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Borough of Newcastle-under-Lyme



Annual Report

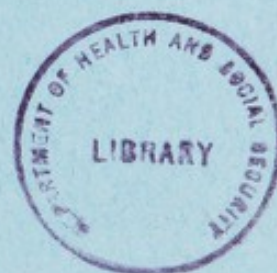
on the

Health and

School Health Services


for the Year

1971



J. A. Scully, M.A., M.B., B.Ch., B.A.O., D.P.H., M.F.C.M., F.R.S.H.
Medical Officer of Health
Borough School Medical Officer
Borough Welfare Officer

F. J. ROGERS, M.A.P.H.I., M.R.S.H.,
Chief Public Health Inspector
and Improvements Officer



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Borough of Newcastle-under-Lyme

HEALTH COMMITTEE

(as on 31st. December, 1971.)

His Worship the Mayor (ex-officio)

Alderman G. A. Poole (ex-officio)

Councillor R. G. Lane (ex-officio)

Councillor W. E. Welsby (Chairman)

Councillor W. T. Lovatt (Vice-Chairman)

Alderman R. Brownsword

Alderman T. Griffiths

Alderman F. N. Salmon, O.B.E., C.A.

Alderman Miss. E. Shaw

Alderman J. T. Wantling

Councillor Mrs. C. Beet

Councillor Mrs. M. Blakemore

Councillor J. E. G. Cotton

Councillor G. H. Green

Councillor A. C. Ogden

Councillor G. K. Sherratt

Councillor R. C. Smart

Councillor H. Talbot

Councillor Mrs. M. B. Twemlow

HEALTH DEPARTMENT STAFF

MEDICAL OFFICERS

John A. Scully, M.A., M.B., B.Ch., B.A.O., D.P.H., M.F.C.M., F.R.S.H. F.R.I.P.H.H
(from 1.10.71 - previously Deputy Medical Officer of Health).

John Warrack, M.B., Ch.B., D.P.H. (Retired 30.9.71)

DEPARTMENTAL MEDICAL OFFICERS

Henrietta Procter, M.B., B.S., M.D.

Mary Isobel Cooper, M.B. B.S.

Marion L. Kendall, M.B., Ch.B. (Part-time)

MATERNAL AND CHILD HEALTH SERVICE (Part-time Staff)

F. B. Anderson, M.B., Ch.B.

R. H. Canter, M.B., Ch.B.

A. J. Childs, M.B., Ch.B., D.P.H., D.I.H.

D. G. Garvie, M.B., Ch.B.

C. B. Franklin, M.R.C.S., L.R.C.P., D.C.H.

DENTAL STAFF

Area Dental Officer:

R. B. Geldeard, L.D.S.

Dental Officers:

Leslie J. Myatt, B.D.S., L.D.S.R.C.S. (Eng.) (Part-time)

Mrs. Anne Geldeard, B.D.S. (Appointed 5.5.71)

Mr. L. Gillibrand, B.D.S. (Appointed 31.3.71)

Mrs. D. J. Gillibrand, B.D.S. (Appointed 3.5.71)

DENTAL SURGERY ASSISTANT

Mrs. F. Sykes

Mrs. L. Heath (Appointed 19.7.71)

HEALTH VISITORS

Mrs. F. Baker (Appointed 25.9.71)

Mrs. A. J. Bateman

Mrs. M. Bettany

Miss D. Colton

Mrs. M. Fogg

Miss J. M. Forrester

Mrs. D. G. Glanfield (Appointed 8.11.71)

Mrs. H. B. Hadgett

Mrs. R. Hegarty (Appointed 1.3.71)

Mrs. E. Hollinshead

Mrs. C. A. Hough

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Deputy Chief Public Health Inspector
E. Warrilow, M.A.P.H.I. A.R.S.H., Cert Meat Insp.
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SENIOR DISTRICT PUBLIC HEALTH INSPECTOR

D. B. Morris, M.A.P.H.I., A.R.S.H., Cert. Meat Insp.
(Tel. Extension 259)

DISTRICT PUBLIC HEALTH INSPECTORS

W. R. Baylis, P.H. Diploma, Testamur of Institute of Public Cleansing,
Smoke Inspectors Diploma of R.S.H. (Resigned 31.7.71)
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(Appointed 2.8.71) (Tel. Extension 278)
B. J. Simcock, M.A.P.H.I., Dip. for Meat and Other Foods
(Tel. Extension 278)
P. B. Taylor, P.H.I.'s Diploma (Appointed 30.8.71)
C. C. Wood, M.A.P.H.I., A.R.S.H., Dip. for Meat and Other Foods
(Tel. Extension 278)

PUBLIC HEALTH ASSISTANTS

Mr. A. Billington (Tel. Ext. 278)
Mr. K. Middling (Tel. Ext. 278) (Appointed 7.9.71)

ADMINISTRATIVE AND CLERICAL STAFF

Chief Clerk - Telephone Extension No. 265:

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Deputy Chief Clerk and Secretary to Medical Officer of Health

Telephone Extension No. 265:

Mr. K. Earls

Enquiries Section - Telephone Extension No. 260 or 270:

Clerks: Mrs. Z. Marsh
Miss Y. Barber

School Health Section - Telephone Extension 266 or 268:

Section Clerk: Mrs. J. Leverett
Clerk/Shorthand Typists Miss L. Leese (Resigned 19.2.71)
Miss E. Howe

Finance Section - Telephone Extension No. 273:

Section Clerk: Miss N. Bentley

Public Health Inspectors Section - Telephone Extension No. 259:

Section Clerk: Mrs. E. Plant
Clerk/Shorthand Typists: Miss M. A. Maddocks
Mrs. M. Fallows

Maternity and Child Welfare Section - Telephone Extension No. 268:

Section Clerk: Mrs. J. Garner
Clerk/Shorthand Typists Miss J. Mountford (Trainee)
Mrs. J. Gethin
Clerk/Typist: Miss J. Hughes
Infectious Disease Control Mrs. J. Ikins

Child Health Centre Staff - Clerk Attendants

Miss M. Ward	(Full-time)
Mrs. N. Baillie	(Appointed 15.9.71)
Mrs. A. Bates	(Part-time)
Mrs. I. Berks	(Retired 1.1.71)
Mrs. B. Duffell	(Appointed 1.1.71)
	(Resigned 24.8.71)
Mrs. E. P. G. Hilditch	(Part-time)
Mrs. F. M. Jones	(Part-time)
Mrs. G. E. Lockett, M.B.E.	(Part-time)
Mrs. S. Marsland	(Part-time)
Mrs. V. Vyse	(Part-time)

Health Department,
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Telephone:
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November, 1972

To His Worship the Mayor, Aldermen and Councillors
of the Borough of Newcastle-under-Lyme

Ladies and Gentlemen,

I have pleasure in submitting my report on the services provided by the Health Department during 1971. It has been an unusual sensation to take over after almost exactly three quarters of the year for which I am to report has passed, but before I go any further I must thank my predecessor, Dr. John Warrack, for handing over such a highly tuned Health Department. I must also acknowledge a very great debt to Dr. Warrack for approximately 4½ years of patience, guidance and initiation into the practical mysteries of Health administration.

