

[Report 1935] / Medical Officer of Health, Longbenton U.D.C.

Contributors

Longbenton (England). Urban District Council.

Publication/Creation

1935

Persistent URL

<https://wellcomecollection.org/works/ykha7pax>

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>

ansit
base attch 1/201/3
H.C. MR. HALLETT.

Longbenton Urban District Council.

COUNTY OF NORTHUMBERLAND.

Annual Reports

FOR THE YEAR

1935

OF

Dr. THEODORE CRAIG,

M.B., Ch B., F.R.S.M.E.,

Medical Officer of Health ;

WILLIAM N. LOCKEY,

M.R.San.I., Certified Meat Inspector,

Sanitary Inspector ;

AND

L. HENDERSON,

Health Visitor.




Longbenton Urban District Council.

COUNTY OF NORTHUMBERLAND.

Annual Reports

FOR THE YEAR

1935

OF

Dr. THEODORE CRAIG,

M.B., Ch.B., F.R.S.M.E.,

Medical Officer of Health ;

WILLIAM N. LOCKEY,

M.R.San.I., Certified Meat Inspector,

Sanitary Inspector ;

AND

L. HENDERSON,

Health Visitor.

STAFF OF HEALTH DEPARTMENTS PRIOR TO FORMATION OF NEW AUTHORITY.

LONGBENTON—

Medical Officer of Health	...	S. FULLERTON, M.B., CH.B.
Sanitary Inspector and Surveyor	...	W. BEAN, C.R.S.I., M.I.M. and C.E.
Additional Sanitary Inspector	...	W. N. LOCKEY, M.R.SAN.I., M.S.I.A., CERTIFIED MEAT INSPECTOR.
Health Visitor ...	...	MISS L. HENDERSON, C.R.S.I.

WEETSLADE—

Medical Officer of Health	...	THEODORE CRAIG, M.B., CH.B., F.R.S.M.E.
Sanitary Inspector and Surveyor	...	H. G. McNAUGHT, C.R.S.I.

STAFF OF HEALTH DEPARTMENT OF THE NEWLY FORMED LONGBENTON U.D.C. FROM 1ST APRIL, 1935.

OFFICE.	OFFICER.	QUALIFICATIONS.	WHOLE OR PART TIME.
Medical Officer of Health, Medical Officer Child Welfare and Ante Natal Centres	THEODORE CRAIG	M.B., Ch.B. (Edin.), F.R.S.M.E.	Part
Deputy Medical Officer of Health	LOUISA B. HARPER	M.B., Ch.B. (Edin).	Whole
Sanitary Inspector, Housing Inspector, Meat and Food Inspector, Shops' Inspector and Petroleum Inspector	WILLIAM N. LOCKEY	M.R.SAN.I., M.S.I.A., CERTIFIED MEAT INSPECTOR	
Health Visitor	MISS L. HENDERSON	HEALTH VISITOR'S, SCHOOL NURSE'S AND SANITARY INSPECTOR'S CERTIFI- CATES, ROYAL SANITARY INSTITUTE.	Whole

Longbenton Urban District Council.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH,

Dr. THEODORE CRAIG,

FOR THE YEAR ENDING 31ST DECEMBER, 1935.

TO THE CHAIRMAN AND MEMBERS.

In presenting my Report for the year 1935 I feel that my first duty is to thank all of you for your consistent kindness and courtesy to me at a time when you were all troubled over the results of amalgamation with Weetslade U.D.C.

"Some are born great, some achieve greatness, and others have greatness thrust upon them,"—I felt that I belonged to both of the latter classes when your Clerk informed me that I had been appointed Medical Officer of Health to Longbenton Council.

I wish to express my sincere thanks to your late Medical Officer—Dr. Fullerton—whose careful notes have enabled me to include in my Report the proceedings prior to my appointment on the 1st April, 1935.

May I also congratulate you on the possession of such a capable Sanitary Inspector as Mr. Lockey—I cannot do justice to him for the many kind services which he has rendered to me.

With these preliminary remarks I now proceed to my normal Report.

Every Medical Officer of Health receives each year a circular letter from the Minister of Health advising him as to the best method of constructing his Annual Report.

It is necessary that the Medical Officer of Health should deal at length with any matters directly affecting the health of his community—hence I commence my Annual Report with comments upon the effect of continued unemployment on the health of our people, and the difficulty which we have had to face in dealing with cases of Scarlet Fever and Diphtheria in our area.

The most prominent problem which we have to face is the effect of continued unemployment upon a large proportion of our people. Longbenton is primarily a "Mining" area, and therefore a "Distressed" area. Hence we have had to attempt to cope with ill-health due to lack of the necessities of life which our people were accustomed to provide for their children during the prosperous years before the disastrous stoppage in the Coal Trade in 1926.

Your Child Welfare Committee have boldly faced this problem, and I am glad to report that, following careful investigation by my colleague—Dr. Louisa Harper—and myself, I am able to report that the children of Longbenton compare favourably with children in more prosperous areas.

You have instituted schemes whereby any mother, who is financially unable to provide proper food for her children, can receive assistance through your Child Welfare Clinics, with the fortunate result that I can count the number of really delicate children on the fingers of one hand.

I wish I could be so optimistic about the mothers.

Our mothers are wonderful, they sacrifice themselves for their children, with the result that all our local surgeries are congested with anæmic, debilitated mothers, who vainly hope that a bottle of medicine from the doctor will supply them with the necessary energy which can only be provided by generous feeding.

REST HOMES.—In this connection I would implore you to make some arrangements by which really necessitous mothers could be sent to a "Rest Home," where they would be adequately fed and be relieved from the constant problem of providing meals at all times of the day for those members of their family who are fortunate enough to be in regular employment.

Those of you whose lives are not regulated by the necessities of the Coal Trade can never realise, as I am compelled to do, the difference in the everyday life of the miner's wife and that of the wife of a man employed in a shop or an office.

When the latter has got her husband off to his office and her bairns off to school she has the rest of the day to overtake the cleaning, mending and darning, which all wives must do.

The miner's wife has to be up in the small hours of the morning to set her men off to the pit—complete with "bait," then she has to get food and baths ready for men on the night shift, and then she has to wash, dress and feed her younger children and get them off to school before 9 a.m.

She has to provide a mid-day meal for children coming home from school and see that they are ready to go back again before the bell rings.

By 4 p.m. she has to have another meal ready for the bairns coming home from school, attend to their many wants, and then get some of her men ready for the next shift.

How the average miner's wife contrives to keep her home and her family so clean and healthy has always been a mystery to me.

We have good right to be proud of the miners' wives of Longbenton.

