the functions to be exercised by the sub-committee.—

- (a) the power of raising a rate ;
- (b) the power of borrowing money ;
- (c) the alteration or revocation of this scheme ;
- (d) the purchase, leasing or sale of any land or buildings ;
- (e) the alteration of any establishment or the revision of any scale of salaries, wages or other payments which has been approved by the County Council also the fixing of the amount of superannuation or gratuity to any employee retiring from the service of the County Council ;
- (f) the appointment of any officer or servant to a post at a basic salary or wage of more than £385 per annum at the maximum ;
- (g) the dismissal of any officer or servant ;
- (h) the preparation and modification of any proposals required by the National Health Service Act, 1946 ;
- (i) the power to authorise sealing of documents.

12. Subject to the provisions of this scheme, the standing orders of the County Council regulating the meetings and proceedings of committees and sub-committees shall apply to meetings and proceedings of sub-committees constituted under this scheme.

13. (a) The financial regulations and standing orders regarding estimates of expenditure and internal audit adopted by the County Council shall apply to the sub-committee :

(b) The expenses of the sub-committee for each financial year shall be estimated by them in advance and a copy of such estimates shall be forwarded to the Clerk of the County Council not later than 31st August, 1948, in respect of the year commencing 1st April, 1948, and not later than the preceding 31st December in respect of each subsequent year. No expenditure shall be incurred by a sub-committee except in accordance with an estimate approved by the County Council.

No. of Area.	Names of County Districts comprised in the area.	No. of members appointed by the Health Committee of the County Council.	No. of members appointed by the Councils of the Districts named in Col. 2.	No. of persons appointed by the County Council not being at the date of appointment members of the County Council or of District Councils	Total number of members
(1)	(2)	(3)	(4)	(5)	(6)
1	Blaydon U.D. Ryton U.D. Whickham U.D.	3	5 4 5	3	20
2	Jarrow Borough Felling U.D. Hebburn U.D.	3	5 5 5	3	21
3	Consett U.D. Stanley U.D. Lanchester R.D.	3	5 6 4	3	21
4	Chester-le-Street U.D. Chester-le-Street R.D.	3	4 6	3	16
5	Baldon U.D. Hetton U.D. Houghton U.D. Washington U.D. Sunderland R.D.	5	3 3 4 3 4	3	25
6	Crook U.D. Tow Law U.D. Weardale R.D.	3	6 3 3	3	18
7	Durham Borough Brandon U.D. Durham R.D.	3	4 4 6	3	20
8	Seaham U.D. Easington R.D.	3	4 8	3	18
9	Barnard Castle U.D. Barnard Castle R.D.	3	3 6	3	15
10	Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	3	6 4 4	3	20
11	Hartlepool Borough Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	5	4 4 3 6 3	3	28
12	Stockton Borough	3	8	3	14

NATIONAL ASSISTANCE ACT, 1948.

WELFARE SERVICES.

Under Section 21 of the National Assistance Act, 1948, the County Council has a duty to provide (i) residential accommodation for persons who by reason of age, infirmity or other circumstances, are in need of care and attention not otherwise available to them, and (ii) temporary accommodation for persons who are in urgent need of it in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.

The Minister of Health approved the County Council's proposal to refer to the Health Committee matters connected with functions under the Act and the Health Committee subsequently appointed a Welfare Sub-Committee to whom its functions under the Act are referred.

At the end of the year a scheme for the provision of residential¹ accommodation under Section 21 of the Act was in course of preparation for submission to the Minister of Health for his approval.

The only premises available at the end of the year for use as residential accommodation were the former public assistance institutions but these should, as soon as practicable, be supplemented and ultimately be replaced by more suitable premises. The following statement indicates the number of persons provided with residential accommodation and the number of hospital patients in premises under the control of the Health Committee at the end of the year:—

		<i>Residential Accommo- dation.</i>	<i>Hospital Patients.</i>	<i>Total</i>
In Homes controlled by the Welfare Sub-Committee	Barnard Castle	63	56	119
	Houghton-le-Spring	71	54	125
	Sedgefield	60	—	60
In hospitals transferred to the Regional Hospital Board 5.7.48	Bishop Auckland	21		21
	Chester-le-Street	45		45
	Durham	43		43
	Easington	56		56
	Lanchester	83		83
	Stockton	61		61
In homes controlled by the neighbouring County Boroughs	Darlington	5		5
	Gateshead	15		15
	South Shields	50		50
	Sunderland	2		2
	West Hartlepool	11		11
In special homes in other parts of the country		20		20
Totals		606	110	716

The duty of providing and maintaining reception centres for the accommodation of persons without a settled way of living devolves upon the National Assistance Board but in accordance with the provision made in the Act the County Council was requested to act as the Board's agent in this matter. The Minister of Health has determined that one reception centre is required in the administrative county and this is located at the Crossgate Hospital, Durham, and is controlled by the Durham Hospital Management Committee.

Other duties of the Council under the Act are recovery of charges from persons provided with accommodation, registration of disabled persons and aged persons homes, registration of certain voluntary organisations, and the care of property of persons admitted to hospitals or other places in certain circumstances.

WELFARE OF THE BLIND AND OTHER HANDICAPPED PERSONS.

The National Assistance Act, 1948, which came into operation on the 5th July, repealed the Blind Persons Act, 1920, and Sections 2 to 4 of the Blind Persons Act, 1938, with the result that the responsibility for the payment to blind persons of financial assistance was transferred to the National Assistance Board. Section 29 of the National Assistance Act, 1948, empowered the County Council to make provision for promoting the welfare of blind, deaf or dumb persons; and other persons substantially and permanently handicapped by illness, injury or congenital deformity. The development of arrangements for promoting the welfare of handicapped persons other than blind persons will be the subject of further guidance from the Minister of Health.

Ministry of Health circular 150/48, dated the 20th August, referred to persons who were not blind within the meaning of the National Assistance Act, 1948, but who, nevertheless, were substantially and permanently handicapped by congenital defective vision. The Minister had been advised that such persons were within the scope of the welfare services which local authorities are empowered to provide for blind persons, and he suggested that these partially sighted persons should be included in an "observation register" so that they may be kept under review and appropriately covered by the authorities' arrangements. On the 31st December the number of cases on the "observation register" was 5.

The number of blind persons on the County Council's register on the 31st December was 1,850, or 2 more than at the end of 1947. During the year the names of 222 blind persons were added to the register, 26 persons who had been registered as 'blind' were certified 'not blind' and their names removed from the register, and 194 died or left the county area. Of the 26 persons certified 'not blind' sight had been restored in 20 cases after surgical treatment. The four part-time ophthalmologists appointed by the County Council carried out 304 eye examinations. These cases are classified as follows :—

First examinations.—

No. certified 'blind'	158
do. 'not blind'	75

Re-examinations.—

No. certified 'blind'	24
do. 'not blind'	47— 304

The following information relates to trained blind persons in employment at the end of the year:—

	<i>Institution Workers.</i>	<i>Home Workers.</i>
Royal Institution for the Blind, Sunderland	36	3
Cleveland & South Durham Institute for the Blind, Middlesbrough	15	3
Hartlepoons Workshops for the Blind, West Hartlepool	1	—
National Library for the Blind, Braille Copyist	—	1

On the 30th June there were 1,303 blind persons in receipt of weekly financial assistance and the amount granted during the first six months of the year was £28,195 19s. 11d.

TUBERCULOSIS.

The responsibility of the County Council for the dispensary service, institutional treatment, and mass miniature radiography ceased on the 4th July, the duties involved being transferred to the Newcastle-on-Tyne Regional Hospital Board on the following day. The County Council, however, continued to act as agents for the Hospital Board until the 31st March, 1949.

Accommodation.—Table 31 shows the number of beds available on the 4th July (*a*) in sanatoria belonging to the County Council (*b*) in sanatorium blocks provided by arrangement with other bodies for county cases, and (*c*) in sanatoria belonging to other bodies by arrangement.

TABLE 31.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Number of beds available for the treatment of tuberculosis on the 4th July, 1948.

	Beds for Respiratory Cases.			Beds for Non-Respiratory Cases.			Total Beds.
	Adults		Children under 15	Adults		Children under 15	
	M.	F.		M.	F.		
(a)							
Hollywood Hall	184	—	—	—	—	—	184
Seaham Hall	—	83	—	—	19	28	130
Earl's House	—	—	39	—	—	39	78
(b)							
Ford Hospital (Sunderland R.D.C.)	—	39	—	—	—	—	39
East Boldon Isol. Hospital	—	27	—	—	—	—	27
Dryburn Hospital	—	—	—	25	—	—	25
Helmington Row	14	—	—	—	—	—	14
Tindale Crescent	—	14	—	—	—	—	14
Chester-le-St. I.H.	12	—	—	—	—	—	12
West Lane Isolation Hosp. (Middlesbrough)	—	6	—	—	—	—	6
(c)							
Stannington Sanatorium	—	—	*17	—	—	*17	*34
Leazes House	—	17	—	—	—	—	17

*Approximate

Waiting List.—On the 4th July the following numbers of patients were awaiting admission to sanatoria and hospitals:—

	Sanatorium.		Hospitals.
	Respiratory.	Non-Respiratory.	
Adult males	*94	1	1
Adult females	134	—	3
Boys	11	5	4
Girls	13	—	3
Totals	252	6	11

*5 service cases in military hospitals.

Admissions to Sanatoria, etc.—Table 32 shows the admission to, and discharges from, sanatoria and hospitals during the period 1st January to the 4th July.

TABLE 32.

Admissions to, and discharges from, sanatoria and hospitals during the period ended 4th July, 1948.