During the course of 1971 the Health Department lost its welfare responsibilities with effect from 30th September, with the revocation of the Scheme of Delegation and consequent handover to the County Social Services Department. Included in this loss were the following services:

Inspection, supervision and registration of child minders and day nurseries.

Follow-up of patients and home visiting of patients for social work.

Provision of home aids for elderly persons, including adaptations of steps, stairs, provision of handrails, alteration of doors to allow the passage of wheelchairs and the provision of ramps for persons with wheelchairs or using crutches and such like.

Provision of convalescence for people who had been suffering from illness and were likely to return to active household life.

Administration of meals on wheels service, the home help service and the mental welfare service. The registration of handicapped persons, together with the services delegated to the Borough in respect of the blind, the partially sighted, the deaf and hard of hearing and physically handicapped and, of course, the issuing of car badges for severely disabled drivers.

Prevention of Illness, Care and After Care, under Section 28 of the National Health Service Act - the Health Department continues to supply medical and surgical comforts to people recovering from acute illnesses whether ex-hospital or not. As will be seen during the body of the report, these are provided from a small stock of equipment held in this Department and also from stock held for issue on loan by the British Red Cross Society and the Order of St. John Ambulance Brigade, and I must here record my grateful thanks to both these two organisations for their help in providing for the needs of citizens of this Borough.

I think I should emphasize that although this Department lost its Delegated Welfare function, it also lost all the staff responsible for carrying out these welfare duties who were, of course, transferred to the Area Social Services office in Croft Street. Furthermore, as a result of this loss of function there were no surplus staff left in the Department. Nevertheless, those welfare functions which have been retained, as outlined in the preceding paragraph, formerly done by the welfare staff have now to be done by the remaining staff.

Early in October, Dr. M.I. Cooper, one of the Departmental Medical Officers started attending the Diploma in Public Health course at the University of Bristol. This therefore resulted in a shortage of one Departmental Medical Officer who could not be replaced because Dr. Cooper was still on the strength. The medical staff position was further complicated by the lack of a Deputy Medical Officer of Health. Two advertisings of the post failed to produce any suitable candidate. As can be imagined, the absence of two Medical Officers caused difficulty both clinically and administratively. Arrears in administration were however prevented by a considerable amount of overtime being worked by the Chief Clerk, Deputy Chief Clerk, certain other members of the clerical staff and myself. I must acknowledge my indebtedness to my staff for the splendid way in which they set to.

Towards the end of 1971 the gathering clouds of the proposed re-organisation of the National Health Service came closer; the lack of information from Central Government at this stage began to introduce a feeling of insecurity and strenuous efforts were necessary to maintain morale at a high level.

So much for 1971.

The Health of the Borough

I am pleased to draw your attention to the fact that the infant mortality rate for the Borough is only 16.0 per thousand live births as compared with a rate for England and Wales of 18.0 per thousand. The infant mortality rate is an extremely sensitive indicator of changes in living conditions and it is generally considered that the infant mortality rate can be used to compare the living conditions of large Urban areas.

The neo natal mortality rate for the Borough was 12.0 per thousand live births which is the same as that for England and Wales as a whole. Table 5b shows that while it has increased very slightly as compared with last year (11.0) it may still be considered to be reasonable.

Turning now to the far end of human affairs, whilst the Crude Death Rate of 10.3 per thousand estimated population at the middle of the year compares with 11.6 for England and Wales, the 10.3 for this Borough for 1971 must be multiplied by the Area Comparability Factor of 1.24 to give a locally adjusted rate of 12.8. On the other hand the national rate is 11.6 deaths per thousand population. This enables the death rate in the Borough to be compared with the Death Rate of other large Urban areas. In Table 2 it is interesting to notice the large number of deaths in men due to malignant neoplasm of the lung and bronchus, and the smaller number of deaths of the same cause in women. Similarly for ischaemic heart disease. The epidemiology of carcinoma of the bronchus and its association with smoking cigarettes has been demonstrated and is now sufficiently well understood and publicised for everyone to understand that smoking and inhaling more than 15 cigarettes a day one can expect to lose about $5\frac{1}{2}$ years of life. It is also known that the heavy cigarette smoker aged 35 has a 2 in 5 chance of dying before the age of 65, while for the non-smoker of the same age, the risk is only 1 in 5. It has also been shown that the only certain protection from smoking induced diseases is not to smoke at all, and for those who cannot completely give up the habit they would be well advised to transfer from cigarettes to pipe or cigars. The statistics which I have just quoted are extracted from a report published in January 1971 by the Royal College of Physicians "Smoking and Health now".

The problem with smoking is that it does not merely cause cancer of the bronchus alone. There is evidence that babies of mothers who smoke during pregnancy are twice as likely to be stillborn or to die soon after birth as compared with the babies of non-smoking mothers, and furthermore with babies of smokers they are 2 or 3 times as likely to be born prematurely and, on the average, have significantly lower birth weights.

So this report "Smoking and Health now" brings together and assesses the most recent evidence linking cigarette smoking with lung cancer, heart disease and bronchitis, as well as the consequences of smoking in pregnancy.

Consideration of Table 4 - Causes of Death in the Different Age Groups - shows that the principal incidence of carcinoma of the lung in the Borough was in the 65/74 years age group among men. If all those persons who smoke and inhale cigarettes, more than 15 per day, would face facts and realise that they are shortening their lives and also making themselves liable to a disease which kills, which is avoidable, and which also costs the National Health Service an enormous amount of money, which has a connection with coronary artery disease and with chronic bronchitis, and that they are virtually signing their own death

certificates, if all those persons would realise these facts and stop smoking and stop setting a bad example to their children, their expectation of life could be increased, their health would be better, and of some importance to some of them, they would be able to draw their pensions for considerably longer.