THE MEANS TEST.—There is another matter which I think it my duty to mention, and that is the imperceptible line between Parish Relief and Relief afforded to men on the "Means Test."

All the doctors in your area are puzzled with this problem.

As matters stand, a man on the "Means Test" may receive an allowance for extra nourishment for a member of his family, BUT he must produce a certificate from his doctor specifying the exact extra food required, the estimated cost—per week—of such extras, and the time—limited to four weeks—for which such extras are required.

Owing to lapse from National Health Insurance in many cases the unemployed man has made no payment of any kind to the family doctor, who has continued to attend old patients, gratis, in the hope that better times may come.

The Labour Exchange authorities are not entitled to pay any fee for certificates required by them, the unemployed man pays nothing, and the doctor uses time, ink and paper, in writing letters for these people—at least once a month and frequently at shorter intervals.

I ask you—the Longbenton Council—to try and find a method by which the local doctors could receive some modest fee for this work.

The average miner regards the doctor as a "Capitalist" with infinite financial resources, who should be only too pleased to assist him to get any extra assistance available, but he forgets that, unless the miner pays regular subscriptions to his doctor, the doctor may find himself unable to pay his way.

Perhaps those of you who work among the mining community could do something to convince the miner that unless he pays his doctor, the doctor cannot carry on, indefinitely, for charity's sweet sake.

All the doctors in the distressed areas have done their utmost for those who supported them in more prosperous times, and will continue to do so, BUT—we do feel indisposed to accede to the (sometimes impudent) demands of people from whom we have never received a halfpenny.

Some of you may consider that the above remarks are not a proper part of the Report of your Medical Officer of Health, but, they have a considerable bearing upon the health of your district.

I am only a part-time servant of Longbenton Council, but I spend much of my "so-called" leisure time in representing my colleagues on numerous local medical committees, and I feel that I ought to mention to you any matters affecting my colleagues in relation to Public Health.

Looking back over thirty years of practice in mining areas I feel that by doing so much for certain sections of your people, you are possibly helping to destroy the independence of the very people whom you have been elected to represent.

We all desire to do our best for our people, but I can foresee a time when the average miner will feel justified in throwing all his domestic responsibilities upon various public authorities.

Let us do everything reasonably possible for our people, but let us do nothing to destroy that sense of personal responsibility which has made our Empire the envy of the world.

I think I can illustrate my remarks, very simply, by stating that, in many homes, when a child cuts his finger he is sent post-haste to the doctor or nurse to have his finger dressed. Very few mothers in our area keep a supply of clean rags for dressing a simple cut finger. At 12-55 p.m. I was called to attend a small boy accompanied by two young women, who had been brought to me because "he had jammed his finger and could not bear it." Actually all the treatment required was a greasy rag! The actual damage was insignificant. Incidentally, the parents are years in arrears in my Club. I mention this small matter in connection with my previous remarks as to the loss of independence in our people due to various factors which relieve parents of even slight responsibility. Surely any decent mother can tie a bit of clean rag on a cut finger.

These remarks also apply to older people. I can mention many instances where a child is given twopence to go to the "Club" doctor for some aperient pills which could be purchased next door for one penny.

I sometimes think that we are doing too much for some of our people.

Unemployment and Parish Relief are definitely sapping the independence of our mining population.

The only remedy as far as I am concerned in my work as your Medical Officer of Health is that I must personally investigate every case where free milk, etc. is required.

SCARLET FEVER AND DIPHTHERIA.—During the past two years the whole of England and Wales has suffered from a continuous cropping up of cases of Scarlet Fever and Diphtheria.

Your experience in Longbenton has been similar to that of almost every district in the North of England.

We have not had anything approaching an epidemic of either disease, but every week a certain number of cases have been notified.

This unfortunate condition affecting public health has been general.

Longbenton has only had its fair share.

In my opinion you are very fortunate in the fact that most of your people have some kind of contract arrangements with their doctors, hence, when a child is ill, the doctor is sent for without delay and steps are taken immediately for the isolation of a suspicious case and removal to Hospital when necessary.

In less favoured areas the doctor is never summoned until a child is obviously seriously ill, because many parents cannot run up Doctor's Bills with impunity. In those areas they have true epidemics.

After thirty years experience in mining areas I am firmly convinced that immediate removal to Hospital is the only safe method of dealing with cases of Scarlet Fever and Diphtheria.

Isolation of a patient in the ordinary working class home is a practical impossibility.

Our people are naturally sociable ; inter-marriage between relations and neighbours is a general custom, and our housing arrangements do not make allowance for the provision of a separate bedroom for a child who has contracted an Infectious Disease.

Putting the matter very simply, it is better to pay hospital charges for a limited number of patients than to allow epidemic disease to run rife, finally leading to closure of schools, chapels, cinemas, etc., and inevitable increase in the number of fatal cases.

In this connection I wish to state clearly that your present arrangements with the Earsdon Joint Hospital Board are quite inadequate under existing conditions.

Patients are sent home at the discretion of the Medical Officer, who are only nominally free from infection. Beds are urgently needed, and as a direct result of this compulsory clearance, other cases *do* occur.

I am casting no reflection upon the administration of the Scaffold Hill Hospital. I know that the staff are doing wonderfully good work, but, if more beds were available we should have fewer cases of Scarlet Fever and Diphtheria.

There must be hundreds of children in England who are perfectly well as far as ordinary medical observation can ascertain, yet many of these children are carrying infectious germs which they are bound to spread among their friends and neighbours.

Therefore I ask you to do all in your power to carry out the plans of the County Medical Officer by which he proposes to make adequate provision for cases of Infectious Disease.

NEED OF ISOLATION WARDS.—During recent years family doctors have seen numerous cases which present certain symptoms suggesting Scarlet Fever or Diphtheria.

In the interests of public health such cases are sent to our Infectious Disease Hospitals in order that the spread of infection may be controlled.

Some of these cases do not develop typical Scarlet Fever or typical Diphtheria.

I wish to state quite definitely that without specialist laboratory examination it is almost impossible for the family doctor to give a positive opinion upon many cases seen on his daily rounds.

If the doctor waits until definite proof of disease is obvious, infection may have been conveyed to many other children, hence, we advocate immediate removal to hospital of all suspicious cases.

Cases which may not actually suffer from Scarlet Fever or Diphtheria are, of necessity put into the same wards as patients who are definitely infectious.

The result must be that children already ill, whose natural resistance to bacteria has been lowered by illness, are very liable to contract an infection from children in neighbouring beds.

Therefore I implore you, when the question of increased hospital accommodation comes before you, to make quite sure that certain wards are allocated for "suspects," that means cases which look like Scarlet Fever or Diphtheria, but may not actually be suffering from these diseases.