INSTITUTIONS.	Beds available.			In Institution 1st Jan., 1948	Admissions.	Discharges.	In Institution 4th July, 1948
	M	F	C				
SANATORIA.							
Hollywood Hall	184	—	—	137	113	107	143
Seaham Hall	—	102	—	97	60	57	100
Do.	—	—	28	27	10	9	28
Earl's House	—	—	78	52	60	47	65
Dryburn	—	—	—	22	28	27	23
Stannington	—	—	34	29	16	18	27
Ford (Sunderland R.D.C.)	—	39	—	32	37	34	25
Helmington Row	14	—	—	13	14	13	14
Tindale Crescent	—	14	—	14	11	12	13
West Lane, Middlesbrough	—	6	—	3	12	9	6
Leazes House	—	17	—	12	8	8	12
Nayland	—	—	—	1	—	1	—
Papworth	—	—	—	7	4	3	8
East Boldon	—	27	—	17	16	16	17
Preston Hall	—	—	—	3	1	1	3
Chester-le-Street	12	—	—	10	11	9	12
GENERAL HOSPITALS.							
Bensham General	—	—	—	3	2	3	2
Cherry Knowle	—	—	—	2	—	1	1
Darlington Memorial	—	—	—	—	1	—	1
Durham County	—	—	—	1	1	2	—
Fleming Memorial	—	—	—	1	3	4	—
Hartlepoons	—	—	—	1	1	—	2
Hexham Emergency	—	—	—	1	2	1	2
Ingham, South Shields	—	—	—	1	7	7	1
Newcastle General	—	—	—	—	1	—	1
Queen Elizabeth, Gateshead	—	—	—	—	2	1	1
R.V.I. Newcastle	—	—	—	—	9	8	1
Sherburn, nr. Durham	—	—	—	2	36	33	5
Sheriff Hill, Gateshead	—	—	—	—	2	2	—
Shotley Bridge Emergency	—	—	—	10	36	34	12
South Moor	—	—	—	1	4	4	1
South Shields General	—	—	—	14	26	22	18
Stockton and Thornaby	—	—	—	—	1	1	—
Sunderland General	—	—	—	1	—	—	1
Sunderland Royal	—	—	—	1	—	1	—
Walkergate Isolation	—	—	—	—	1	—	1
Whickham	—	—	—	2	1	2	1
Winterton Emergency	—	—	—	6	9	7	8
COUNTY P.A. HOSPITALS.							
Barnard Castle	—	—	—	—	1	—	1
Bishop Auckland	—	—	—	1	1	1	1
Chester-le-Street	—	—	—	1	1	1	1
Durham	—	—	—	1	1	—	2
Houghton-le-Spring	—	—	—	1	1	2	—
Easington	—	—	—	—	5	2	3
Lanchester	—	—	—	2	1	1	2
Stockton	—	—	—	2	10	6	6
TOTALS	210	205	140	531	567	517	581

DISTRICT WORK.

Dispensary Districts.—The constitution of the dispensary districts remains unchanged at the date of transfer.

Dispensary and Domiciliary Work.—The total attendances of patients at the dispensaries during the period 1st January to 4th July was 16,194 compared with 27,677 during the whole of 1947. Further statistical information regarding the work done will be found in Table 33. The number of cases on the register (5,657) on the 4th July represents a rate of 6.4 per 1,000 population.

Radiography.—Up to the 4th July 5,568 films were made at the request of the district tuberculosis medical officers, the large majority being chest films.

Mass Miniature Radiography.—The mass radiography unit which was issued to the County Council by the Ministry of Health at the beginning of the year commenced operations on the 13th April, temporary accommodation being made available for it at the Dryburn Hospital, Durham. The unit was transferred to the Newcastle-on-Tyne Regional Hospital Board on the 5th July. The following statement shows the work carried out during the period 13th April to 4th July:—

	Male.	Female.	Total.
No. of miniature films	2,939	1,093	4,032
No. of large films	333	120	453
Percentage of large films	11.33	10.98	11.23
No. of clinical examinations	121	40	161
Abnormalities revealed.—			
Non-tuberculous	169	37	206
Evidence of respiratory tuberculosis.—			
Inactive	55	24	79
Active	34	9	43
Percentage of active respiratory tuberculosis cases	1.15	0.82	1.06

Treatment Allowances.—During the period 1st January to 4th July maintenance allowances as detailed in Ministry of Health Memo. 266/T., totalling £12,640 11s. 4d. were granted. Of this amount £12,376 2s. 4d. was paid as maintenance allowances, £158 5s. 6d. as discretionary allowances, and £106 3s. 6d. as special payments. On the 5th July these maintenance and discretionary allowances ceased and the National Assistance Act, 1948, made provision for special payments to be made to necessitous tuberculosis patients by the area officers of the National Assistance Board. The number of cases receiving allowances at the date of transfer was 323.

Artificial Light Treatment of Skin Tuberculosis.—Treatment of skin tuberculosis continued to be carried out as in previous years under the County Council's arrangements until the 4th July at the Skin Clinic of the Royal Victoria Infirmary, Newcastle-on-Tyne. The number of new cases who commenced treatment during the period 1st January to 4th July was 3, and the number of treatments given during this period was 153.

Surgical Appliances.—Orthopaedic appliances were supplied or repaired for 34 patients during the period 1st January to 4th July on the recommendation of the tuberculosis officers.

Ministry of Pensions.—279 reports on ex-service pensioners were supplied to the Ministry of Pensions during the period 1st January to 4th July. At the beginning of the year 59 tuberculous pensioners were receiving treatment in sanatoria and hospitals. During this period 53 were admitted, 48 discharged, and 3 died. At the appointed day 61 cases were receiving in-patient treatment.

Service Cases.—At the beginning of the year there were 25 tuberculous servicemen receiving treatment in sanatoria and hospitals. During the period 1st January to 4th July, 19 were admitted and 22 discharged, leaving 22 in the institutions on the 5th July.

School Medical Department.—The number of suspected tuberculous school children referred to the dispensaries by assistant school medical officers was 286 (142 boys and 144 girls) and the tuberculosis officers found that of this number 18 boys and 13 girls were tuberculous.

Open-air Shelters.—At the beginning of the year there were 16 shelters in use and 54 awaiting removal. During the year 7 were removed from patients who had no further use for them and were erected for other patients or stored. The total number of shelters at the end of the year was 70, of which number 13 were in use and 57 awaiting removal.

Care and After-Care.—See prevention of illness, care and after-care section of this report.

INCIDENCE AND MORTALITY.

Notification.—The number of primary notifications received during the year was respiratory 1,047 and non-respiratory 269, compared with 925 and 307 respectively in 1947 (See Tables 34—38). It will be seen that there was an increase of 122 (52 males and 70 females) respiratory cases and a decrease of 38 (20 males and 18 females) non-respiratory cases. The number of respiratory cases notified is the highest since 1928 when 1,102 cases were reported. The increase is to some extent due to the operation of the mass miniature radiography unit in the county.

Incidence.—New cases coming to notice during the year numbered 1,422 (Table 39) which gives an incidence rate for all forms of tuberculosis of 1.60 per 1,000 population. Of the cases coming under the supervision of the tuberculosis medical officers 7.5 per cent were unnotified at the end of the year.

Deaths and Death-rates.—Tables 40 and 41 give the number of deaths from respiratory and non-respiratory tuberculosis by age in the separate county districts. Deaths in the county as a whole distinguishing age and sex for respiratory and non-respiratory forms of the disease are given in Table 39. In Tables 42 and 43 the death-rates from respiratory and non-respiratory tuberculosis in each county district are compared.

TABLE 34.

ADMINISTRATIVE COUNTY OF DURHAM, TUBERCULOSIS—
New Cases and Deaths, 1930-1948.

Year.	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
1930	493	488	401	366	404	367	124	99
1931	493	446	372	356	343	327	116	89
1932	506	477	450	406	353	326	126	85
1933	447	419	343	328	368	303	72	72
1934	456	396	321	297	342	312	75	67
1935	376	376	306	248	315	295	79	63
1936	384	380	298	275	298	256	72	63
1937	406	334	272	258	268	255	65	68
1938	339	317	302	293	270	200	57	67
1939	410	295	266	254	292	217	67	54
1940	380	291	226	248	290	236	45	37
1941	388	382	241	240	299	243	55	51
1942	367	390	248	244	245	190	68	55
1943	438	398	240	290	296	218	64	26
1944	445	469	235	246	233	190	51	49
1945	527	386	249	265	255	203	48	56
1946	604	447	202	183	231	199	64	47
1947	534	474	166	172	253	263	58	38
1948	595	532	146	149	200	236	58	34

TABLE 35.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Tuberculosis Notifications.

AGE PERIODS	Formal Notifications													Total (all ages)
	Number of Primary Notifications of new cases of tuberculosis													
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males	2	4	13	26	19	63	57	96	71	87	74	24	4	550
Respiratory, Females	3	3	17	30	38	72	128	95	61	28	17	5	—	497
Non-Respiratory, Males	2	7	17	40	19	18	8	11	4	1	—	1	—	128
Non-Respiratory, Females	1	6	17	38	23	15	12	15	4	5	3	2	—	141
Totals	8	20	64	134	99	168	205	217	140	131	94	32	4	1316

TABLE 36.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—New cases of Tuberculosis coming to the knowledge of the County Medical Officer of Health otherwise than by Formal Notification.

SOURCE OF INFORMATION		Number of cases in age Groups													TOTAL			
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—				
Death Returns from Local Registrars	Respiratory	M	—	2	—	—	—	—	—	—	—	3	5	6	4	2	1	23 (A)
	Non-Respiratory	F	—	—	—	—	1	1	4	4	—	2	1	1	1	1	1	14 (B)
Death Returns from Registrar-General (Transferable deaths)	Respiratory	M	1	1	—	—	—	—	—	—	—	—	3	—	—	—	—	7 (C)
	Respiratory	F	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	5 (D)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	4 (A)
	Non-Respiratory	F	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	4 (B)
Posthumous Notifications	Respiratory	M	—	3	2	2	—	—	—	—	—	—	—	—	—	—	—	9 (C)
	Respiratory	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11 (D)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4 (A)
	Non-Respiratory	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4 (B)
"Transfers" from Other Areas (excluding transferable deaths)	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1 (C)
	Respiratory	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5 (D)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35 (A)
	Non-Respiratory	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41 (B)
Other Sources	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3 (C)
	Respiratory	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6 (D)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	— (A)
	Non-Respiratory	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
													TOTALS	(A)	66			
													(B)	63				
													(C)	20				
													(D)	27				

TABLE 37.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Notifications of tuberculosis in the different urban and rural districts in the administrative county during the period 1st January, 1948, to 31st December, 1948:—

District.	Primary Notifications of new cases of Tuberculosis.			
	Respiratory.		Non-respiratory.	
	Males.	Females	Males.	Females
URBAN.				
Durham	7	6	3	2
Hartlepool	17	7	1	2
Jarrow	23	35	12	14
Stockton	47	31	7	7
Barnard Castle	3	3	—	—
Billingham	9	7	4	3
Bishop Auckland	26	20	5	9
Blaydon	19	14	3	2
Boldon	5	4	1	4
Brandon and Byshottles	12	10	4	2
Chester-le-Street	5	4	1	3
Consett	24	29	6	11
Crook and Willington	14	15	4	3
Felling	23	19	4	2
Hebburn	27	18	5	5
Hetton	7	9	2	1
Houghton-le-Spring	13	21	4	2
Ryton	9	8	1	2
Seaham	18	23	5	3
Sildon	5	7	—	3
Spennymoor	12	19	4	4
Stanley	41	35	3	11
Tow Law	1	—	—	2
Washington	14	5	4	1
Whickham	15	13	1	1
Totals	396	362	84	99
RURAL.				
Barnard Castle	8	4	4	3
Chester-le-Street	31	25	7	7
Darlington	4	4	2	1
Durham	11	12	8	8
Easington	49	35	9	7
Lanchester	6	7	2	2
Sedgefield	14	24	5	4
Stockton	1	2	1	2
Sunderland	23	19	6	6
Weardale	7	3	—	2
Totals	154	135	44	42
Administrative County	550	497	128	141

TABLE 38.