The other Great Killer at present is coronary artery disease which in Table 4, under the heading of 'Ischaemic heart disease', shows the greatest number of deaths between the age of 45/64. It is interesting to note that the number of deaths amongst females is considerably less and occurs later in life; the reason for this is reputedly due to a difference in hormones. According to Professor Yudkin and his co-workers, coronary heart disease and ischaemic heart disease are associated closely with the increase in sugar consumption, together with the decrease in other carbohydrate consumption. Professor Yudkin has also shown that there was a clear relationship between the mortality due to diabetes mellitus and the sugar intake twenty years before, but that it had no significant relationship to fat intake. In South Africa there is a low incidence of ischaemic heart disease in the Bantu, and in marked contrast to the occurrence of ischaemic heart disease in the white community. During the Korean War it was found that Korean soldiers who had a barely adequate diet had a low level of plasma cholesterol and a low intake of dietary fat in comparison with American soldiers who, on the other hand, showed a much higher incidence of atherosclerosis.

To sum up, cancer of the bronchus is very closely associated with smoking and inhaling cigarettes more than 15 a day, this can be reduced very considerably by simply cutting out cigarette smoking. Ischaemic heart disease also is closely associated with excessive intake of refined carbohydrates, of fats containing highly saturated fatty acids i.e. butter, milk, eggs and animal fats, and lack of exercise. The prevention of this serious deterioration requires that the intake of refined carbohydrates should be either cut out or markedly reduced i.e. that the calorie intake should be drastically cut in cases where body weight is considerably in excess of the desirable weight, that the intake of fats should be limited to only those soft margarines i.e. margarines containing poly-unsaturated fatty acids, together with greater amounts of regular exercise involving the movement of the whole body, and furthermore, strict observance of the optimum weights laid down for various heights and builds. I have a set of these tables at my office, which are available to anyone for consultation. Observance of these principles by everyone in the Borough would play an immense part in improving their health and prolonging their life, it would also enable them to enjoy their pensions for a much longer period.

Under the heading of 'Infectious and Other Diseases' the most interesting feature is the quite marked reduction in the incidence of measles. This is almost undoubtedly due to the measles vaccination programme. I am also pleased to draw your attention to the occurrence of only one case of Sonne dysentery during the year, and to the reduction in the number of cases of food poisoning. Tuberculosis notifications totalled 18 during the

year, and 4 deaths were from respiratory tuberculosis. The 18 new cases comprised 14 respiratory consisting of 9 males and 5 females, and 4 non-respiratory 3 males and 1 female.

As will be seen from Table 8, tuberculosis is far from being eradicated and it is essential that no-one should be allowed to develop a feeling of complacency about tuberculosis of any type in spite of the very effective anti biotic agents available. It has the highest mortality rate of any infectious disease which is notifiable in this country.

One of the attractions about Infant Welfare Clinics is that mothers can not only call for a chat with other mothers but can discuss their baby and their problems with the Health Visitor and purchase welfare foods such as National Dried Milk and the other infant baby foods which are available at slightly reduced prices via the Department of Health and Social Security. There has been a falling off in the purchase of these welfare foods because many mothers have found cheaper sources of supply and this, therefore, may be another factor leading to the reduction of the acceptance of immunisation and vaccination for their children.

Developmental screening tests are carried out by the Health Visitors on infants and toddlers up to 5 years old. The idea is to discover any abnormality or defect to enable an early diagnosis to be made and treatment started to prevent the occurrence of handicap or to minimise the handicapping effect of any disability or defect on the child. Obviously, if one has early warning of a child's handicap one can not only make arrangements to help the child in the future, but also get the child and his or her parents organised to adopt a realistic and forward looking attitude so that the child is enabled to take his or her place in society with the minimum disability.

The Attachment Schemes whereby Health Visitors, District Nurses and Midwives are attached to general medical practices have been in operation since 1964 in the case of the Health Visitors, and since 1969 in the case of the District Nurses and 1966 in the case of Midwives. It is clear that this attachment scheme has been of very considerable benefit not only to the family doctors but also to the patients because of the consequent improvement in communications, and the early detection of problems, needs and earliest signs of ill health and hypothermia, especially in senior citizens. It is of interest to note that the adoption of the Attachment Scheme in this Borough was the first such scheme in the whole of Staffordshire.

Smallpox vaccination is no longer considered by the Department of Health and Social Security to be necessary for infants as a routine practice during the second year of life. If there should be any outbreak of smallpox then vaccination can be provided appropriately. This change of attitude towards smallpox vaccination is a result of two things, firstly deaths due to primary vaccination and re-vaccination in this country have been reported as exceeding those due to the deaths from smallpox in this country. Secondly it is also the result of the figures supplied to the World Health Organisation by the various

countries of the world regarding their reservoirs of smallpox. It is reported by the World Health Organisation that smallpox has been eradicated in many countries where it was formerly endemic and that mass vaccination programmes with a view to producing eradication in other countries are in progress. This of course, is pleasant news, so long as the World Health Organisation continues to be provided with accurate and reliable statistics from the nations of the world.

Air travel has brought almost every country in the world within reach of every other country in less than the incubation period for most of the exotic diseases so that one can eat food contaminated with typhoid bacteria (which has an incubation period of between 8/21 days) on one side of the world and be in England, back at the office, back at home, and away again before the illness has made its appearance. The other extreme is reached with cholera which has an incubation period of usually about 3 days but sometimes 24 hours or less, and for smallpox the incubation period is usually about 12 days but may vary from 8/15 days.

From this it can be realised how easy it is for the exotic infectious diseases to be spread. The only remedies are not only to exert continuous pressure on travellers to and from this country to have the appropriate vaccinations and immunisations carried out before they leave and before they return, but also to insist on strict screening procedures in all ports of entry and, of course, unceasing vigilance on the part of the Community Health staff of the Local Authority.

During the year under review the Chiropody Service consisted of one chiropodist working ten sessions per week, including an evening session on Mondays. The chiropodist managed to see every patient approximately once every 13 weeks, which is the best that can be done at present. It may be possible during 1972 to increase the establishment, and provision has been made for this in the estimates to include an Area Chiropodist so that

- 1) treatments to adults may be given more often.
- 2) so that expert treatment may be provided for schoolchildren.