Under existing conditions we have no beds available for such cases.

In my opinion it is your duty to provide at least two Wards for careful observation of "suspicious cases."

The original outlay would be more than repaid by the fact that "suspects" could be sent home after a comparatively short period of observation.

A few days in an "Observation Ward" would save the cost of many weeks in the ordinary Wards.

I repeat that, in my opinion, there are many cases sent to hospital in the interest of public health, which under observation of an expert such as Dr. Christie could be proved to be suffering from some disease not definitely due to the germs of Scarlet Fever or Diphtheria.

The symptoms and signs are almost identical, but careful observation for a few days will settle the matter conclusively.

All such cases ought to be sent to Hospital, but they ought not to be put in the same wards as "proved" cases.

I apologise for going into this matter at such length, but I do so in the hope that you may soon be able to provide Observation Wards.

I venture to append a few remarks upon general matters which are fully dealt with in the various statistical tables in the Appendix.

I have experienced some little difficulty in compiling these Tables because I have to deal with Weetslade figures up to March 31st, 1935, and Longbenton figures for the whole year.

In the combined district 30 infants died before they attained the age of one year. The total number of Births was 383.

Of these children 13 were illegitimate and only one died. He must have been the unlucky thirteenth!

17 out of the 30 deaths under one year were ascribed to congenital weakness, that is that the infants had little or no chance of surviving.

Once again we have thirteen unlucky ones who could not last out a year, and 3 of these infants died from diarrhœa.

According to the figures supplied by the Registrar General, 40 Births occurred in Weetslade in the first quarter of 1935; this would give an average of 160 for the year as compared with 138 in 1934.

As regards Longbenton the figures appear to indicate that we had 343 births in 1935 as against 246 in 1934.

If we total these figures we find that 383 babies have arrived in the combined area in 1935, and they will all want houses in about twenty years time. Hence we must have more houses.

The total number of deaths for the combined area in 1935 was 282, of which 22 occurred in Weetslade before April 1st.

Taking the average for Weetslade our figure remains 88 as in 1934.

I regret to note that the deaths in Longbenton have increased from 182 in 1934 to 260 in 1935.

May I ask your forbearance in regard to actual statistics for 1935? Amalgamation has caused many complications.

If I am still so fortunate as to serve you throughout 1936, I will be able to give you more accurate figures in my next Report.

Owing to Amalgamation of the Urban Districts of Longbenton and Weetslade it became necessary to reorganise many of the Health Services of the two areas.

Those of you who have studied my Annual Report to the Weetslade Urban District Council for 1934 will realise that the lack of a direct road between Weetslade and Burradon has made my work more difficult because to reach houses only half-a-mile apart as the crow flies, has involved a road journey of four miles.

I am glad that you have decided to construct a new road between Ethel Street, Dudley, and Front Street, Burradon; and I am sure that this work will well repay the initial expense.

The new Longbenton District is of peculiar construction, the road distance between the two furthest villages being nearly ten miles.

On the north we are neighbours to Stannington and Cramlington, on the west we adjoin Gosforth and the Castle Ward, while on the south-east we touch Earsdon and North Shields.

Such a very extensive area involves a great deal of travelling for your Medical Officer of Health, and even more for your Health Visitors.

I sincerely hope that you will decide to employ another Health Visitor before the end of 1936.

SPECIAL ACTION TAKEN TO AROUSE PUBLIC INTEREST IN THE PREVENTION OF ILL-HEALTH.—As in previous years you carried out a "Health Week" programme in the third week of September and circulated an excellent booklet to every house in the area informing your people of the various branches of Public Health Work undertaken by the Council and of Lectures and Demonstrations throughout the whole area, which the public were invited to attend.

You engaged an expert to give a series of 27 lectures in every part of the area, and six local doctors gave addresses on Public Health matters during the week.

I regret to state that the public did not take full advantage of these meetings.

On the whole, meetings were well attended, for which our sincere thanks are due to your Chairman, who personally attended almost every meeting.

The efforts of the local doctors did not receive the amount of attention which their carefully constructed lectures deserved.

I propose to lay before you my plans for "Health Week," 1936, at an early date.

Perhaps the most successful piece of health propaganda in the area was the Baby Show and Christmas Treat at West Allotment.

This was organised and carried out by Councillor Mrs. Kelly, and through the help of various public-spirited people in the district, a large number of mothers and children enjoyed a very happy evening.

SPECIAL REPORTS.—As you had decided to take over Maternity and Child Welfare Services in Weetslade from the Northumberland County Council it became necessary for me to formulate a definite scheme for the successful undertaking of this work in 1936.

I laid before you a scheme to cover all the necessary work in the area, the main problem being the necessity for engaging two additional Health Visitors.

I also made a Report in December, 1935, as to the value of immunisation of infants against Diphtheria, and produced a scheme for your consideration in 1936.

The remaining part of my Report will be found in the various Appendices as suggested by the Minister of Health.

I have the honour to remain,

Your obedient servant,

THEODORE CRAIG.

APPENDIX I.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.—

(1)	Area in Acres	...	...	...	...	6,843.
(2)	Registrar General's estimate of population, mid 1935	...	...	...	...	21,340
(3)	Number of Inhabited houses according to Rate Book	...	...	...	...	6,099.
(4)	Rateable Value	...	...	...	...	£96,165.
(5)	Product of Penny Rate	...	...	...	...	£361.

SOCIAL CONDITIONS.—I have discussed this matter very fully in my Preliminary Report, and it is only necessary to repeat that Longbenton is a distressed area.

Owing to the loss of a large proportion of our export Coal Trade after the disastrous stoppage in the Mining Industry in 1926, and the very necessary reorganisation of local mining conditions, which included mechanisation and electrification of most of the mines in the area, we have had to face the problem of unemployment.

I am not in a position to give you definite figures about unemployment and can only state that, according to the statistics at my disposal, the number of adult male "unemployed" varies from 75% in the worst areas to 35% in the best area.

Our main industry is Coal Mining, in which roughly 90% of our people are employed.

The largest part of the area is agricultural land, and a limited number of our people are employed in various farms and Market Gardens.

Longbenton is also the site of several Laundries which afford work for a small proportion of our female population.

In addition we have the usual Joiners' and Blacksmiths' shops, and a good number of Boot and Shoe repairing shops.

Forest Hall and Benton can still be regarded as good residential areas, and provide substantial houses for some of the more successful business people who work in the district.

TABLE A.

SECTION A. STATISTICS AND SOCIAL CONDITIONS.—The Registrar General estimates our population at 21,340.

VITAL STATISTICS.