ADMINISTRATIVE COUNTY OF DURHAM.—Primary Notifications of Tuberculosis, 1939-1948.

Year	Respiratory.	Non-respiratory.	Totals.
1939	702	497	1,199
1940	636	430	1,066
1941	692	400	1,092
1942	701	438	1,139
1943	741	444	1,185
1944	801	399	1,200
1945	754	423	1,177
1946	956	352	1,308
1947	925	307	1,232
1948	1,047	269	1,316

TABLE 39.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Tuberculosis New Cases and Mortality.

Age Period.	New Cases				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	2	3	2	1	1	7	—	—
1	18	23	26	23	13	11	1	3
5	28	30	42	40	5	3	11	7
10	20	41	24	27	—	2	1	—
15	67	78	19	15	7	36	—	1
20	63	134	11	12	12	33	4	6
25	107	101	14	16	40	62	7	3
35	74	68	5	4	27	35	21	8
45	106	31	1	5	46	21	10	1
55	80	18	1	3	27	14	3	2
65 and upwards	30	5	1	3	22	12	—	3
Totals	595	532	146	149	200	236	58	34

TABLE 40.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Deaths from Respiratory Tuberculosis.

District.	Deaths at Subjoined Ages.											Totals
	Under 1 year	1 and under 5	5 and under 10	10 and under 15	15 and under 20	20 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
URBAN.												
Durham	—	—	1	—	1	—	2	—	1	1	—	6
Hartlepool	—	1	—	—	3	—	—	5	2	—	2	13
Jarrow	—	1	1	—	6	2	6	—	2	1	1	20
Stockton	3	1	—	—	3	3	10	11	5	4	2	42
Barnard Castle	—	1	—	—	—	—	—	1	1	—	1	4
Billingham	1	—	—	—	1	—	6	—	3	2	—	13
Bishop Auckland	—	2	—	—	2	1	10	4	1	2	—	22
Blaydon	—	—	—	—	1	—	4	1	3	1	—	10
Boldon	1	—	—	—	1	—	—	1	—	1	—	4
Brandon & Bysh.	—	—	—	—	—	3	2	2	3	3	1	14
Chester-le-St.	—	—	—	—	—	2	1	1	—	2	—	6
Consett	1	3	—	1	1	3	6	2	2	1	1	21
Crook & Wilngtn	—	1	—	—	—	2	3	—	—	1	3	10
Felling.....	—	—	1	—	4	4	3	1	2	3	1	19
Hebburn	1	1	—	1	—	1	9	4	1	—	2	20
Hetton	—	—	—	—	2	—	1	1	2	—	1	7
Houghton-le-Spr	—	—	—	—	1	2	2	2	3	1	3	14
Ryton	—	—	—	—	—	1	2	1	1	—	—	5
Seaham	1	—	—	—	—	—	4	2	3	3	1	14
Schildon	—	2	—	—	1	—	—	—	1	2	1	7
Spennymoor	—	—	1	—	—	1	1	—	2	1	—	6
Stanley	—	2	—	—	3	3	1	5	7	2	4	27
Tow Law	—	—	—	—	—	—	—	1	1	—	—	2
Washington	—	1	—	—	—	3	2	—	3	—	1	10
Whickham	—	—	—	—	—	4	5	4	1	2	1	17
Totals	8	16	4	2	30	35	80	49	50	33	26	333
RURAL.												
Barnard Castle	—	—	—	—	—	1	1	—	2	—	—	4
Chester-le-Street	—	1	1	—	5	1	5	—	8	1	—	22
Darlington	—	—	—	—	—	—	—	—	—	1	—	1
Durham	—	—	—	—	1	—	3	1	1	—	2	8
Easington	—	1	1	—	5	5	7	1	3	3	2	28
Lanchester	—	1	1	—	1	—	—	1	—	—	1	5
Sedgefield	—	1	1	—	1	—	1	6	1	1	2	14
Stockton	—	—	—	—	—	—	3	—	—	—	—	3
Sunderland	—	4	—	—	—	2	—	3	—	1	1	11
Weardale	—	—	—	—	—	1	2	1	2	1	—	7
Totals	—	8	4	—	13	10	22	13	17	8	8	103
Administrative County	8	24	8	2	43	45	102	62	67	41	34	436

TABLE 41.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Deaths from Non-Respiratory Tuberculosis.

District.	Deaths at Subjoined Ages.											Totals
	Under 1 year	1 and under 5	5 and under 10	10 and under 15	15 and under 20	20 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
URBAN.												
Durham	—	—	—	—	—	—	—	1	1	—	—	2
Hartlepool	—	—	—	—	—	—	—	1	1	—	1	3
Jarrow	—	—	1	—	—	—	3	1	1	—	—	6
Stockton	—	—	1	—	—	—	1	1	1	—	—	4
Barnard Castle	—	—	1	—	—	—	—	—	—	—	—	1
Billingham	—	—	1	—	—	—	—	1	1	—	—	3
Bishop Auckland	—	—	1	—	—	—	—	2	1	—	—	4
Blaydon	—	—	—	—	—	—	—	1	—	1	—	2
Boldon	—	—	2	—	—	—	—	—	—	1	—	3
Brandon & Bysh.	—	—	—	—	—	—	—	—	—	—	—	—
Chester-le-St.	—	—	1	—	—	—	—	1	—	—	—	2
Consett	—	—	1	—	—	—	1	2	1	—	—	5
Crook & Wlmgtn	—	1	—	—	—	—	—	1	—	—	—	2
Felling	—	—	1	—	—	—	—	1	—	—	1	3
Hebburn	—	1	1	—	—	1	1	1	—	—	—	5
Hetton	—	—	—	—	—	—	—	1	—	—	—	1
Houghton-le-Sp.	—	—	—	—	—	—	—	1	—	—	—	1
Ryton	—	—	—	—	—	—	—	—	—	—	—	—
Seaham	—	—	—	—	—	—	—	1	1	—	—	2
Sildon	—	—	1	—	—	1	—	1	—	—	—	3
Spennymoor	—	—	—	—	—	—	—	1	—	—	—	1
Stanley	—	—	2	—	—	—	1	1	1	—	—	5
Tow Law	—	—	—	—	—	—	—	—	—	—	—	—
Washington	—	—	—	—	—	—	—	1	—	—	—	1
Whickham	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	2	14	—	—	2	7	21	9	2	2	59
RURAL.												
Barnard Castle	—	1	1	—	—	1	—	1	—	—	—	4
Chester-le-St.	—	—	1	—	—	1	—	1	—	2	1	6
Darlington	—	—	—	—	—	—	—	—	—	—	—	—
Durham	—	1	—	—	—	—	1	—	—	—	—	2
Easington	—	—	1	1	—	2	—	3	—	1	—	8
Lanchester	—	—	—	—	—	1	—	1	1	—	—	3
Sedgefield	—	—	—	—	1	1	—	—	1	—	—	3
Stockton	—	—	—	—	—	—	1	—	—	—	—	1
Sunderland	—	—	1	—	—	2	1	1	—	—	—	5
Weardale	—	—	—	—	—	—	—	1	—	—	—	1
Totals	—	2	4	1	1	8	3	8	2	3	1	33
Administrative County	—	4	18	1	1	10	10	29	11	5	3	92

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Final numbers of Infectious Diseases after correction of civilian cases notified.

TABLE 44.

	Smallpox.		Scarlet Fever.		Diphtheria		Acute Poliomyelitis		Acute Poliomyelitis		Measles.		Whooping Cough		Para-Typhoid Fevers.	Enteric or Typhoid Fever.	* Puerperal Pyrexia	* Ophthalmia Neonatorum	Erysipelas	Pneumonia	Dysentery	Cerebro-Spinal Fever.	Acute Encephalitis Lethargica										
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.										M.	F.	M.	F.	M.	F.	M.	F.		
Numbers Originally Notified	—	—	1234	1476	212	255	17	13	1	—	6381	6106	1332	1598	3	—	3	5	—	75	27	19	145	137	641	513	37	7	49	32	—	—	
Final Numbers after Correction.	—	—	5	1	3	—	1	1	—	—	345	332	131	165	3	—	—	—	—	—	—	—	1	3	210	193	8	2	10	6	—	—	
0—	—	—	84	71	5	3	5	1	—	—	1787	1664	444	500	—	—	—	—	—	—	—	—	—	3	96	77	7	2	10	5	—	—	
1—	—	—	175	179	19	10	3	1	—	—	1927	1936	401	439	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3—	—	—	461	604	50	36	1	—	—	—	2210	2042	340	370	—	—	—	—	—	—	—	—	42	39	152	125	14	3	9	4	—	—	
5—	—	—	315	403	27	39	1	1	—	—	76	80	10	17	—	—	—	—	—	—	—	—	78	62	132	69	4	1	1	2	—	—	
10—	—	—	111	128	17	25	—	—	—	—	15	29	1	8	—	—	—	—	—	—	—	—	18	28	41	45	—	—	—	—	—	—	
15—	—	—	51	61	9	14	—	1	—	—	12	15	4	7	—	—	—	—	—	—	—	—	3	1	2	2	—	—	—	—	—	—	
25 and over	—	—	2	1	—	—	—	—	—	—	12	14	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Age Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	—	—	1204	1448	130	127	11	5	—	—	6384	6112	1331	1510	3	—	2	1	—	72	27	19	142	136	633	511	33	8	30	17	—	—	

*Age not specified.

TABLE 45.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Numbers of cases of infectious diseases after corrections in each Sanitary District.