The cytology clinic is held weekly, the waiting time before an appointment is given varied between 2/5 weeks. There is no doubt that by providing cervical cytology and breast examination not only are positive cases requiring referral to a Gynaecologist discovered but also a significant number of minor abnormalities both in the female reproductive tract and in the breast.

Poly Clinic

Ideally this service should be developed by the provision of a Poly clinic at which it would be possible to screen all adults for general health, heart abnormalities, blood pressure, kidney abnormality, dietary defects including obesity and, of course, E.C.G. test on the heart to show up any latent defect.

This will undoubtedly come in the future, but with an estimated life of this Health Department of $2\frac{1}{4}$ years from the 31st December, 1971 it would be futile to attempt to make such provision.

The services for the chronic sick continue to disturb me. So far as the Borough nursing staff are concerned, the Health Visitors and General Nurses provide a magnificent service in not only carrying out the treatments prescribed by the family physicians, but also in acting as eyes and ears for the family physicians. Admission to the geriatric hospital has become extremely difficult, particularly in the cases of admissions under Section 47 of the National Assistance Act 1948 i.e. the removal to suitable premises of persons in need of care and attention. The problem is that while the vegetative type of person suffering from lack of care and attention and suffering from a chronic or acute disease is a suitable patient for a geriatric hospital because they are unlikely to stray or wander, the patient who is suffering from senile dementia is excited and erratic and liable to stray and indulge in bizzare behaviour, cannot be accommodated in the ordinary geriatric hospital because they must either be kept in a locked ward, which is unthinkable and dangerous, or must have a personal nurse or attendant so that they will not stray and thus become a danger to themselves. Accommodation for the latter type of patient can only be provided in a psychiatric hospital where accommodation is, in any case, severely rationed.

I am very pleased to draw your attention to the great help which I have received from Dr. F. Rogers, and Dr. H. Campion, Consultant Geriatricians at Bucknall hospital.

In Section 4 of my report I have reported on matters which do not need any particular comment from me in this foreword.

From Section 5 onwards you will find a very interesting report, for which I am most grateful to Mr. F. Rogers, the Chief Public Health Inspector. I am pleased to draw your attention to the tremendous help and co-operation which I have received from Mr. Rogers and all the members of his team in the Public Health Inspectors Section of the Department. His report speaks for itself.

EPILOGUE

I have already paid tribute to my predecessor, Dr. John Warrack. I must also record my gratitude and thanks to all those members of the Council who have shown an interest in the work of this Department and who have been so helpful and encouraging.

The various voluntary organisations leave me, as usual, deeply in debt for their silent work. I must also thank all the family physicians in the Borough, and many outside who have patients within the Borough, and also those hospital consultants who have proved so tolerant and patient, as well as helpful.

I must record my deep indebtedness to my brother officers and their staff in the Borough Council and of course, in the County Council.

Last, but certainly not least, I am under a very great obligation to all the staff of the Health Department. It would be invidious to mention any names because that would comprise a list of over 90 people.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

JOHN SCULLY

Medical Officer of Health

SECTION 1.

SOCIAL CIRCUMSTANCES AND VITAL
STATISTICS OF THE AREA

Population

Rateable Value of the Borough

Vital Statistics

STATISTICS AND SOCIAL CONDITIONS

AREA

The area of the Borough is 8,861 acres

Population

1951 - 70,036 1961 - 76,433 1962 - 77,210 1963 - 76,910 1964 - 77,000
 1965 - 78,110 1966 - 78,200 1967 - 77,950 1968 - 76,750 1969 - 76,570
 1970 - 76,590 1971 - 77,320

Rateable Value, etc.

The rateable value of the Borough is £2,664,043 and a one new penny in the £ (General Rate) produces £26,115.

Vital Statistics

	Male		Female		Total	
	1971	1970	1971	1970	1971	1970
Live Births	579	643	548	559	1,127	1,202
Legitimate	548	608	503	522	1,051	1,130
Illegitimate	31	35	45	37	76	72
Stillbirths	9	9	8	12	17	21
Legitimate	8	7	7	9	15	16
Illegitimate	1	2	1	3	2	5
Infant Deaths	9	15	9	10	18	25
Legitimate	9	14	7	9	16	23
Illegitimate	-	1	2	1	2	2
Total Deaths	424	473	370	421	794	894

	Newcastle-under-Lyme		England and Wales	
	1971	1970	1971	1970
Live Birth Rate - per 1,000 estimated population	14.6	15.7	16.0	16.0
Stillbirth Rate - per 1,000 live and stillbirths	15.0	17.0	12.0	13.0
Infant Mortality Rate - per 1,000 total live births	16.0	21.0	18.0	18.0
Infant Mortality Rate - per 1,000 illegitimate live births	26.0	28.0	24.0	26.0
Infant Mortality Rate - per 1,000 legitimate live births	15.0	20.0	17.0	17.0
Neo-Natal Mortality Rate (first four weeks) - per 1,000 live births ..	12.0	11.0	12.0	12.0
Maternal Mortality Rate - per 1,000 live and stillbirths	-	-	-	-
Mortality Rate (Crude) - per 1,000 population	10.3	11.7	11.6	11.7
Early Neo-Natal Mortality Rate (under one week) - per 1,000 total live births				
Perinatal Mortality Rate - stillbirths plus deaths under one week - per 1,000 total live and stillbirths	11.0	11.0	10.0	11.0
	25.0	28.0	22.0	23.0

Total Live and Stillbirths 1,144
 Illegitimate Live Births (per cent of total live births) 6.7
 Maternal Deaths (including abortion) -

BIRTHS

Comparative statistics of births within the Borough for the years 1951 - 1971 are shown in Table 3 on page 24.

Live births registered during the year number 1,127 (579 males and 548 females). The Birth Rate for 1971 is 14.6 per thousand which is a decrease on the rate of 1970, which was 15.7. The Birth Rate for England and Wales for 1971 is 16.0.

Of the 1,127 live births registered, 76 or 6.7 per cent were illegitimate, an increase on the previous year's percentage which was 5.9%.

DEATHS

There were 794 deaths (424 male and 370 female) during the year, giving a Crude Death Rate of 10.3 per thousand population. The Crude Death Rate for England and Wales as a whole is 11.6.