				Males.	Females.	Total.
Live Births	...	...	...	204	179	383
Legitimate	...	...	...	199	171	370
Illegitimate	...	...	...	5	8	13
Still Births	...	...	...	5	7	12
Legitimate	...	...	...	5	7	12
Illegitimate	...	...	...	—	—	—
Birth Rate per 1,000 population	...	...	...	...	...	18·5.
Still Births per 1,000 Live and Still Births	...	...	...	...	...	30·4.

You will note a rise in the Birth Rate.

				Males.	Females.	Total.
Deaths	...	...	...	149	93	242
Death Rate per 1,000 Population	...	...	...	...	...	11·34.
Deaths from Puerperal causes	...	...	...	...	...	Nil.

Death Rate per 1,000 total Live Births of Infants under one year of age :—

All Infants per 1,000 Live Births	...	...	...	78.3.
Legitimate Infants per 1,000 Live Births	...	...	...	75.7.
Illegitimate Infants per 1,000 Illegitimate Live Births	...	...	...	1.
Illegitimate Infants per 1,000 Illegitimate Live Births	...	...	...	2.5.
Deaths from Measles (all ages)...	...	...	...	1.
Deaths from Whooping Cough (all ages)	...	...	...	Nil.
Deaths from Diarrhoea (under 2 years of age)	...	...	...	3.

These figures can be regarded as highly satisfactory.

SECTION B.

(1) Full particulars of the Public Health Staff are shewn in Section A.

(a) LABORATORY FACILITIES are provided by Northumberland County Council as described in previous Reports.

(b) AMBULANCE FACILITIES remain as in previous reports with the exception that the arrangement with Forbes Garage, Wideopen, has been discontinued owing to the Ambulance work of Weetslade being successfully undertaken by Longbenton Council. In this connection I feel I must congratulate you on the economy and efficiency of the present service.

(c) NURSING IN THE HOMES of the people is adequately carried out by the various District Nurses employed by Local Nursing Associations under the auspices of the Northumberland County Nursing Association.

In this connection I feel that I ought to mention the serious loss to the Dudley and Annitsford districts incurred by the death of Nurse Isabella Clark, who died November, 1935, after a few days' illness, having completed 21 years arduous and self-sacrificing work. I am glad to report that her place has been filled by Nurse Ross whose excellent work shows every sign that we have secured a really efficient successor to the late Nurse Clark.

May I suggest that you exert your influence to persuade your electors that it is their duty and privilege to support the local Nursing Associations. The subscriptions are trivial and the work is very important. All sorts of people seek the help of the District Nurse, but only a few pay regular contributions.

In this connection I may be allowed to mention the conditions in Dudley and Annitsford where out of 1,140 householders only about 500 pay their contribution of one penny per week to the local Nursing Association.

These associations are worthy of support from all classes of the population and their nurses do much valuable work.

Owing to the lack of public support it is impossible to increase the number of nurses and those employed are frequently overworked.

(d) CLINICS AND TREATMENT CENTRES.—These remained in 1935 as described in previous reports.

(e) HOSPITALS.—There was only one change in Local Hospital arrangements in 1935, and this was due to the transfer of Infectious Diseases in Weetslade from the Gosforth and Newburn Joint Hospital Board to the Earsdon Joint Hospital Board.

I have already commented upon the necessity for increased Hospital accommodation for cases of Infectious Disease.

(f) MIDWIFERY AND MATERNITY SERVICES.—Conditions remained the same as in previous reports.

I would again remind you that steps should be taken to find some form of Convalescent Treatment for Nursing and Expectant Mothers.

So far as children are concerned, parents usually are able to send convalescent children to relatives or friends in healthy areas.

I have already stated the necessity for increasing the number of your Health Visitors.

In regard to Infant Life protection and Orthopædic treatment there was no change in the arrangements described in previous reports.

There are no Nursing Homes in the area.

SECTION C.

The Sanitary circumstances in the area are the same as described in previous reports.

I should like you to consider the possibility of transforming the part of the Seaton Burn at Dudley between the North Eastern Railway and the bridge over Weetslade Road into a Swimming Bath and Paddling Pool.

Previous objections to this scheme are not valid now as no Sewerage is directly conveyed by the Seaton Burn.

- (1) The whole Water supply throughout the area is provided by the Newcastle and Gateshead Water Company who undertake all necessary examinations and analysis of the water supplied by them.
- (2) Drainage and Sewerage arrangements show no material change since 1934. These matters are fully considered in the report of your Sanitary Inspector, who also deals with procedure in connection with Rivers and Streams, Closet Accommodation, etc.

- (3) Public Cleansing is also considered later in connection with the Sanitary Inspection of the area.
- (4) Shops—see report of Sanitary Inspector.
- (5) Smoke abatement—see report of Sanitary Inspector.
- (6) There are no Swimming Baths in the area.
- (7) Schools are all under the control of the County Medical Officer of Health.

SECTION D.

HOUSING.—Full particulars are given in the Report of the Sanitary Inspector.

111 houses were inspected during the year 1934; these were grouped into 14 separate Clearance Areas for which Official Representations were made. A Tabulated Report is appended hereto.

CLEARANCE AREA.						No. OF HOUSES.
LONGBENTON—						
Blue Row, Killingworth	...	...	...	...	...	15
Old Pit, Killingworth	...	...	...	...	...	7
Eagles Yard, Killingworth	...	...	...	...	...	4
Ivy Cottages, Killingworth	...	...	...	...	...	2
Punshon's Buildings, Killingworth	...	...	...	...	...	3
Punshon's Buildings, Killingworth	...	...	...	...	...	2
Holystone Farm Cottages, Killingworth	...	...	...	...	...	3
WEETSLADE—						
Old Colliery, Wideopen	...	...	...	...	...	20
Quarry Cottages, Seaton Burn	...	...	...	...	...	13
Farm Cottages, Seaton Burn	...	...	...	...	...	2
Varley's Buildings, Dudley	...	...	...	...	...	4
Joyces Row, Dudley	...	...	...	...	...	10
Front Street, Annitsford	...	...	...	...	...	16
Front Street, Annitsford	...	...	...	...	...	10
						111

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.—These matters are dealt with in detail in the Report of the Sanitary Inspector.

Mr. Lockey has frequently produced for my inspection samples of meat which he considered unfit for human consumption.

I have been amazed at the thoroughness of Mr. Lockey's examinations.

NUTRITION.—I am at present engaged in a careful consideration of the relative values of various forms of dried milk and hope to speak upon this important matter at your Health Week Meetings.

Instruction in Nutrition was given at the various Child Welfare Clinics by me and my colleagues, Dr. Harper and Miss Henderson.

SECTION F.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES, ETC.—These matters have been fully considered in the first part of this Report.