	Smallpox	Scarlet Fever	Diphtheria	Para-typhoid	Enteric or Typhoid Fever excluding Para-typhoid	Puerperal Pyrexia	Ophthalmia Neonatorum	Erysipelas	Pneumonia	Malaria	Dysentery	Acute Polio- Encephalitis	Acute Polio-Myelitis	Cerebro Spinal Fever.	Acute Encephalitis Lethargica	Measles	Whooping Cough
URBAN DISTRICTS.																	
Durham Borough	—	78	15	—	—	2	—	1	6	—	—	—	1	2	—	293	33
Hartlepool Borough	—	8	2	—	—	1	—	1	1	—	—	—	—	—	—	408	72
Jarrow Borough	—	16	3	—	—	3	3	6	119	—	—	—	—	—	—	1026	312
Stockton Borough	—	96	8	—	—	6	8	24	46	—	2	—	5	2	—	60	9
Barnard Castle	—	27	—	—	—	1	—	1	2	—	—	—	—	—	—	126	60
Billingham	—	36	1	—	—	—	2	3	17	—	—	—	1	—	—	283	53
Bishop Auckland	—	90	5	—	—	2	—	10	8	—	—	—	1	2	—	366	90
Blaydon	—	93	—	—	—	2	—	3	6	—	—	—	1	—	—	33	5
Boldon	—	9	1	—	—	—	—	—	2	—	—	—	—	3	—	468	119
Brandon and Byshottles	—	76	82	—	—	3	2	1	6	—	—	—	—	—	—	224	21
Chester-le-Street	—	56	3	—	—	1	1	2	15	—	—	—	—	—	—	522	104
Consett	—	111	2	—	—	1	—	5	21	—	5	—	—	—	—	381	81
Crook and Willington	—	104	5	—	—	3	1	13	39	—	—	—	—	3	—	418	57
Feeling	—	47	5	—	1	—	3	4	29	—	4	—	—	5	—	435	77
Hebburn	—	33	2	—	—	2	—	12	53	—	—	—	—	4	—	257	11
Hetton	—	121	6	—	—	1	1	16	61	—	—	—	1	2	—	388	100
Houghton-le-Spring	—	101	25	—	—	1	1	9	38	—	—	—	1	—	—	140	14
Ryton	—	25	7	—	—	1	2	4	3	—	1	—	—	—	—	631	162
Seaham	—	56	12	—	—	1	4	19	45	—	6	—	—	1	—	66	129
Shildon	—	56	7	—	—	4	—	5	17	—	—	—	1	—	—	292	129
Spennymoor	—	86	4	—	—	3	—	4	40	—	—	—	1	3	—	790	279
Stanley	—	168	3	—	1	5	—	25	125	—	3	—	—	4	—	121	1
Tow Law	—	13	2	—	—	—	—	1	5	—	—	—	—	—	—	124	28
Washington	—	29	5	—	—	1	1	2	12	—	—	—	—	—	—	308	26
Whickham	—	47	1	2	—	1	—	2	16	—	2	—	1	2	—	—	—
RURAL DISTRICTS.																	
Barnard Castle	—	38	—	—	—	2	—	6	13	—	—	—	—	—	—	280	75
Chester-le-Street	—	189	6	—	—	4	3	20	120	—	—	—	—	—	—	501	101
Darlington	—	9	2	—	—	1	—	—	1	—	—	—	—	4	—	44	6
Durham	—	102	14	—	—	5	3	15	29	—	—	—	—	3	—	452	55
Easington	—	402	19	—	1	3	2	26	107	—	2	—	2	1	—	1430	311
Lanchester	—	90	—	1	—	—	1	7	16	—	—	—	—	2	—	184	67
Sedgefield	—	141	5	—	—	6	2	11	29	—	16	—	—	2	—	421	92
Stockton	—	12	3	—	—	—	3	1	5	—	—	—	—	1	—	135	20
Sunderland	—	51	2	—	—	6	3	14	80	—	—	—	—	—	—	320	62
Weardale	—	36	—	—	—	—	—	5	12	—	—	—	—	—	—	143	78
Administrative County	—	2652	257	3	3	72	46	278	1144	—	41	—	16	47	—	12496	2841

TABLE 46.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Corrected Number of certain Infectious Diseases notified and number removed to Isolation Hospitals in each sanitary district.

District	Est. Population 1948	Small-pox		Scarlet Fever		Diphtheria		Enteric Fever		Para-Typhoid Fever		Puer-peral Pyrexia		Pneumonia		Ophthalmia Neonatorum		Erysipelas		Cerebro Spinal Fever		Acute Encephalitis Lethargica		Acute Poliomyelitis		Acute Poli-encephalitis		Malaria		Measles		Whooping Cough		Dysentery		Totals		
		No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital	No. Notified	Removed to Hospital			
URBAN DISTRICTS.																																						
Durham	19,160	—	—	78	52	15	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hartlepool	16,660	—	—	8	5	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jarrow	28,280	—	—	16	20	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stockton	73,090	—	—	96	94	8	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Barnard Castle	4,577	—	—	27	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Billingham	23,060	—	—	36	40	1	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bishop Auckland	35,850	—	—	90	73	5	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Blaydon	30,550	—	—	93	93	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Boldon	16,310	—	—	9	7	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brandon & Bysh.	19,270	—	—	76	55	82	89	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chester-le-St.	18,620	—	—	56	53	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Consett	38,820	—	—	111	69	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Crook & Wingtn	27,350	—	—	104	104	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Felling	25,310	—	—	47	32	5	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebburn	22,990	—	—	33	32	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hetton	18,660	—	—	121	89	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houghton-le-Sp.	29,350	—	—	101	68	25	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ryton	13,730	—	—	25	21	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seaham	25,710	—	—	56	36	12	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shildon	14,550	—	—	56	56	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spennymoor	19,720	—	—	86	86	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stanley	48,920	—	—	168	121	3	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tow Law	3,210	—	—	13	13	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Washington	17,540	—	—	29	29	5	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whickham	22,970	—	—	47	41	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
RURAL DISTRICTS.																																						
Barnard Castle	17,130	—	—	38	27	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chester-le-St.	40,850	—	—	189	169	6	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Darlington	10,030	—	—	9	9	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Durham	33,520	—	—	102	52	14	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Easington	81,520	—	—	402	42	19	60	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lanchester	15,310	—	—	90	57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sedgefield	36,030	—	—	141	134	5	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stockton	7,340	—	—	12	4	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sunderland	24,590	—	—	51	25	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Weardale	9,020	—	—	36	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Administrative County	889,597	—	—	2652	1844	257	441	3	7	3	3	72	36	1144	223	46	17	278	40	47	71	—	—	16	23	—	1	—	1	12496	134	2841	162	41	12	19896	3015	

TABLE 42.

ADMINISTRATIVE COUNTY OF DURHAM.—Respiratory Tuberculosis Death-rates, 1944-48.

Rate per 1,000 Living.	1944	1945	1946	1947	1948
Municipal Boroughs	0.77	0.79	0.63	0.73	0.59
Other Urban Districts	0.51	0.51	0.51	0.65	0.53
Rural Districts	0.39	0.50	0.40	0.43	0.37
Administrative County	0.51	0.55	0.50	0.59	0.49*
England and Wales	0.52	0.52	0.48	0.47	† 0.44

*This death-rate of 0.49 per 1,000 population is the lowest on record for this administrative county.

†Provisional.

TABLE 43.

ADMINISTRATIVE COUNTY OF DURHAM.—Non-Respiratory Tuberculosis Death-rates, 1944-48.

Rate per 1,000 Living.	1944	1945	1946	1947	1948
Municipal Boroughs	0.12	0.11	0.15	0.16	0.11
Other Urban Districts	0.10	0.14	0.12	0.11	0.09
Rural Districts	0.16	0.10	0.13	0.13	0.12
Administrative County	0.12	0.13	0.13	0.11	0.10
England and Wales	0.10	0.10	0.08	0.08	†0.07

†Provisional.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Tables 44—49 inclusive give particulars of cases of infectious disease occurring during the year, the mortality from the principal infective diseases, and the numbers admitted to isolation hospitals.

TABLE 47.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Notifiable Diseases. Corrected number of cases, Admissions to Hospital and Deaths.

Diseases.	Cases	Cases admitted to Hospital.	Deaths.
Smallpox	—	—	—
Scarlet Fever	2,652	1,844	2
Diphtheria	257	441	6
Para-Typhoid Fever	3	3	—
Enteric Fever	3	7	—
Puerperal Pyrexia	72	36	3
Pneumonia	1144	223	421
Ophthalmia Neonatorum	46	17	—
Erysipelas	278	40	3
Cerebro Spinal Fever	47	71	1
Acute Encephalitis Lethargica	—	—	5
Acute Polio-Myelitis	16	23	—
Acute Polio-Encephalitis	—	1	—
Malaria	—	1	—
Measles	12,496	134	15
Whooping Cough	2,841	162	14

TABLE 48.

ADMINISTRATIVE COUNTY OF DURHAM—Corrected number of cases of certain Infectious Diseases notified, 1939-1948.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	Mean of 10 years
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	1,441	1,121	989	1,972	2,341	1,722	1,413	1,450	2,059	2,652	1,716
Diphtheria	2,026	1,442	1,408	2,007	1,961	1,370	971	557	240	257	1,224
Enteric and Para- Typhoid Fevers	14	115	66	17	19	18	15	25	25	6	32
Puerperal Pyrexia	140	97	88	94	77	75	73	71	75	72	86
Erysipelas	416	340	309	299	354	320	254	219	197	278	299
TOTALS	4,037	3,115	2,860	4,389	4,752	3,505	2,726	2,322	2,596	3,265	3,357
Attack Rate per 1,000 Living	4.6	3.7	3.4	5.3	5.9	4.3	3.3	2.7	2.9	3.7	4.0

TABLE 49.

ADMINISTRATIVE COUNTY OF DURHAM—Deaths and Death-rate from the seven principal Infective Diseases, 1938 to 1948.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	Mean of 10 years.
Estimated Population	878,800	849,470	837,870	820,800	812,000	822,100	828,340	863,530	870,380	889,597	847,289
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	9	2	3	1	5	1	1	4	6	2	4
Diphtheria	111	77	70	90	83	48	33	17	8	6	54
Enteric Fever	1	5	3	3	1	4	5	1	—	—	2
Measles	16	34	38	15	33	7	22	14	17	15	21
Whooping Cough	33	16	75	21	35	15	7	25	18	14	26
Diarrhoea and Enteritis under 2 years	58	78	67	98	81	113	94	81	122	61	85
TOTAL DEATHS	228	212	256	228	238	188	162	142	171	98	192
Deaths per 1,000 Population	0.26	0.25	0.30	0.28	0.29	0.23	0.20	0.16	0.20	0.11	0.23

Diarrhoea and Enteritis (under 2 years of age).—The number of deaths registered was 61 compared with 122 in 1947. The death-rates for these two years were 0.07 and 0.14 respectively, while the rates per 1,000 births registered were 3.43 and 6.30 respectively.