The following table, Table 1, shows the Crude Death Rate in Newcastle-under-Lyme in the period 1967-1971 with the comparable figures for England and Wales.

(NOTE: The "Crude Death Rate" is the number of deaths registered during the year as belonging to an area after correction for transfers to the place of residence of the deceased per 1,000 estimated population at the middle of that year.)

Table 1

Crude Death Rate		
Year	Newcastle-under-Lyme	England and Wales
1967	10.6	11.2
1968	11.3	11.9
1969	11.6	11.9
1970	11.7	11.7
1971	10.3	11.6

Table 2 below shows the causes of deaths in the Borough during the year. The figures for males and females are separate and comparative figures are given for 1970.

Table 2 - Causes of Death

Causes of Death		Male		Female	
		1971	1970	1971	1970
<u>ALL CAUSES</u>	.. .. .	424	473	370	421
B 1 Cholera	.. .. .	-	-	-	-
B 2 Typhoid Fever	.. .. .	-	-	-	-
B 3 Bacillary Dysentery and Amoebiasis	.. .. .	-	-	-	-
B 4 Enteritis and Other Diarrhoeal Diseases	.. .. .	-	1	1	-
B 5 Tuberculosis of Respiratory System	.. .. .	2	4	1	1
B 6 Other Tuberculosis	.. .. .	-	-	-	-
B 6 (1) Late Effects of Respiratory T.B.	.. .. .	-	-	1	-
B 7 Plague	.. .. .	-	-	-	-
B 8 Diphtheria	.. .. .	-	-	-	-
B 9 Whooping Cough	.. .. .	-	-	-	1
B10 Streptococcal Sore Throat and Scarlet Fever	.. .. .	-	-	-	-
B11 Meningococcal Infection	.. .. .	-	-	-	-
B12 Acute Poliomyelitis	.. .. .	-	-	-	-
B13 Smallpox	.. .. .	-	-	-	-
B14 Measles	.. .. .	-	-	-	1
B15 Typhus and Other Rickettsioses	.. .. .	-	-	-	-
B16 Malaria	.. .. .	-	-	-	-
B17 Syphilis and its sequelae	.. .. .	-	-	-	-
B18 All other infective and Parasitic Diseases	.. .. .	-	-	1	-
B19 (1) Malignant Neoplasm - Buccal Cavity, etc...	.. .. .	-	1	1	4
B19 (2) Malignant Neoplasm - Oesophagus	.. .. .	2	1	3	1
B19 (3) Malignant Neoplasm - Stomach	.. .. .	17	22	8	13
B19 (4) Malignant Neoplasm - Intestine	.. .. .	11	14	16	6
B19 (5) Malignant Neoplasm - Larynx	.. .. .	1	1	-	-
B19 (6) Malignant Neoplasm - Lung Bronchus	.. .. .	32	39	7	9
B19 (7) Malignant Neoplasm - Breast	.. .. .	-	1	19	17
B19 (8) Malignant Neoplasm - Uterus	.. .. .	-	-	5	8
B19 (9) Malignant Neoplasm - Prostate	.. .. .	5	4	-	-
B19 (10) Leukaemia	.. .. .	5	1	4	4
B19 (11) Other Malignant Neoplasms	.. .. .	27	18	22	18
B20 Benign Neoplasms and Neoplasms of Unspecified Nature	.. .. .	1	3	-	1
B21 Diabetes Mellitus	.. .. .	2	-	1	2
B22 Avitaminoses and other nutritional deficiency	.. .. .	-	-	-	-
B23 Anaemias	.. .. .	-	1	3	4
B24 Meningitis	.. .. .	-	-	-	1
B25 Active Rheumatic Fever	.. .. .	-	-	-	1
B26 Chronic Rheumatic Heart Disease	.. .. .	3	2	9	9
B27 Hypertensive Disease	.. .. .	3	4	7	5
B28 Ischaemic Heart Disease	.. .. .	131	135	65	86
B29 Other forms of Heart Disease	.. .. .	12	17	15	20
B30 Cerebrovascular Disease	.. .. .	51	45	88	95
B31 Influenza	.. .. .	1	4	2	8
B32 Pneumonia	.. .. .	26	35	17	32
B33 (1) Bronchitis and Emphysema	.. .. .	36	45	10	9
B33 (2) Asthma	.. .. .	-	1	2	2
B34 Peptic Ulcer	.. .. .	3	1	-	1
B35 Appendicitis	.. .. .	-	-	-	-

Table 2 (continued) - Causes of Death

	Male		Female	
	1971	1970	1971	1970
B 36 Intestinal Obstruction and Hernia	1	-	1	2
B 37 Cirrhosis of Liver	1	-	3	1
B 38 Nephritis and Nephrosis	-	2	1	2
B 39 Hyperplasia of Prostate	2	3	-	-
B 40 Abortion	-	-	-	-
B 41 Other Complications of Pregnancy, Childbirth and Puerperium	-	-	-	-
B 42 Congenital Anomalies	9	8	6	4
B 43 Birth Injury, difficult labour etc.	1	2	-	1
B 44 Other Causes of Perinatal Mortality	3	3	2	2
B 45 Symptoms and Ill-Defined Conditions	-	1	2	3
B 46 (1) Other Endocrine, Nutritional and Metabolic Diseases	-	1	-	-
B 46 (2) Other Diseases of Blood and Blood-forming Organs	-	-	1	-
B 46 (3) Mental Disorders	1	1	-	2
B 46 (4) Multiple Sclerosis	-	1	-	-
B 46 (5) Other Diseases of the Nervous System	2	6	5	2
B 46 (6) Other Diseases of the Circulatory System	11	14	13	18
B 46 (7) Other Diseases of the Respiratory System	4	9	2	4
B 46 (8) Other Diseases of the Digestive System	1	2	5	5
B 46 (9) Other Diseases of the Genito-Urinary System	-	1	1	-
B 46 (11) Diseases of the Musculoskeletal System and Connective Tissues	-	2	4	4
BE47 Motor Vehicle Accidents	7	5	2	2
BE48 All other Accidents	4	9	11	8
BE49 Suicide and Self-Inflicted Injuries	4	3	3	-
BE50 All Other External Causes	2	-	-	2

STILLBIRTHS AND INFANT MORTALITY

There were 17 stillbirths - a rate of 15.0 per thousand live and stillbirths during the year. Comparative statistics appear in Table 3 on Stillbirth Rates.