A tabulated statement is appended. See Table B.

May I ask you again to introduce "Immunisation against Diphtheria."

CANCER.—There has been no undue increase in cases of Cancer in the area; every possible form of treatment is provided at the Royal Victoria Infirmary, Newcastle.

PREVENTION OF BLINDNESS.—Existing conditions in regard to Prevention of Blindness are dealt with in the Report for 1934.

TUBERCULOSIS.—There has been no change in our arrangements for the care of cases of Tuberculosis since 1934.

I have already suggested that you might consider the possibility of allotting a certain number of Council Houses to families in which cases of Tuberculosis are found.

I am well aware of the great demand for Council Houses which makes special action impossible at present, but I would ask your kind consideration to my frequent letters in support of applicants for your houses.

I never write a letter to your Housing Committee until I am fully cognisant of the existing housing conditions of the applicants.

A tabular statement is appended, showing new cases notified and deaths registered during the year.

APPENDIX II.

STATISTICS PROVIDED BY THE REGISTRAR GENERAL.—As mentioned in the first part of this Report I have found some difficulty in producing these statistics owing to the amalgamation of Weetslade and Longbenton Urban Districts.

I hope to produce more reliable statistics for 1936 when I have completed a full year of work as your Medical Officer of Health.

TABLE B.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1935.

DISEASE.	NUMBER OF CASES NOTIFIED.													Total Cases Removed to Hospital.	No. of Deaths.
	AGE GROUP.														
	At all Ages.	Under 1 Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over		
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	3	...	...	...	...	...	2	...	...	...	...	1	3	...	...
Scarlet Fever ...	108	1	2	4	7	4	49	25	5	7	4	...	89	...	...
Diphtheria ...	27	...	...	1	1	4	11	7	1	1	...	1	26	...	...
Erysipelas ...	15	1	1	...	...	...	...	...	...	3	5	3	2	...	...
Pneumonia ...	19	...	3	1	1	...	3	...	...	2	2	2	...	...	...
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Puerperal Pyrexia ...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Ophthalmia Neonatorum ...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever ...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	1
TOTALS ...	176	3	6	7	9	8	65	35	6	15	11	7	122	...	13

TABLE C.
TUBERCULOSIS, 1935.

Age Periods.	CASES NOTIFIED.				DEATHS.			
	Pulmonary		Non- Pulmonary.		Pulmonary.		Non- Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...
1—5 years	...	...	...	...	...	...	...	2
5—10 "	2	...	...	1	...	...	...	...
10—15 "	...	...	...	2	...	...	...	...
15—20 "	1	1	2	...	...	1	...	...
20—25 "	1	1	...	1	1	1	...	...
25—35 "	2	...	2	...	2	3	1	...
35—45 "	1	...	...	...	...	...	1	...
45—55 "	...	1	1	...	1	...	2	...
55—65 "	1	...	...	...	2	...	...	1
65 and upwards	...	...	...	...	...	...	...	...
TOTALS ...	8	3	5	4	6	5	4	3

Of the 18 Deaths registered during the year, 13 were of Notified cases, and 5 of Non-notified cases.

TABLE E.

	Males.	Females.
All Causes	149	93
Measles	1	—
Diphtheria	2	—
Cerebro Spinal Fever	1	—
Respiratory Tuberculosis	7	5
Other Tuberculosis... ..	4	2
Cancer	16	13
Diabetes	4	2
Cerebral Hæmorrhage	9	6
Heart Disease	23	20
Other Circulatory Diseases	11	5
Bronchitis	10	3
Pneumonia	4	4
Other Respiratory Diseases	1	1
Peptic Ulcer	3	—
Diarrhœa, etc. (under 2 years)	3	—
Appendicitis	1	1
Other Liver Diseases	—	1
Other Digestive Diseases	5	2
Nephritis	4	4
Congenital Causes, etc.	15	4
Senility	2	3
Suicide	1	2
Other Violence	11	3
Other Defined Causes	8	10
Ill Defined Causes	3	2
	<hr/> 149 <hr/>	<hr/> 93 <hr/>

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers Prosecuted.
Factories (including Factory Laundries)	7	...	...
Workshops (including Workshop Laundries)	9	...	...
Workplaces (other than outworkers premises)	...	...	...
TOTAL	16	...	...

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts.		
Sanitary Accommodation Insufficient ...	1	1
TOTAL	1	1



Longbenton Urban District Council.

Annual Report

OF THE

SANITARY INSPECTOR,

WILLIAM N. LOCKEY,

FOR THE YEAR ENDED THE 31ST DECEMBER, 1935.

TO THE CHAIRMAN AND MEMBERS OF THE LONGBENTON
URBAN DISTRICT COUNCIL.

In accordance with Circular 1492 from the Ministry of Health, I beg to submit my Annual Report for the year ended December 31st, 1935.

Prior to the rearrangement of Boundaries in the County on the 1st April, 1935, the Sanitary Inspection of the Longbenton and Weetslade Areas was under the supervision of Messrs. W. Bean and H. G. McNaught respectively. I should like to record my appreciation for the work carried out by them previous to my appointment as the Sanitary Inspector for the joint area. Particulars of their work are included in this report.

During the year an organised system of Meat Inspection has been arranged for the whole area.

Housing has received special attention, public enquiries were held and confirmation orders made for Seven Clearance Areas with a total of 75 houses. Official representations were made respecting Seven Clearance Areas and reports were submitted to the Council regarding Twelve Individual Unfit houses, demolition orders were made regarding Eleven, and an undertaking to carry out extensive repairs at the other house was accepted.

During the year 4 houses, No. 4, Bank Top, and No. 1, Old Pit, Killingworth, and Nos. 3 and 4, Telford's Cottages, Dudley, were closed as a result of informal action by this department.

The re-housing of tenants from the Benton Square, Wapping Square and Waggonman's Row, Clearance Areas have been carried out, the furniture and effects being fumigated by the Hydrogen Cyanide process under contract.

Further progress has been made with the proposed Privy Conversion Scheme, and it is anticipated that the work of converting the existing privies will commence early in 1936.

SHOPS' ACT.—Many visits were made under the Shops' Act, but owing to pressure of other work it was not found possible to make a comprehensive survey of the shops in the area. It is anticipated a complete Register will be made in 1936.

TRAVELLING FACILITIES.—After the forming of the new District, the Council provided a motor car for the use of the Department, and I am glad to say the increased travelling facilities have been of great value to efficient inspection of the district.

ADDITIONAL SANITARY INSPECTOR.—Towards the end of the year the Council considered a report upon the working of the department, and decided to engage an additional Sanitary Inspector.