Influenza.—The number of deaths registered was 39, equal to a death-rate of 0.04 per 1,000 population compared with 73 deaths and a death-rate of 0.08 in 1947.

Scarlet Fever.—There was an increased incidence of scarlet fever during the year but the infection continued to be of a mild type and only 2 deaths were registered. There were 2,710 notifications compared with 2,128 in 1947. The corrected figure for the number of cases was 2,652 compared with 2,059 in the previous year. The attack rate was equal to 3.0 per 1,000 population.

Diphtheria.—There were 467 notifications compared with 482 in 1947. The corrected figure for the number of cases was 257 compared with 240 in the previous year, the attack rates being 0.29 and 0.28 per 1,000 population respectively. Only 6 deaths were registered giving a death rate of 0.01 per 1,000 population and a case mortality rate of 2.3 per cent. The remarkable reduction in the number of cases as well as the number of deaths during recent years due chiefly to immunisation is clearly shown in Tables 48 and 49.

Enteric Fever.—Notifications were received in respect of 8 cases of enteric fever and 3 cases of para-typhoid, the corrected figures being 3 and 3 respectively.

Measles.—The peak of incidence in this year occurred in the late spring and the incidence towards the end of the year was relatively low. There was, in consequence, a considerable increase in the number of cases in comparison with recent years, 12,496 cases being reported compared with 6,058 in 1947. There were 15 deaths registered, being 2 less than in the previous year. The case rate was equal to 14.0 per 1,000 population, the death-rate 0.02 per 1,000 population, and the case mortality rate 0.12 per cent.

Whooping Cough.—An increase was also recorded in the number of cases of this disease, 2,841 cases occurring compared with 1,445 in 1947. The case rate was equal to 3.2 per 1,000 population. The number of deaths, however, (14) decreased by 4, the death-rate being 0.02 per 1,000 population and the case mortality rate 0.49 per cent. Of the deaths, 13 occurred in children under the age of 2 years.

Acute Polio-myelitis and Acute Polio-encephalitis.—There was a reduction in the incidence of these diseases during the year to endemic proportions, the numbers falling from poliomyelitis 220 and polio-encephalitis 14 in 1947 to 16 and nil respectively in 1948.

Cerebro Spinal Fever.—The following table shows the incidence and mortality for the last ten years.

TABLE 50.

Year	Number of Cases	Number of Deaths	Case Mortality per cent.
1939	32	3	9.4
1940	184	40	21.8
1941	207	33	15.9
1942	145	27	18.6
1943	104	15	14.4
1944	58	12	20.7
1945	52	9	17.3
1946	71	2	2.8
1947	82	13	15.8
1948	47	1	2.1

VENEREAL DISEASES.

Responsibility for the diagnosis and treatment of venereal diseases passed from the County Council to the Regional Hospital Board on the 5th July and the clinics formerly maintained by the County Council at the Durham County Hospital and the Stockton and Thornaby Hospital were administered by the appropriate hospital management committees from this date.

The prevention of venereal diseases and the after-care of venereal diseases patients remained under the control of the County Council. Contact tracing is undertaken by members of the health visiting staff and visits are paid by them to patients who fail to continue their attendance at the clinics until they have been pronounced free from infection.

Table 51 shows the numbers of patients from the administrative county dealt with at treatment centres for the first time during the year and Table 52 the numbers of cases of congenital syphilis which attended.

Regulation 33B., which provided for the compulsory treatment of venereal diseases in certain circumstances, was revoked on the 31st December, 1947.

TABLE 51.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Numbers of Venereal Diseases patients treated for the first time.

	Treatment Centres.										Totals	
	Durham County Hosp.	Stockton and Thor'by Hosp.	Newcastle General Hosp.	South Shields Municipal Clinic.	Royal Infir. Sunderland.	Health Centre, West Hartlepool.	Greenbank Hosp. Darlington.	Municipal Hospital Middlesbrough.	Black-Grimby pool.	Oxford.		
Syphilis	80	49	107	14	77	10	17	7	—	1	—	362
Soft Chancre	—	—	3	—	—	1	—	—	—	—	—	4
Gonorrhoea	51	49	159	15	58	20	18	11	1	1	—	383
Non-venereal and undiagnosed conditions	172	176	586	46	284	24	47	32	1	—	1	1369
Totals	303	274	855	75	419	55	82	50	2	2	1	2118
Total number of attendances of all patients	4,190	3,856	12,096	939	5,235	761	1,096	514	10	12	1	28,710

TABLE 52.
ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Congenital Syphilis.

Sex.	Treatment Centres.			Totals.
	Durham County Hospital	Stockton and Thornaby Hospital	Newcastle General Hospital	
Male	1	3	4	8
Female	5	4	5	14
Totals	6	7	9	22

CANCER.

Section 1 of the Cancer Act, 1939, which required local authorities to make arrangements to secure that the facilities for the treatment of persons suffering from cancer were adequate for the needs of the area, was repealed by the National Health Service Act, 1946.

Table 53 gives comparative statistics in respect of cancer mortality for this administrative county and England and Wales for the past ten years. Table 54 gives the number of cancer deaths in each sanitary district during 1948 tabulated to show the organs affected together with the sex and age periods.

TABLE 53.

YEAR.	DURHAM COUNTY.		ENGLAND AND WALES.	
	Deaths	Death-rate	Deaths	Death-rate
1939	1,275	1.45	67,133	1.53
1940	1,260	1.48	68,740	1.72
1941	1,224	1.46	68,974	1.78
1942	1,261	1.54	70,139	1.83
1943	1,327	1.64	71,814	1.90
1944	1,287	1.57	71,688	1.90
1945	1,449	1.75	74,291	1.95
1946	1,421	1.65	75,748	1.86
1947	1,475	1.69	77,832	1.85
1948	1,518	1.71	79,528	1.86

TABLE 54.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Deaths from cancer showing the organs affected, sex and age periods.

District.	Deaths at subjoined ages.					Buccal Cavity and Pharynx		Digestive Organs and Peritoneum		Respiratory System		Uterus	Other Female Genital Organs	Breast	Male Genital Organs	Urinary Organs	Skin (Scrotum excepted)		Brain and other parts of the Nervous System		Other or Unspecified Organs		TOTALS				
	0-25	25-45	45-65	65-75	75 & Up	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
URBAN DISTRICTS																											
Durham	—	—	8	16	9	—	1	9	5	3	1	1	4	—	3	4	1	—	—	—	—	1	—	18	15		
Hartlepool	—	3	13	16	10	1	—	18	10	3	1	2	—	2	1	2	—	—	—	—	1	—	2	26	16		
Jarrow	1	2	20	17	10	2	1	13	15	5	1	1	3	—	4	1	—	—	—	—	—	2	2	23	27		
Stockton	—	5	58	26	18	1	1	30	24	19	6	7	1	—	6	4	1	—	1	—	—	3	3	59	48		
Barnard Castle	1	—	2	—	1	—	—	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	2		
Billingham	—	3	20	6	4	1	—	13	9	—	—	2	—	2	—	2	1	—	1	—	—	1	1	18	15		
Bishop Auckland	—	4	24	26	12	4	—	15	17	7	—	6	3	—	5	2	2	—	2	1	1	—	1	—	34	32	
Blaydon	3	—	22	17	10	2	1	13	18	4	—	4	2	—	3	—	1	1	—	1	—	1	1	22	30		
Boldon	—	2	7	11	7	—	—	7	7	2	1	2	—	3	—	3	—	—	1	—	—	—	1	1	12	15	
Brandon and Byshottles	—	2	8	18	4	1	1	10	11	—	—	1	—	—	2	3	1	—	—	1	—	—	1	1	15	17	
Chester-le-Street	1	2	18	12	7	2	—	13	11	2	2	4	—	—	1	1	—	—	1	—	—	1	2	19	21		
Consett	1	3	29	13	7	1	—	14	12	3	1	4	—	—	6	2	1	1	3	1	2	1	—	1	26	27	
Crook and Willington	1	4	19	19	13	1	—	17	9	9	1	2	2	—	6	2	—	—	1	—	1	—	3	2	34	22	
Felling	—	3	15	14	8	1	—	11	12	3	—	1	—	—	2	1	1	1	—	1	—	—	4	1	23	17	
Hebburn	—	1	15	18	6	4	—	13	7	5	1	2	—	—	3	1	1	1	—	—	—	2	—	—	26	14	
Hetton	1	2	12	12	7	1	—	8	7	—	4	6	—	—	2	—	—	3	—	—	—	2	1	14	20		
Houghton-le-Spring	1	2	18	14	10	2	—	12	15	3	2	1	1	—	3	—	1	1	1	—	—	1	2	20	25		
Ryton	—	1	12	6	4	2	—	7	4	3	—	1	—	—	3	3	—	—	—	—	—	—	—	—	15	8	
Seaham	—	4	7	13	10	—	—	14	12	1	—	1	1	—	1	2	—	1	—	1	—	—	—	—	17	17	
Shildon	—	1	8	9	4	2	—	7	6	—	—	2	1	—	1	2	1	—	—	—	—	—	—	—	12	10	
Spennymoor	—	5	10	20	3	—	—	10	9	4	1	6	1	—	3	—	1	—	1	—	—	1	1	1	15	23	
Stanley	—	11	44	32	14	—	2	22	28	17	2	6	1	—	7	6	2	—	1	—	3	1	1	2	52	49	
Tow Law	—	—	1	3	1	—	—	—	4	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	
Washington	—	3	9	7	5	1	—	8	6	6	1	—	1	—	—	—	—	—	—	—	—	1	—	—	16	8	
Whickham	—	1	19	21	8	2	1	14	7	6	3	2	1	—	3	3	1	—	—	—	—	1	1	4	27	22	
Totals (U.D.'s)	10	64	418	366	192	31	8	299	266	105	28	65	22	—	71	38	21	8	13	9	11	3	27	25	545	505	
RURAL DISTRICTS																											
Barnard Castle	2	3	6	16	6	1	—	10	8	2	—	3	2	—	2	2	—	—	—	—	1	—	2	—	18	15	
Chester-le-Street	1	4	30	21	15	3	—	17	21	4	4	4	1	—	7	4	—	—	1	1	—	—	1	3	30	41	
Darlington	—	—	4	4	3	—	—	1	4	—	1	—	1	—	1	1	1	—	—	—	—	—	—	—	1	3	8
Durham	—	5	20	16	12	—	—	17	13	3	2	4	2	—	5	1	1	1	—	—	2	1	1	—	23	30	
Easington	—	4	57	36	32	7	—	46	31	6	3	12	5	—	3	1	4	—	2	2	2	—	3	68	61		
Lanchester	—	1	13	9	5	—	—	8	3	3	2	2	1	—	3	1	1	—	—	2	—	2	1	1	14	14	
Sedgefield	—	5	22	24	17	2	—	26	16	5	—	6	1	—	4	3	3	—	—	—	—	—	1	1	40	28	
Stockton	—	1	2	4	2	—	1	4	1	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	5	4	
Sunderland	1	2	21	15	14	3	—	13	16	5	—	3	—	—	8	1	—	2	—	—	—	—	1	1	23	30	
Weardale	—	1	1	9	2	—	—	7	3	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	8	5	
All Urban Districts	10	64	418	366	192	31	8	299	266	105	28	65	22	—	71	38	21	8	13	9	11	3	27	25	545	505	
Rural Districts	4	26	176	154	108	16	1	149	116	29	13	34	14	—	34	14	10	3	3	4	3	6	8	11	232	236	
ADMINISTRATIVE COUNTY	14	90	594	520	300	47	9	448	382	134	41	99	36	—	105	52	31	11	16	13	14	9	35	36	777	741	