INFANT MORTALITY

In Newcastle-under-Lyme during 1971, 18 children died under one year of age giving an infant mortality rate of 16.0 per thousand live births. The rate for England and Wales as a whole for 1971 is 18.0 per thousand. Comparative statistics for the last ten years are given in Table 5 (a) on page 28.

NEO-NATAL MORTALITY

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 12.0 per thousand live births. This compares with a figure of 12.0 per thousand for England and Wales as a whole. Table 5 (b) compares the neo-natal mortality rates for the Borough of Newcastle-under-Lyme with England and Wales in the period 1967-1971.

Table 3 - Comparative Statistics, Live and Stillbirths, 1951 - 1971

Year	Legitimate Live Births		Illegitimate Live Births		Stillbirths		Total Live Births	Total Live and Stillbirths	Live Birth Rate per 1000 estimated population		Illegitimate Live Births per cent of Total Live Births	Stillbirth Rate per 1000 Live and Stillbirths	
	Male	Female	Male	Female	Male	Female			Newcastle	Eng. and Wales		Newcastle	Eng. and Wales
1951	530	508	24	14	16	14	1076	1106	15.41	15.5	3.53	27.03	23.0
1952	559	491	24	20	13	11	1094	1118	15.67	15.3	4.02	21.46	22.7
1953	544	528	15	18	10	18	1105	1133	15.70	15.5	2.90	24.71	22.5
1954	582	516	20	22	17	9	1140	1166	16.06	15.2	3.68	22.29	23.5
1955	598	563	7	19	23	17	1187	1227	16.43	15.0	2.2	32.59	23.2
1956	585	589	21	22	15	21	1217	1253	16.63	15.6	3.54	28.73	22.9
1957	640	633	25	15	15	23	1313	1351	17.81	16.1	3.04	28.12	22.5
1958	642	629	26	17	21	20	1314	1355	17.7	16.4	3.3	30.3	21.6
1959	630	617	22	18	14	15	1287	1316	17.2	16.5	3.1	22.0	21.0
1960	644	582	28	17	12	20	1271	1304	16.8	17.1	3.5	25.3	19.8
1961	673	629	24	23	17	21	1349	1387	17.6	17.4	3.5	27.4	19.1
1962	691	632	31	23	15	18	1377	1431	17.8	18.0	3.9	23.4	18.1
1963	628	614	24	26	15	11	1292	1318	16.8	18.2	3.9	19.7	17.3
1964	728	592	43	31	9	11	1394	1414	18.1	18.4	5.3	14.0	16.3
1965	713	577	34	24	19	11	1290	1320	16.6	18.1	4.5	22.7	15.7
1966	675	579	26	35	16	11	1297	1324	16.6	17.7	4.7	20.3	15.4
1967	645	565	46	39	8	6	1295	1309	16.6	17.2	6.4	10.6	14.8
1968	579	554	32	42	10	5	1207	1222	15.7	16.9	6.1	12.0	14.0
1969	615	535	37	44	6	8	1231	1247	16.1	16.3	6.5	11.0	13.0
1970	608	522	35	37	9	12	1202	1223	15.7	16.0	5.9	17.0	13.0
1971	548	503	31	45	9	8	1127	1144	14.6	16.0	6.7	15.0	12.0

Table 4 - Cause of Death in the Different Age Groups, 1971

CAUSES OF DEATH	AGE GROUPS MALES (YEARS)								AGE GROUPS FEMALES (YEARS)								TOTAL
	0-	01-	05-	15-	25-	45-	65-	75+	0-	01-	05-	15-	25-	45-	65-	75+	
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 1 Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 2 Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 3 Bacillary Dysentery and Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 4 Enteritis and Other Diarrhoeal Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
B 5 Tuberculosis of Respiratory System	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	3
B 6i Other Tuberculosis including late effects	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
B 7 Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 8 Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 9 Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 10 Streptococcal Sore Throat and Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 11 Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 12 Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 13 Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 14 Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 15 Typhus and Other Rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 16 Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 17 Syphilis and its sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 18 All other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
B 19 (1) Malignant Neoplasm - Buccal Cavity, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
B 19 (2) Malignant Neoplasm - Oesophagus	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	5
B 19 (3) Malignant Neoplasm - Stomach	-	-	-	-	-	7	9	1	-	-	-	-	-	-	-	-	25
B 19 (4) Malignant Neoplasm - Intestine	-	-	-	-	-	4	4	3	-	-	-	-	-	3	5	8	27
B 19 (5) Malignant Neoplasm - Larynx	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
B 19 (6) Malignant Neoplasm - Lung Bronchus	-	-	-	-	-	8	19	5	-	-	-	-	-	4	3	-	39
B 19 (7) Malignant Neoplasm - Breast	-	-	-	-	-	-	-	-	-	-	-	-	-	9	5	5	19
B 19 (8) Malignant Neoplasm - Uterus	-	-	-	-	-	1	-	-	-	-	-	-	-	3	-	-	5
B 19 (9) Malignant Neoplasm - prostate	-	-	-	-	-	2	-	3	-	-	-	-	-	-	-	-	9
B 19 (10) Leukaemia	-	-	-	-	-	13	-	9	-	1	-	-	1	2	-	-	49
B 19 (11) Other Malignant Neoplasms	-	-	-	1	-	-	-	4	-	-	-	-	-	-	-	8	-