OVERCROWDING SURVEY.—Preparations for the carrying out of the survey of the houses of the working classes were made with the intention of commencing on the 1st week of January.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER SUPPLY.—The whole of the area is supplied by the Newcastle and Gateshead Water Co. In the part of the area which was originally Longbenton and the villages of North Gosforth and Hazelrigg the Water Co. distribute through their own mains, but in Annitsford, Dudley, Seaton Burn and Wideopen the Council are the Water Authority, obtaining bulk supply from the afore-mentioned Company.

SEWERAGE.—No alteration of any importance was made in the Sewerage system of the area during the year. A sewer, which also drains part of the Castle Ward Rural District Council's area, was found to be overloaded, and on that Authority being given notice to this effect, they are making provision to sewer the part of the area concerned.

All the Sewerage in the area gravitates to the Sea via :—

- 1.—The Seaton Burn Valley Joint Sewerage Board Sewer.
- 2.—The Seaton Valley Urban District Council Sewer.
- 3.—The Tidal Waters of the River Tyne, (a) part into the Ouseburn Sewer of the Newcastle Corporation, and (b) part into Wallsend Borough Sewers.

With regard to 3 (a) there is a separate system of drainage, and all surface water is delivered into water courses.

Part of the district, Hazelrigg and North Gosforth, drains into a small Sewerage Disposal Plant which has been repaired during the year under the supervision of the Surveyor's Department.

SCAVENGING.—The refuse collection and disposal is carried out by direct labour under the supervision of the Surveyor's Department.

Owing to the preponderance of ash-pits in the area, it has not been thought advisable to change over to mechanical means of transport. The refuse is disposed of by tipping and as horse transport is used, tips have to be found which will give short leads and save expense in travel, but requiring the use of nine or ten tips.

It is anticipated after the proposed Privy Conversion Scheme is carried out, it may be possible to have mechanical transport, and use a fewer number of tips.

SANITARY CONVENIENCES.—There are still in the area approximately 1,600 dry closets, but it is anticipated this number will be reduced to about 400 after all the houses with an estimated sanitary life of more than 10 years have been converted to the water-carriage system.

RIVERS AND STREAMS.—Continual observations are kept on the streams in the area, and during the year a Conference of Owners of Land adjoining one stream was held to get all the Owners to work in conjunction in clearing the same of silt. It was suggested at one of these meetings that the source of the silt was from water pumped from a pit, and delivered into the stream. Samples of water were obtained from the bottom of the pit, and submitted together with samples of the silt from the watercourse to the Public Analyst, who certified that they were not similar in composition. Samples of soil from land on the higher reaches were found to be of similar content to that of the silt.

TABLE I.

	Number of Inspections during year.	Number of Defects or Contraventions of Bye-laws.	Number from previous year.	Total.	Number remedied after letter or interview.	Number of INFORMAL Notices served.	Defects remedied thereafter.	Number of STATUTORY Notices served.	Defects remedied thereafter.	In progress or being dealt with.	Legal proceedings.
	1	2	3	4	5	6	7	8	9	10	11
HOUSING—											
Structural Defects (Summary of Table II)											
Defective Food-Store ...	1071	823	358	1181	448	107	173	72	207	353	...
Dampness ...		21	4	25	8	1	4	1	1	12	...
Overcrowding ...		20	3	23	8	4	2	1	2	11	...
Nuisances ...	258	2	2	4	2	1	1	...	1	...	...
WATER SUPPLY—	51	28	...	28	23	3	2	...	...	3	...
Insufficient...		...	3	3	3	...	...	...	...	...	...
Unsatisfactory ...	25	15	...	15	4	1	10	...	...	1	...
DRAINAGE—											
Insufficient ...		30	...	30	27	...	...	...	...	3	...
Defective ...	75	55	10	65	32	27	23	2	2	8	...
SANITARY CONVENIENCES—											
Insufficient...		14	2	16	13	2	1	1	...	2	...
Defective ...	182	157	39	196	46	34	42	25	18	90	...
Shops, Food-stores, etc. ...	354	40	...	40	32	8	...	3	4	4	...
Dairies, Cowsheds and Milkshops ...	140	82	10	92	85	1	...	1	1	6	...
Slaughter Houses ...	668	3	...	3	3	...	...	...	...	...	...
Tents, Vans, etc. ...	7	2	1	3	2	...	...	...	1	...	...
Offensive Trades ...	6	...	...	...	...	...	...	...	...	...	...
Workshops and Workplaces ...	13	2	...	2	1	...	...	...	...	1	...
Keeping of Animals ...	13	8	...	8	5	...	...	...	...	3	...
Insanitary Ashpits and Receptacles ...	36	34	16	50	33	10	12	...	...	5	...
Ashpits improperly used ...	...	...	...	...	...	...	...	...	...	...	...
Offensive accumulations ...	14	5	...	5	5	...	...	...	...	...	...
Smoke Nuisances ...	2	2	...	2	2	...	...	...	...	...	...
Petrol Stores ...	17	...	...	...	...	...	...	...	...	...	...
TOTAL ...	2932	1343	448	1791	782	199	270	106	237	502	...

TABLE II.
HOUSING (CONSOLIDATED) REGULATIONS, 1925.
Tabular Statement as required by Article 31, for Year 1935.
HOUSES ERECTED DURING THE YEAR:—

		With State Assistance.	Unaided.	Total.
(a)	By Local Authority ...	70	46	116
(b)	By other Bodies or Persons ...	—	158	158
		70	204	274

1.—INSPECTION OF DWELLING HOUSES DURING THE YEAR.

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)...	422
	(b)	Number of inspections made for the purpose	1071
(2)	(a)	Number of dwelling houses (included under sub-head (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	59
	(b)	Number of inspections made for the purpose	95
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	46
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation...	245

2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES :—

	Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or its officers ...	116
--	---	-----

3.—ACTION UNDER STATUTORY POWERS :—

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

(1)	Number of dwelling houses in respect of which " notices " were served requiring repairs ...	15
(2)	Number of dwelling houses which were rendered fit after service of formal notices :—	
	(a) By owners...	8
	(b) By Local Authority in default of owners ...	—

(B)—PROCEEDINGS UNDER PUBLIC HEALTH ACTS :—

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied ...	31
-----	--	----

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners... ..	19
(b) By Local Authority in default of owners	—
(C)—PROCEEDINGS UNDER SECTIONS 19 AND 21 OF HOUSING ACT, 1930 :—	
(1) Number of dwelling houses in respect of which Demolition Orders were made ...	11
(2) Number of dwelling houses demolished in pursuance of Demolition Orders... ..	—
(D)—PROCEEDINGS UNDER SECTION 20 OF THE HOUSING ACT, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made... ..	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—
4.—NUMBER OF HOUSES PERMANENTLY DISCONTINUED AS DWELLINGS AND NOT INCLUDED ABOVE... ..	4

TABLE III.
SUMMARY OF WORK EFFECTED.