MILK AND DAIRIES ACTS AND ORDERS.

The approximate number of registered dairy herds in the administrative county during the year was 2,321.

In 16 cases bulk samples of milk taken by local authorities were reported under the Milk and Dairies (Consolidation) Act, 1915, to contain tubercle bacilli. Investigations by the veterinary officers of the Ministry of Agriculture and Fisheries into the origin of tubercle bacilli in these samples necessitated visits to 16 farms and in 9 cases 11 tuberculous cows were detected and slaughtered under the Tuberculosis Order.

Throughout the year the veterinary officers of the Ministry of Agriculture and Fisheries paid 2,704 visits to farms under the Milk and Dairies Orders, which involved the examination of 53,681 animals. These inspections resulted in the slaughter of 147 tuberculous animals, which are included in the total number shown as having been dealt with under the Tuberculosis Orders. 105 cows were found to be affected with mastitis or some other pathological condition.

Under the Tuberculosis Order, 1938, the total number of animals slaughtered during the year on account of suspected tuberculosis was 147.

The following is a summary of the licences, as on the 31st December, 1948, issued for the production and sale of designated milk under the Milk (Special Designations) Regulations 1936—1946:—

				Tuberculin Accredited Tested.	
Establishments at which the milk was bottled	.....	.....	.....	67	35
Establishments at which the milk was not bottled	.....	.....	.....	166	277
Totals				233	312

A total of 2,018 samples of milk was collected by officers of the County Health Department.

Table 55 shows the results of examination of samples of milk collected during the year.

Owing to restricted laboratory facilities it was only possible to send 30 samples of designated milk for biological examination during the year, none of which proved to be positive.

Samples of milk supplied to schools were submitted to bacteriological examination or chemical analysis and the pasteurisation establishments were visited periodically for sampling purposes.

Milk Assistance Scheme.—The number of families assisted under the scheme during the year was 13, while the number receiving assistance at the end of the year was 3, compared with 9 and 4 respectively in 1947.

TABLE 55.
 ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Results of examinations of samples of milk collected by officers of the County Health Department.

Designation	No of samples collected.	Type of Examination						Examination for Tubercle Bacilli.					
		Methylene Blue		B. Coli.		Phosphatase Test.		No. of Samples f.x' mind	Microscopic		Biological		
		Passed	Failed.	Passed	Failed	Passed	Failed		Pos.	Neg.	Pos.	Neg.	
Tuberculin Tested	674	616	58	23	5	—	—	—	—	—	—	—	—
Accredited	1,142	1,014	128	65	27	—	246	—	216	—	—	30	—
Pasteurised	202	201	1	—	—	202	—	—	—	—	—	—	—
Totals	2,018	1,831	187	88	32	202	246	—	216	—	—	30	—

FOOD AND DRUGS ACT.

During the year 2,153 samples were analysed with the following results:—

No. of samples found to be genuine	1,964
No. of genuine samples below standard	15
No. of samples of doubtful quality	1
No. of samples of abnormal quality	—
No. of samples adulterated or below standard	100
No. of samples taken as Reference Samples	7
No. of samples taken as Appeal Samples	65
Percentage of milk samples found to be not genuine or below standard	4.8 %

GOVERNMENT EVACUATION SCHEME.

The arrangements made in accordance with Ministry of Health Circular 225/45, whereby the care and supervision of certain child evacuees from London and other areas became the responsibility of the County Council, were continued during the year, and at the end of the year six children remained billeted in the county who were visited periodically by health visitors.

The administration of the Hostel for difficult children at the Rectory, Wolsingham, was at the request of the Ministry of Health, continued by the County Council until the 30th November, on which date the Hostel was closed. All the children who could be were transferred to their own local authorities but it was necessary to find alternative accommodation for five boys who could not be placed, and these boys were transferred to the care of the Children's Committee in the Cottage Home, Medomsley.

WATER SUPPLIES.

The Spens report on the investigation of water supplies in the North Eastern Development Area was published during the year. The report makes clear that only the Newcastle and Gateshead Water Company and the Darlington Corporation Water Company have sufficient water to meet future needs, both for domestic and industrial purposes. The Durham County Water Board have prepared schemes but insufficient capital prevents their implementation. Distribution in this Board's area is stated to be not entirely satisfactory, there being too many water undertakings within it, while judging from the complaints received from local authorities, the quality also does not seem to be all that could be desired. The Tees Valley Water Board is short of water and they also have prepared schemes for additional supplies. The report indicates that urban districts have sufficient water for their immediate needs, but additional supplies are required to meet estimated future needs. Supplies in rural districts are far from satisfactory, many areas having no piped supply and additional water is needed more than in the urban districts. In these circumstances it is considered necessary that existing water undertakings should be reorganised to form three authorities if the position is to be improved.

Proposals were put forward by the Barnard Castle and Darlington rural district councils for the improvement of the water supply to Staindrop, Ingleton, Winston, Killerby and Summerhouses. The supply to these villages is inadequate and the proposals would be acceptable to the inhabitants.

Several samples of water were taken in the neighbourhood of St. John's Chapel and Stanhope in the Weardale Rural District for the Medical Research Council, who are undertaking research work in connection with the incidence of fluorosis.

Several complaints were received from farmers with regard to the contamination of streams which serve as the water supply for their cattle. All were investigated and, as far as possible, remedied.

RIVERS AND STREAMS.

Regular inspections of rivers and streams were carried out throughout the year and many samples were taken for examination at the Health Department laboratory. On the whole, it can be stated that there has been some improvement of the rivers and streams within the county. While there has been some pollution by sewage and sand and gravel works, by far the most serious is from collieries and by-product works. Some of the pollution is by water as it is pumped from the mine with a high iron content, which leaves unsightly deposits of ochre on the beds of many of the streams. This, however, does not constitute pollution within the meaning of the Act.

With regard to by-product works, as much as possible is done by means of dilution, recirculation of effluents, pumping on pit heaps, etc., all of which assists in the prevention of pollution. With regard to coal slurry, every colliery where there is a washer is provided with some means of dealing with the effluent. Unfortunately, many cases arise where the available facilities are not maintained efficiently and it is often found that the settling tanks are full and in consequence the effluent goes direct into the nearest stream.

An investigation of the River Wear was carried out during the year by Mr. Turing on behalf of the British Field Sports Society.

The Rivers Board Act, 1948, received Royal assent, and the consultative committee appointed to make recommendations, suggest that the country be divided into regions and that the northern region, which embraces this county, be bounded in the north by the Scottish border, and in the South by the northern boundaries of the River Ouse Catchment Area. It is also suggested that the northern region be administered by one Rivers Board, with an alternative that it be divided into two areas, with one Board for the Northumberland rivers and the Tyne, and another Board for the catchment areas of the rivers Wear and Tees. The alternative was favoured by most authorities.

River Wear.—Pollution by sand and gravel works increased during the year and various preventive measures were employed to counteract it. The upper reaches of the river were generally good, but a considerable amount of pollution was caused by the Crook Beck, the Shiney Beck, the River Browney, Cong Burn, Black Burn, and the Black Dene Burn. Nearly all this pollution was from collieries and by-product works, but on the whole there was a slight improvement compared with previous years. The condition of the Lumley and Black Dene burns, however, deteriorated on many occasions.

Severe pollution was caused at Bishop Auckland during the repair of a defect in the main sewer, as while the work was being carried out the sewage from the town had to be discharged into the river.

A high fish mortality occurred when a flush of chemicals came down the Crook Beck. It was not possible to discover the cause of this pollution.

River Tees.—Many samples were taken during the year and on the whole the river was fairly satisfactory. Much attention was paid to whinstone quarries at Forcegarth and the barytees mine at Cow Green where pollution had been occurring. Remedial measures were taken at both places with a consequent improvement to the effluents.

Considerable attention was given to the penicillin factory at Barnard Castle. Alterations to the surface water drainage system at the works made the pollution of the Tees highly improbable.

A joint survey of the River Tees was carried out during the year by the County Health Inspector and the Clerk to the Tees Fishery Board.

River Derwent.—The condition of this river was fairly satisfactory until towards the end of the year, when pollution began to occur from the works of the Consett Iron Company.

Pollution of the river was also caused by the Howden Burn which runs through the slag heap, taking up chemicals on its way.

River Gaunless.—Although there is some pollution from obsolete sewage works, the principal source is from Randolph Colliery and by-product works. A large settling pond was constructed during the year which made an improvement and on the whole the condition of the river was fairly satisfactory.

River Skerne.—This river is still polluted by the effluents from the various collieries and by-product works which are situated on its banks but a considerable improvement in its condition was observed. A certain amount of pollution by sand and gravel works was also observed.

River Browney.—A considerable amount of pollution of this river is caused by colliery and by-product works effluents, the principal source being Bearpark. Much work is, however, being done at this colliery to the various ponds and settling tanks in order to improve the effluent.