Table 4 (continued) - Cause of Death in the Different Age Groups, 1971

CAUSES OF DEATH		AGE GROUPS MALES (YEARS)							AGE GROUPS FEMALES (YEARS)									
		0-	01-	05-	15-	25-	45-	65-	75+	0-	01-	05-	15-	25-	45-	65-	75+	TOTAL
B20	Benign Neoplasms and Neoplasms of																	
	Unspecified Nature	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
B21	Diabetes Mellitus	-	-	-	-	-	2	-	-	-	-	-	-	-	1	-	-	3
B22	Avitaminoses and other Nutritional ..																	
	Deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-
B23	Anaemias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B24	Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B25	Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B26	Chronic Rheumatic Heart Disease ..	-	-	-	-	-	1	1	1	-	-	-	-	2	4	3	-	12
B27	Hypertensive Disease	-	-	-	-	-	2	-	1	-	-	-	-	-	1	5	1	10
B28	Ischaemic Heart Disease	-	-	-	-	4	54	45	28	-	-	-	-	1	7	20	37	196
B29	Other forms of Heart Disease	-	-	-	-	-	2	3	7	-	-	-	-	-	2	3	10	27
B30	Cerebrovascular Disease	-	-	-	-	1	12	17	21	-	-	-	-	1	7	25	55	139
B31	Influenza	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	-	3
B32	pneumonia	1	-	-	-	-	5	6	14	-	-	-	-	1	2	1	12	43
B33	(1) Bronchitis and Emphysema	-	-	-	-	1	11	11	13	-	-	-	-	-	2	3	5	46
B33	(2) Asthma	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2
B34	Peptic Ulcer	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	3
B35	Appendicitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B36	Intestinal Obstruction and Hernia ..	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	2
B37	Cirrhosis of Liver	-	-	-	-	-	-	-	1	-	-	-	-	-	3	-	-	4
B38	Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
B39	Hyperplasia of Prostate	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	2
B40	Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B41	Other Complications of Pregnancy, ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Childbirth and puerperium	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B42	Congenital Anomalies	4	-	-	-	-	2	1	-	-	-	-	-	-	1	-	-	15
B43	Birth Injury, Difficult Labour etc. ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

Table 4 (continued) - Cause of Death in the Different Age Groups, 1971

CAUSES OF DEATH	AGE GROUPS MALES (YEARS)									AGE GROUPS FEMALES (YEARS)									TOTAL
	0-	01-	05-	15-	25-	45-	65-	75+	0-	01-	05-	15-	25-	45-	65-	75+			
B 44 Other Causes of Perinatal Mortality	3	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	5		
B 45 Symptoms and Ill-Defined Conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
B 46 (1) Other Endocrine, Nutritional and Metabolic Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
B 46 (2) Other Diseases of Blood and Blood-forming Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
B 46 (3) Mental Disorders	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1		
B 46 (4) Multiple Sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
B 46 (5) Other Diseases of the Nervous System	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2	3	7		
B 46 (6) Other Diseases of the Circulatory System	-	-	-	-	-	1	5	5	-	-	-	-	-	2	2	9	24		
B 46 (7) Other Diseases of the Respiratory System	-	-	-	-	1	1	1	1	-	-	-	-	-	-	1	1	6		
B 46 (8) Other Diseases of the Digestive System	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	4	6		
B 46 (9) Other Diseases of the Genito-Urinary System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
B 46 (11) Diseases of the Musculoskeletal System and Connective Tissues	-	-	1	4	-	1	1	-	-	-	-	-	-	2	1	1	4		
BE47 Motor Vehicle Accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9		
BE48 All Other Accidents	-	-	-	1	-	2	-	1	-	-	-	-	-	1	2	6	15		
BE49 Suicide and Self-Inflicted Injuries	-	-	-	-	1	1	2	-	-	-	-	-	-	2	-	1	7		
BE50 All Other External Causes	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	2		

Comparative Statistics

Table 5 (a) - Infant Mortality Rate, 1962 - 1971 (Rate per 1,000 Live Births)

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
	20.7	20.9	20.0	19.0	19.0	18.3	18.0	18.0	18.0	18.0
England and Wales										
Newcastle-under-Lyme ..	26.8	25.5	18.6	23.3	17.9	22.3	23.0	19.0	21.0	16.0

Table 5 (b) - Neo-Natal Mortality Rate, 1962 - 1971 (Rate per 1,000 Live Births)

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
	15.1	14.2	13.8	13.0	12.9	12.5	12.3	12.0	12.0	12.0
England and Wales										
Newcastle-under-Lyme ..	21.0	16.3	12.8	13.9	8.4	15.4	19.0	14.0	11.0	12.0

Table 5 (c) - Maternal Mortality Rate, 1962 - 1971 (Rate per 1,000 Live and Stillbirths)

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
	0.28	0.28	0.25	0.25	0.26	0.20	0.24	0.19	-	-
England and Wales										
Newcastle-under-Lyme ..	0.70	-	-	-	0.75	-	-	-	-	-

Section 2

INFECTIOUS AND OTHER DISEASES

(DISEASES NOTIFIABLE UNDER THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1968).

Acute Encephalitis

Acute Meningitis

Acute Poliomyelitis

Anthrax

Cholera

Diphtheria

Dysentery

Food Poisoning

Infective Jaundice

Leprosy

Leptospirosis

Malaria

Measles

Ophthalmia Neonatorum

Paratyphoid Fever

Plague

Relapsing Fever

Scarlet Fever

Smallpox

Tetanus

Tuberculosis

Typhoid Fever

Typhus

Whooping Cough

Yellow Fever

INFECTIOUS AND OTHER DISEASES

The total notifications of infectious diseases within the Borough during the year numbered 132 compared with 1,055 in 1970.

The decrease over the previous year was due mainly to the small number of measles cases, but it is pleasing also to note the reduction in cases of food poisoning and dysentery.

The age distribution of notified cases is shown in Table 9 on page 34.

WHOOPING COUGH

Year	1967	1968	1969	1970	1971
Notified Cases ..	39	17	-	14	18
Deaths	-	-	-	1	-

SCARLET FEVER

Year	1967	1968	1969	1970	1971
Notified Cases ..	26	8	21	42	19
Deaths	-	-	-	-	-

MEASLES

Year	1967	1968	1969	1970	1971
Notified Cases ..	1,087	112	130	631	61
Deaths	-	-	-	1	-

ACUTE ANTERIOR POLIOMYELITIS AND POLIO-ENCEPHALITIS

Year	1967	1968	1969	1970	1971
Notified Cases ..	-	-	-	-	-
Deaths	-	-	-	-	-

MENINGITIS

Year	1967	1968	1969	1970	1971
Notified Cases ..	-	-	-	-	1
Deaths	-	-	-	-	-

INFECTIVE JAUNDICE

Year	1967	1968	1969	1970	1971
Notified Cases ..	-	10	9	4	2
Deaths	-	-	-	-	-

DYSENTERY (SONNE)

Year	1967	1968	1969	1970	1971
Notified Cases ..	3	4	172	227	1
Deaths	-	-	-	-	-

FOOD POISONING

Year	1967	1968	1969	1970	1971
Notified Cases ..	-	29	72	127	12
Deaths	-	-	-	-	-

TUBERCULOSIS

Year	1967	1968	1969	1970	1971
Notified Cases ..	9	9	10	10	18
Deaths	3	3	6	5	4

The following table shows the total number of current cases on the tuberculosis register on the 31st December, 1971

TABLE 6 - TUBERCULOSIS REGISTER AT 31/12/71

Pulmonary			Non-Pulmonary		
M.	F.	Total	M.	F.	Total
443	399	842	103	120	223
Total Cases			1,065		

NEW CASES OF TUBERCULOSIS AND DEATHS FROM TUBERCULOSIS DURING 1971

There were 18 new cases notified during the year, 14 respiratory, 9 males, and 5 females and 4 non-respiratory 3 males and 1 female. The age group incidence is given below.