	After Letter or Interview.	After Informal Notice.	After Statutory Notice.	TOTAL.
SANITARY CONVENIENCES—				
Privies abolished... ..	4	...	...	4
Privies repaired	15	27	18	60
Privy ashpits abolished ...	1	...	...	1
Privy ashpits roofed or repaired	5	8	...	13
Pail-closets abolished ...	...	...	...	...
Water-closets provided ...	10	...	1	11
Water-closets repaired ...	13	5	...	18
Sanitary bins provided ...	8	...	...	8
Sanitary bins renewed ...	6	1	...	7
New drains constructed...	...	...	...	...
Drains repaired or reconstructed	29	4	...	33
Additional gullies provided	23	...	...	23
Old gullies replaced ...	9	...	...	9
Scullery sinks provided ...	11	...	...	11
Scullery waste-pipes repaired	3	3	...	6
Scullery waste-pipes trapped	...	...	...	...
Yards repaired or reconstructed	27	8	...	35

MEAT.

1.—MEAT INSPECTION.—The following summary shows the work done under the Public Health (Meat) Regulations, 1924, during the year 1935.

Number of Visits Paid :—

(a)	Slaughterhouses	...	...	...	...	...	668
(b)	Butchers' Shops, etc.	...	...	...	...	...	317
							985
							Number of Bovine Carcases examined
							...
							...
							...
							685
							Number of Sheep Carcases examined
							...
							...
							...
							1794
							Number of Pig Carcases examined
							...
							...
							...
							722
							3201

As a result of these inspections and examinations, 203 separate diseased and unsound conditions were discovered, and the carcases or organs dealt with. Details of the conditions are given below :—

BOVINE CARCASES.—					Weight in lbs.	
56	separate	seizures	affected	with	Tuberculosis	2502
20	"	"	"	"	Cirrhosis	186
12	"	"	"	"	Liver Fluke	74
25	"	"	"	"	Abscesses	333
2	"	"	"	"	Bruising	28
1	"	"	"	"	Johnes Disease...	24
						3147

SHEEP CARCASES.—						
11	separate	seizures	affected	with	Strongylus Rufescens	34
PIG CARCASES.—						
61	separate	seizures	affected	with	Tuberculosis	770
8	"	"	"	"	Cirrhosis	28
5	"	"	"	"	Parasites	13
1	"	"	"	"	Bruising	16
						827

Total Weight of Meat dealt with in lbs.	4008
---	-----	-----	-----	------

The Butchers in the area are to be commended on the good quality of animals slaughtered, as can be seen from the small amount of meat condemned. Proceedings were instigated at the end of the year against one butcher for failing to notify slaughter. The Council obtained a conviction.

SLAUGHTERHOUSES.—There are nine Slaughterhouses in the area, and all are in good structural condition, eight have been in regular use during the year.

SLAUGHTER OF ANIMALS ACT.—After the forming of the new district the Council passed a resolution to adopt the Section of the above Act which requires the stunning of Sheep. No difficulty has been found in the operation of the Section.

IMPORTED MEAT.—The only imported meat condemned during the year was a leg and a loin of imported pork, which was very discoloured and was found to be caused by a fracture of the bone.

TABLE IV.
FOOD INSPECTION.

Unsound Food.				Sur-rendered.	Seized.	Legal Proceed-ings.
Beef (Home-killed) ...	...	Stones		217½	...	...
„ (Imported) ...	...	„		...	...	...
Mutton (Home-killed) ...	...	„		2½	...	...
„ (Imported) ...	...	„		...	...	...
Pork ...	...	„		59	...	...
Game...	...	Lbs.		...	...	...
Poultry ...	...	„		...	...	...
Fish ...	...	„		...	...	...
Fruit ...	...	Lbs. or Tins		...	...	...
Canned Goods ...	...	Cases		...	...	...
Bacon ...	...	Lbs.		...	...	...
Cheese ...	...	„		...	...	...
Butter ...	...	„		...	...	...
Lard ...	...	„		...	...	...

MILK SUPPLY.

1.—MILK AND DAIRIES ORDER 1926.—The following is a summary of the particulars in the Milk and Dairies Register at 31st December, 1935.

Number of persons registered as Cowkeepers	...	20
Number of premises registered as Cowsheds	...	28
Number of Cows kept on Registered Premises, approx.	422	
Number of Cowkeepers retailing Milk...	...	18
Number of persons registered as Dairymen in the area	22	
Number of Dairymen outside the area retailing in the area	...	25
Number of premises registered as Dairies	...	22
Number of persons registered as Retail Purveyors	...	54

2.—MILK SPECIAL DESIGNATION ORDER 1923.—The following are particulars of licences granted under the above order :

Premises Licensed for storage and sale of Certified Milk	1
Premises Licensed for storage and sale of Grade A.T.T.	1
Premises Licensed for storage and sale of Pasteurised	5
Supplementary Licences to Retail Grade A.T.T. Milk	2
Supplementary Licences to retail Pasteurised Milk...	1

The Cowsheds in the area can be considered to be in a good structural condition. As a result of representation from this department many alterations have been carried out during the year. Five Cowsheds have been completely re-constructed, and three new Dairies provided.

BACTERIOLOGICAL EXAMINATION OF MILK.—Samples of Milk from each supply were submitted to the County Laboratory for Bacteriological Examination and Biological tests. Check samples were obtained where necessary.

	PRODUCED.		Total.
	In the Area.	Outside the Area.	
Number of samples collected ...	28	18	46
Number examined for Total Bacterial Count ...	27	18	45
Number examined for Bacillus Coli ...	27	18	45
Number examined for Tubercle Bacilli ...	26	12	38

The Standard adopted is that for Grade A Milk, *viz.*, Total Bacterial Count not more than 200,000 per c.c. and Bacillus Coli not present in more than one of three tubes of 0.01 c.c.

Of the 27 samples produced in the Longbenton Area and examined for Total Bacterial Count and B. Coli, 19 or 70.3% were satisfactory in all respects. Only one had a Bacterial Count of 200,000, thus giving a Percentage of 96.3 satisfactory as regards Total Bacterial Count. Of the eight unsatisfactory samples, 7 were not up to the standard as regards B. Coli, giving 25.9% unsatisfactory because of high content of B. Coli.

Of the Eighteen produced outside the Longbenton Area, five or 27.7% were satisfactory in all respects ; four had a total Bacterial Count of more than 200,000, giving 77% satisfactory as regards Total Count. Of the 13 samples not up to the Standard, 12 or 66.6% were unsatisfactory because of the presence of B. Coli.