River Deerness.—Evidence of pollution by sewage is to be seen at many points on this river, and it is to be hoped that the scheme for the disposal of sewage in the Deerness Valley can be implemented with as little delay as possible.

Murton Beck.—This Beck is still seriously polluted by coal slurry, but when the new coal washer, which is in process of erection, is completed, much improvement should occur.

River Teams.—A considerable amount of pollution was caused to this river by the sand and gravel quarry at Urpeth. Towards the end of the year large settling ponds were constructed and pollution was reduced to a minimum. Attention was drawn to the effluent from the British Oxygen Company at Birtley, and arrangements were made for their effluent, after suitable treatment, to be discharged into the council's sewers.

DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL.

While there has been a considerable amount of pollution of rivers and streams by sewage throughout the county, this tends to get less each year as old and obsolete sewage works are abandoned and modern works substituted. There are many districts throughout the county where new sewerage and sewage disposal works are in progress. A new sewer is being built from Wolviston to the Claxton Beck to take the sewage from a development area near Wolviston, and although this sewage discharges into tidal reaches, steps have been taken to treat the crude sewage before it is discharged into the stream.

The scheme for providing new sewerage and sewage disposal works at Willington has reached the stage when work is expected to commence shortly.

The scheme for the abandonment of Wellfield sewage disposal works and the pumping of the sewage to the Wingate-to-the-sea sewer is well under way, while the culverting of the Wingate Beck is making satisfactory progress.

The sewerage and sewage disposal scheme for the Stanley district, which provides for the abandonment of several small works and taking the sewage by a series of gravity sewers and pumping stations to one central works, has commenced.

The new sewage disposal works at Hustledown, to take the sewage from Craghead, are almost completed. The old works here, which are causing severe pollution of the stream will be abandoned.

Proposals for the construction of new sewage disposal works at Floaters Mill and Grange Villa are being considered. Such works, if provided, would result in the prevention of a considerable amount of pollution of the Lumley and Cong burns.

Villages still exist in the county where sewage is discharged untreated into the nearest stream, and it is hoped that schemes which have been prepared by the responsible district councils may be implemented without delay.

The contractors who are building a new factory for Messrs. Henley at Birtley met with considerable trouble from flooding by the Rowletch Burn. It was found that during heavy storms water from the stream flowed back up the factory drains and caused severe flooding of the premises. Discussions have been taking place between the Chester-le-Street Rural District Council, the riparian owners, and the County Council, with a view to stopping this flooding.

The new town at Aycliffe is in course of construction and the proposed new sewer and surface water drain is in process of being laid. After investigation it was found that the trading estate sewage disposal works at Aycliffe were of sufficient capacity to deal with any development which might occur in the new town within the next ten years.

A proposal was received from the South Shields Corporation to construct a new trunk sewer from their development area at Simonside via a part of Jarrow to the Tyne near Tyne Dock. Most of this scheme is, however, outside the administrative county area, but it will result in more untreated sewage being discharged to the Tyne.

Ministry of Health Public Inquiries were held to consider proposals of works of sewerage and sewage disposal, as follows :—

<i>Boldon U.D.</i>	6th January, 1948. Proposals—Sewerage and drainage, at an estimated cost of £152,000. Objections raised by Sunderland Corporation, who put forward alternative scheme.
<i>Durham R.D.</i>	8th January, 1948. Proposals—Sewerage and sewage disposal, at an estimated cost of £69,900. No objections.
<i>Durham City.</i>	18th February, 1948. Proposals—Sewerage and sewage disposal, at an estimated cost of £40,161. No objections.
<i>Consett U.D.</i>	14th September, 1948. Proposals—Sewerage and sewage disposal, at an estimated cost of £17,500. No objections.
<i>Sunderland R.D.</i>	13th October, 1948. Proposals—Sewerage, at an estimated cost of £41,000. Objection raised by County Council and Alderman E. W. Thompson.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

In accordance with the provisions of Section 2(2) of the above Act, the following schemes were approved by the County Council during the year :—

	<i>Estimated cost. £</i>
(a) Barnard Castle R.D.C. Water supply scheme—Staindrop, Ingleton, etc.	19,181
(b) Darlington R.D.C. Water supply scheme—Killerby, and Summerhouse	1,119
(c) Stockton R.D.C. Extension of Whinney Hill water supply scheme to Fox Hill	2,178

A scheme for the provision of a sewer from South Hylton to the River Wear was submitted by the Sunderland Rural District Council but the County Council were unable to approve it in its present form as it was considered that some provision should be made for the treatment of the sewage before discharge into the River Wear.

HOUSING.

TABLE 56.

Statement as to the position of Housing schemes in the Administrative County of Durham on the 31st December, 1948.

(Figures supplied by the respective Districts Councils).

District —	Number of New Houses erected during the year	Number of such Houses occupied during the year	Remarks.
URBAN DISTRICTS.			
Durham	208	201	
Hartlepool	126	131	
Jarrow	135	135	
Stockton	494	494	
Barnard Castle	40	40	
Billingham	234	234	Including 10 huts.
Bishop Auckland	149	149	
Blaydon	330	330	
Boldon	223	223	
Brandon & Bysh	144	146	
Chester-le-St.	159	159	Including 64 prefabricated houses.
Consett	268	268	
Crook & Wlngtn	102	102	
Felling	187	187	Permanent 150. Airey 37.
Hebburn	48	48	
Hetton	123	123	
Houghton-le-Sp.	233	233	
Ryton	76	76	
Seaham	100	100	
Sildon	85	85	
Spennymoor	200	200	
Stanley	221	216	Permanent and Prefabricated houses
Tow Law	37	37	
Washington	136	136	
Whickham	88	88	Prefabricated 45. 8 houses erected by private builders.
RURAL DISTRICTS.			
Barnard Castle	60	60	
Chester-le-St.	228	228	
Darlington	68	68	Private builders 15 houses Local Authority 53 houses.
Durham	385	385	
Easington	815	815	
Lanchester	151	149	
Sedgefield	189	189	
Stockton	76	76	
Sunderland	213	213	
Weardale	33	31	
Totals	6364	6355	

CLOSET ACCOMMODATION.

The following table gives the number and type of convenience in each sanitary district of the county at the end of 1948. In addition information is given in the table as to the conversions of ashpit privies to ash-closets or water-closets, and of ash-closets into water-closets during the year.

TABLE 57.

District.	Total number in District			Ashpit Privies converted into Water-Closets	Ash-Closets converted into Water-Closets
	Water-Closets	Ash-Closets	Ashpit Privies		
URBAN.					
Amham	5,749	57	26	—	—
Battlepool	—	—	—	—	—
Bow	8,594	15	—	—	—
Blackton	24,000	—	—	—	—
Barnard Castle	1,517	22	5	—	1
Billingham	5,966	—	153	—	—
Brook Auckland	6,513	4,799	290	6	81
Bydon	8,343	463	154	3	9
Clifton	5,251	73	—	—	2
London & Bysh.	3,318	2,402	37	26	18
Westminster-le-Street	4,837	677	17	30	—
Wissett	10,986	516	348	101	75
Wool & Wilngtn	4,389	4,174	130	144	—
Willing	6,700	119	2	—	—
Woburn	6,032	7	—	—	—
Wotton	4,527	934	17	—	301
Wrighton-le-Sp.	8,465	48	10	—	—
Wilton	4,087	112	19	2	—
Wigham	7,995	393	9	1	—
Woldon	3,796	440	—	—	—
Wrennysmoor	1,937	3,586	84	—	80
Wrenley	11,446	2,326	—	51	—
Widlaw	228	617	—	—	12
Widlaw	5,169	34	2	—	—
Widham	6,618	173	—	—	—
RURAL.					
Barnard Castle	2,221	3,277	35	—	95
Westminster-le-Street	10,216	1,719	240	—	27
Willing	1,269	659	639	17	5
Willing	6,244	2,711	125	—	18
Willing	24,278	211	103	—	—
Willing	3,512	662	348	3	26
Willing	10,304	638	192	10	16
Willing	1,434	1,006	99	8	—
Willing	6,360	—	256	1	—
Willing	1,379	857	293	10	14

* 11 Chemical-closets included in total number of Water-closets.

TABLE D.

TABULATED STATEMENT OF THE CHIEF VITAL STATISTICS OF THE ADMINISTRATIVE COUNTY OF DURHAM FOR THE YEAR 1948, COMPILED FROM THE MONTHLY RETURNS SUPPLIED TO THE COUNTY MEDICAL OFFICER BY THE DISTRICT REGISTRARS.

AREA.	R.G. Est'mtd Resident Population 1948	Live Births.	Deaths.	Deaths from seven principal infective diseases	RATES PER 1,000 POPULATION.				Deaths under 1 year per 1,000 Births.	Percent- age of Uncerti- fied Deaths to total Deaths.	
					Birth- rate	Death- rate.	Seven principal infective diseases death- rate.	Phthisis death rate.			Bronchi- tis, Pneu- monia and Pleurisy
Municipal Boroughs	137,190	3,023	1,553	12	22.0	11.3	0.09	0.59	0.64	44	5.5
Other Urban Districts	477,067	9,459	5,410	51	19.8	11.3	0.11	0.53	0.63	48	5.5
Rural Districts	275,340	5,297	2,898	35	19.2	10.5	0.13	0.37	0.51	46	5.0
ADMINISTRATIVE COUNTY	889,597	17,779	9,861	98	20.0	11.1	0.11	0.49	0.60	47	5.4
England and Wales	42,750,000	776,971	468,645	*	17.9	11.0	*	0.44	*	34	—

* Not yet available.

ADMINISTRATIVE COUNTY OF DURHAM, 1948.—Deaths by causes at various age periods.