To summarize the 45 samples examined, 24 or 53·3% were satisfactory in all respects, 5 only having a Total Bacterial Count of more than 200,000, giving a percentage of 88·8% satisfactory as regards Total Bacterial Count. The 19 unsatisfactory samples not up to the standard had high B. Coli content, giving 42·2% unsatisfactory because of presence of B. Coli.

TUBERCLE BACILLI.

SAMPLES TAKEN.

Produced in Longbenton Area.				Produced outside Longbenton Area.				Total.	
Negative.	Positive.	Total.	Positive %	Negative.	Positive.	Total.	Positive %	Total.	Positive %
24	2	26	7·69	10	2	12	16·6	38	10·5

SHOPS ACT, 1912—1934.—Informal notices were served and complied with regarding the following contraventions of the 1934 Shops Act :—

Insufficient Sanitary Accommodation...	...	2
Reasonable Temperature not maintained	...	3
		—
		5

It was necessary, however, to serve Statutory Notices regarding the following :—

Insufficient Sanitary Accommodation	...	3
Insufficient Washing Facilities...	...	2
Reasonable Temperature not maintained	...	1
Insufficient Lighting	... ..	1
		—
		7

FACTORIES AND WORKSHOPS.—The following is a list of the Factories in the Area :—

Mineral Water	...	...	...	...	3
Garages	...	...	...	...	5
Joiners	...	...	...	...	6
Engineers...	...	...	...	...	4
Boot Repairers	...	...	...	...	2
					—
					20

The following is a list of the Workshops in the Area :—

Boot Repairers ...	...	...	...	...	4
Joiners and Builders ...	...	...	...	...	13
Blacksmiths ...	...	...	...	...	8
Plumbers ...	...	...	...	...	7
Garages ...	...	...	...	...	11
Bakehouses ...	...	...	...	...	5
Dressmakers ...	...	...	...	...	5
					—
					53
					—

Two Factory Laundries which were previously in the area are now within the boundaries of the City of Newcastle-on-Tyne.

FOOD AND DRUGS.—Particulars of samples of Food and Drugs taken for analysis in the Longbenton Urban District during the year 1935 and provided by Mr. Strugnell, County Inspector.

No. of Samples Taken.	Description of Article	RESULT OF ANALYSIS.		Vendor Prosecuted.
		Genuine.	Not Genuine.	
1	Kidney Soup	Genuine	...	No proceedings taken.
2	Sugar	"	...	
2	Currants	"	...	
2	Raisins	"	...	
1	Sultanas	"	...	
2	Tea	"	...	
3	Rice	"	...	
1	Butter Beans	"	...	
1	Tapioca	"	...	
1	Barley	"	...	
1	Lentils	"	...	
1	Salt	"	...	
1	Cornflour	"	...	
1	Cocoanut	"	...	
2	Chocolate	"	...	
19	Milk	18	1	
41		40	1	

Yours faithfully,

W. N. LOCKEY,

Sanitary Inspector.



Longbenton Urban District Council.

Annual Report

OF THE

HEALTH VISITOR,

L. HENDERSON.

FOR THE YEAR ENDING DECEMBER 31ST, 1935.

TO THE CHAIRMAN AND MEMBERS OF THE LONGBENTON
URBAN DISTRICT COUNCIL.

LADY AND GENTLEMEN,

I beg to submit my Annual Report for the year ending December 31st, 1935.

The live births notified during the year were 195 in number—95 males and 100 females—and were notified by

Doctors and Parents	...	...	...	68
District Nurses	...	...	...	127

195 Births.

The still births notified were 5 in number and were notified by

Doctors	...	...	...	...	1
Nurses	...	...	...	...	4

5 Still births.

TWINS.—2 sets of twins were born during the year. 3 babies are living and doing well; the other only lived a few hours.

Births visited (first visits)...	...	...	...	194
Re-visits to babies under 1 year	...	...	...	2315
Children visited (between 1 and 5 years of age)	...	...	...	1581
Visits to expectant mothers	...	...	...	167

Information was received of births occurring in Maternity Hospitals and Nursing Homes, the mothers being resident in this district.

Total number of notifications received :—39 live births and 1 still birth—40.

CHICKENPOX.—Visits during year, 12.

MEASLES.—48. All children under 5 years of age.

WHOOPIING COUGH.—Visits during year, 26.

CHILD WELFARE CENTRES.—Burradon and West Allotment Centres have been open once in three weeks on Wednesday afternoons. Forest Hall Centre was open once in three weeks until June 18th. Since that date the Centre has been open fortnightly on Tuesday afternoons.

The average attendance at Forest Hall Centre for 23 sessions was 45 per session. The number on the register at the end of the year was 182 ; 101 being babies under 1 year of age, and 81 between the ages of 1 and 5 years.

Burradon Centre was open 18 times. The average attendance was 19·6 per session. The number on the register was 51. 30 were babies under 1 year of age and 21 between the ages of 1 and 5 years. At West Allotment Centre for 17 sessions the average attendance was 21·4. The number on the register was 56, 36 being babies under 1 year of age and 20 between 1 and 5 years.

The total number of attendances at all Centres during the year was 1753. The total number of names on the registers at the end of the year was 289.

THE ANTE-NATAL CLINIC was held on the second Thursday in each month at the Council Chambers, Forest Hall. The Medical Officer and 5 other local Doctors attended in turn, also the Burradon and Forest Hall District Nurses. 16 expectant mothers attended and for the 12 sessions the total attendances were 41.

FRESH MILK is supplied free of cost to expectant and nursing mothers on recommendation of the Medical Officer in cases where the income is below the scale fixed by the Council.

DRIED MILK AND VIROL.—3414 cartons of dried milk and 290 tins of virol were sold at cost price during the year, and 2196 cartons of milk and 215 tins of virol were supplied free of cost to nursing mothers and bottle fed babies, and children under 3 years of age where the income was below the scale fixed by the Council.

● CHILDREN ACT, 1908 (PART I).—There is only one child who comes under this Act. The home conditions and health of the boy are good. He is also getting on well at school.

Table of Birth Notifications received during 1935 :—

Benton	...	...	...	...	24
Camperdown	...	...	...	...	52
Forest Hall	...	...	...	...	92
Holystone	...	...	...	...	27
					<hr/> 195 Births. <hr/>

Still Births :—

Forest Hall	...	...	...	...	4
Holystone	...	...	...	...	1
					<hr/> 5 Still births. <hr/>

I am,

Yours faithfully,

L. HENDERSON,

Health Visitor.

May 11th, 1936.