TABLE A

	All Ages	Under 1 week.	Under 1 mth.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Under 1 Year	1-2 yrs.	2-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75 & Upw
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	1	—	—	1	—	1	2	—	—	—	—	—
Measles	15	—	1	—	2	2	3	8	2	2	—	—	—	—	—	—
Whooping Cough	14	—	—	2	2	—	—	6	7	1	—	—	1	—	—	—
Diarrhoea	2	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—
Enteritis	08	—	5	20	23	5	4	57	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	1	—	—	—	—	—	—	—	2	2	—	—	—	1	2	4
Encephalitis Lethargica	5	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Erysipelas	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2
Influenza	39	—	—	2	4	1	—	7	1	—	—	—	—	3	2	—
Cancer	1518	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—
Rheumatic Fever	40	—	—	—	—	—	—	—	—	4	5	5	5	11	12	1
Appendicitis	31	—	—	—	—	—	—	—	—	1	18	8	8	594	520	300
Other Septic Diseases	58	—	—	3	3	1	—	—	—	1	7	7	2	7	—	—
Phthisis	436	—	—	—	1	—	—	7	1	2	3	10	4	21	10	4
Tuberculous-Meningitis	56	—	—	—	1	2	4	7	12	14	12	11	—	119	29	5
Abdominal Tuberculosis	26	—	—	—	—	—	—	—	2	1	4	2	10	6	1	—
Other Tuberculous Diseases	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	106	3	11	17	5	2	—	38	5	3	1	1	3	4	—	1
Broncho-Pneumonia	283	3	9	39	63	25	13	152	27	13	2	2	11	39	27	—
Lobar Pneumonia	83	—	5	4	2	—	—	11	—	2	—	1	7	33	28	—
Pneumonia (All other forms)	55	—	6	8	3	—	—	17	1	2	1	1	8	20	5	1
Pleurisy	4	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—
Other Diseases of Respiratory Organs	173	—	2	2	1	—	—	5	—	—	1	5	14	94	54	—
Alcoholism	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Cirrhosis of Liver	11	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Nephritis and Bright's Disease	145	—	—	—	—	—	—	—	—	—	—	—	3	2	6	—
Puerperal Sepsis	3	—	—	—	—	2	1	3	—	1	5	4	32	67	33	—
Other Diseases of Pregnancy, Childbirth and the Puerperal State	21	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Congenital Malformation	114	49	9	21	19	1	3	102	6	4	2	6	15	—	—	—
Premature Birth	241	198	31	11	1	—	—	241	—	—	—	—	—	—	—	—
Congenital Debility	39	23	12	4	—	—	—	39	—	—	—	—	—	—	—	—
Marasmus Atrophy	7	—	2	3	2	—	—	7	—	—	—	—	—	—	—	—
Injury at Birth	30	26	3	1	—	—	—	30	—	—	—	—	—	—	—	—
Atelectasis	34	30	3	1	—	—	—	34	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	11	—	1	1	—	1	—	3	1	—	2	2	2	1	—	—
Convulsions	16	2	2	5	3	2	1	15	1	—	—	—	—	—	—	—
Gastritis	8	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Syphilis	16	—	1	—	—	—	—	1	—	—	—	—	2	3	2	—
Organic Heart Disease	1299	—	—	2	2	—	—	6	—	2	12	20	91	521	647	—
Violent or Accidental Death excluding Suicide	258	—	3	3	5	—	—	11	2	19	25	24	61	76	32	8
Suffocation Overlaying	8	1	2	4	1	—	—	8	—	—	—	—	—	—	—	—
Burns and Scalds	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide	64	—	—	—	—	—	—	—	4	3	—	—	—	—	—	—
Arterio-Sclerosis	1188	—	—	—	—	—	—	—	—	—	—	5	17	29	10	3
Senility	2406	—	—	—	—	—	—	—	—	—	—	—	27	416	745	—
Cerebral Haemorrhage	234	—	—	—	—	—	—	—	—	—	—	—	—	—	49	2357
Other Defined Diseases	663	—	—	2	3	3	2	10	3	10	9	26	97	251	254	3
Diseases ill-defined or unknown	3	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—
	9861	332	87	149	169	57	37	831	77	89	123	228	725	2461	2644	2683

TABLE B.
POPULATION, BIRTH-RATE, DEATH-RATE, ETC., WITHIN THE URBAN AND RURAL DISTRICT OF THE ADMINISTRATIVE COUNTY OF DURHAM—1948.

	Medical Officer of Health.	Area in Acres	Registrar General's estimated Resident Population 1948	Live Births.	Still Births.	Deaths.	Birth-rate	Death-rate	Death-rate from seven Principal Infective Diseases	Infant Mortality-rate per 1,000 Births.	Phthisis Death-rate	Total Tuberculous Death-rate	Lung Diseases Death-rate	Deaths occurring outside District included.	Deaths occurring within District excluded.
BOROUGHES.															
Durham	S. K. Young, M.D., B.Hy., D.P.H.	4,048	19,160	344	8	191	18.0	10.0	—	32	0.31	0.42	0.10	21	216
Hartlepool	R. Webster, M.B., Ch.B., D.P.H.	1,472	16,660	421	12	221	25.3	13.3	0.12	33	0.78	0.96	0.72	51	77
Jarrow	Vacant	1,697	28,280	637	17	345	22.5	12.2	0.07	55	0.71	0.92	0.88	110	3
Stockton	H. J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.	5,465	73,090	1,621	49	796	22.2	10.9	0.11	45	0.57	0.63	0.67	75	89
Barnard Castle	J. G. Paley, M.R.C.S., L.R.C.P., D.P.H.	559	4,577	79	1	66	17.3	14.4	—	76	0.87	1.09	—	16	43
Billingham	L. R. Benham, M.B., B.S., D.P.H.	7,865	23,060	496	23	214	21.5	9.3	0.04	65	0.56	0.69	1.34	47	9
Bishop Auckland	H. G. Donald, M.B., Ch.B., D.P.H.	9,332	35,850	772	25	464	21.5	12.9	0.17	52	0.61	0.73	0.36	76	73
Blaydon	H. Russell, M.B., B.S., B.Hy., D.P.H.	9,235	30,550	623	14	322	20.4	10.5	0.03	37	0.33	0.39	0.72	95	7
Boldon	R. C. F. Smith, M.D., D.P.H.	8,400	16,310	297	6	186	18.2	11.4	0.18	51	0.25	0.43	0.80	56	6
Brandon & Byshottles	S. K. Young, M.D., B.Hy., D.P.H.	8,224	19,270	381	12	211	19.8	10.9	0.36	60	0.73	0.73	0.78	50	4
Chester-le-Street	J. D. Trail, M.B., Ch.B., D.P.H.	2,666	18,620	329	6	201	17.7	10.8	—	49	0.32	0.43	0.59	38	216
Consett	J. G. Walker, M.R.C.S., L.R.C.P., D.P.H.	10,042	38,820	737	17	414	19.0	10.7	0.05	56	0.54	0.67	0.44	86	151
Crook & Willington	F. Lishman, M.B., B.S.	15,476	27,350	512	13	362	18.7	13.2	—	37	0.37	0.44	0.51	92	5
Felling	W. D. M. Millar, M.B., B.S., B.Hy., D.P.H.	3,349	25,310	493	14	317	19.5	12.5	0.16	39	0.75	0.87	0.55	80	6
Hebburn	Do.	1,564	22,990	462	10	249	20.1	10.8	0.09	32	0.87	1.09	0.74	101	2
Hetton	Lillian A. M. Johnston, B.Sc., M.B., Ch.B., D.P.H.	4,551	18,660	355	11	207	19.0	11.1	0.05	51	0.38	0.43	0.88	56	3
Houghton-le-Spring	Do.	6,026	29,350	635	14	324	21.6	11.0	0.20	50	0.48	0.51	0.65	105	21
Ryton	H. E. Dunstan, M.B., B.S., M.R.C.S., L.R.C.P.	5,145	13,730	217	8	147	15.8	10.7	0.07	60	0.36	0.36	0.44	30	3
Seaham	W. J. Peden, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H.	2,469	25,710	568	18	257	22.1	10.0	0.16	46	0.54	0.62	0.47	66	11
Shildon	P. V. Anderson, M.B., B.S.	4,970	14,550	275	12	186	18.9	12.8	0.07	36	0.48	0.69	0.62	58	1
Spennymoor	S. V. Tinsley, M.B., Ch.B.	7,543	19,720	415	6	215	21.0	10.9	0.20	48	0.30	0.36	0.88	56	5
Stanley	S. Ludkin, M.B., B.S., D.P.H.	12,658	48,920	926	28	609	18.9	12.5	0.08	48	0.55	0.65	0.67	154	4
Tow Law	A. Charlton, M.B., B.S.	477	3,210	64	3	29	19.9	9.0	—	16	0.90	0.62	0.31	2	3
Washington	W. D. M. Millar, M.B., B.S., B.Hy., D.P.H.	5,758	17,540	395	8	176	22.5	10.0	0.06	51	0.57	0.63	0.46	41	3
Whickham	Vacant	6,074	22,970	428	15	254	18.6	11.1	0.13	49	0.74	0.74	0.48	68	39
RURAL DISTRICTS.															
Barnard Castle	J. G. Paley, M.R.C.S., L.R.C.P., D.P.H.	110,118	17,130	306	8	231	17.9	13.5	0.18	39	0.23	0.47	0.47	43	7
Chester-le-Street	A. Forster, M.B., B.S.	22,223	40,850	851	16	441	20.8	10.8	0.07	51	0.54	0.69	0.44	147	11
Darlington	W. M. Rodgers, M.B., Ch.B., B.A.O., D.P.H.	45,128	10,030	174	5	95	17.4	9.5	—	34	0.10	0.10	0.20	34	21
Durham	D. D. Nichol, M.B., B.S., B.Hy., D.P.H.	34,598	33,520	609	18	333	18.2	9.9	0.21	64	0.24	0.30	0.39	79	17
Easington	E. F. Dawson Walker, M.D., B.Hy., D.P.H.	34,653	81,520	1,722	35	807	21.1	9.9	0.16	44	0.34	0.44	0.59	169	72
Lanchester	J. G. Walker, M.R.C.S., L.R.C.P., D.P.H.	44,243	15,310	284	11	155	18.6	10.1	0.20	42	0.33	0.52	0.52	18	93
Sedgefield	W. M. Rodgers, M.B., B.Ch., B.A.O., D.P.H.	39,265	36,030	608	13	350	16.9	9.7	0.06	48	0.39	0.47	0.42	49	171
Stockton	G. S. Mather, M.B., Ch.B., D.P.H.	41,118	7,340	174	3	85	23.7	11.6	0.14	6	0.41	0.55	0.14	28	5
Sunderland	R. C. F. Smith, M.D., D.P.H.	8,366	24,390	455	14	292	18.5	11.9	0.12	51	0.45	0.65	0.81	71	100
Weardale	D. Thomson, O.B.E., M.B., Ch.B.	99,513	9,020	114	2	109	12.6	12.1	—	35	0.78	0.89	0.78	25	12
Administrative County		623,260	889,597	17,779	475	9,861	20.0	11.1	0.11	47	0.49	0.59	0.59	2,293	1,509