TABLE 7 - NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1971

Age Periods	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
1 and under 5	-	1	-	-
5 and under 15	-	1	-	1
15 and under 25	1	-	2	-
25 and under 35	1	1	-	-
35 and under 45	2	-	-	-
45 and under 55	1	-	-	-
55 and under 65	2	-	1	-
65 and under 75	-	1	-	-
75+	1	1	-	-
Age Unknown	1	-	-	-
Total	9	5	3	1

4 deaths from respiratory tuberculosis were recorded in 1971

TABLE 8 - NUMBER OF NOTIFICATIONS OF INFECTIOUS DISEASES - 1962 - 1971

INFECTIOUS DISEASES	Y E A R									
	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Smallpox	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	21	68	13	80	28	26	8	21	42	19
Diphtheria	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Ophthalmia	-	-	-	-	-	-	-	-	-	-
Polio and) Paralytic	-	1	-	-	-	-	-	-	-	-
Polio Encephalitis) Non-Paralytic	1	-	-	-	-	-	-	-	-	-
Measles	39	1364	298	723	172	1087	112	130	631	61
Whooping Cough	10	22	51	3	8	39	17	-	14	18
Dysentery	283	31	2	43	38	3	-	172	227	1
Food Poisoning	7	6	11	-	22	-	29	72	127	12
Pulmonary tuberculosis	11	18	18	16	13	7	8	6	10	14
Non-Pulmonary tuberculosis	1	4	3	1	1	2	1	4	-	4
Infective Jaundice (From 1/10/68)	-	-	-	-	-	-	10	9	4	2
Acute Meningitis	-	-	-	-	-	-	-	-	-	1

TABLE 9 - CASES OF NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1971

NOTIFIABLE DISEASES	TOTAL CASES NOTIFIED AT ALL AGES												AT ALL AGES
	Under 1	1 and under 2	2 and under 3	3 and under 4	4 and under 5	5 and under 10	10 and under 15	15 and under 20	20 and under 35	35 and under 65	65 years and over	Age unknown	
Paratyphoid Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..
Food Poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..
Infective Jaundice	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
	1	2	1	1	1	1	1	1	2	2	2	1	1
	12	1	2	1	1	1	1	1	2	2	2	1	1
	1	3	8	1	1	1	1	1	1	1	1	1	1
	11	4	5	9	8	22	1	1	1	1	1	1	1
	19	1	2	1	5	9	1	1	1	1	1	1	1
	61	1	1	1	1	1	1	1	1	1	1	1	1
	18	1	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	1	1	1

SECTION 3.

PERSONAL HEALTH SERVICES. DELEGATED.

Care of Mothers and Young Children

Child Health Centres

Premature Infants

Day Nursery

Midwifery

Ante-natal Clinics

Health Visiting

At Risk Register

Phenylketonuria

Hearing Testing

Geriatric Register

Home Nursing

Vaccination and Immunisation

Prevention of Illness, Care and After-Care

Cervical Cytology

Chiropody Service

Chronic Sick

Part III Accommodation

Hospital Discharges

Social Welfare

Family Planning

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

(a) Child Health Centres

The clinic programme continued in 1971 as follows:-

King Street, Newcastle	MONDAY and *Wednesday	2 - 4 p.m.
Kingsbridge Avenue, Clayton	TUESDAY and Thursdays	2 - 4 p.m.
Crown Street, Silverdale	TUESDAY	2 - 4 p.m.
St. Barnabas' Church, Bradwell	WEDNESDAY	2 - 4 p.m.
Inglewood Drive, Porthill	TUESDAY and FRIDAY	2 - 4 p.m.
Loomer Road, Chesterton	TUESDAY and THURSDAY	2 - 4 p.m.
Knutton Lane, Knutton	THURSDAY	2 - 4 p.m.

The sessions printed in capital type have a doctor in attendance.

*A doctor attends on alternate Wednesdays.

During the year 541 Child Health Sessions were held and 1,213 children under the age of one year made their first attendance at these centres. The use made of the service can be seen from the statistics in Table 10.

Table 10

CENTRE	No. of Children under 1 year attending for the first time	ATTENDANCES			
		under 1 year	1-2 years	2-5 years	Total
King Street, Newcastle	272	1,933	1,554	467	3,954
Kingsbridge Avenue, Clayton	181	1,513	1,518	500	3,531
Crown Street, Silverdale	80	818	798	332	1,948
Inglewood Drive, Porthill	255	2,809	903	705	4,417
St. Barnabas' Church, Bradwell	68	533	581	224	1,338
Loomer Road, Chesterton	242	2,535	1,665	2,027	6,227
Knutton Lane, Knutton	115	901	695	220	1,816
	1,213	11,042	7,714	4,475	23,231

Average attendance of under five-year olds per session per centre during 1971 = 40.2 compared with 43.4 in 1970.

(b) Day Nursery

With the revocation of the delegation scheme, in respect of welfare services, from the 1st October, administration of the Day Nursery passed to the County Social Services Department. However, I am happy to report that in April the new 50 place purpose built day nursery was opened, a project that I and my predecessor had advocated for a long time. The new building is well designed and the furnishings are of a high standard. It is a great improvement on the old war time built pre-fabricated structure.

At the end of September, there were 30 children, a considerable decrease on previous years, on the waiting list for admission to the nursery and of these none was a priority case.

Total attendances up to the 30th September totalled 6,076 and the average daily attendance over this period was as follows:-

0 - 2 years, 9.0	2 - 5 years, 24.8
------------------	-------------------

(c) Private Day Nurseries, Play Groups and Child Minders

Similarly, the administration of Private Day Nurseries, Play Groups and Child Minders became the responsibility of the County Social Services Department from the 1st October. At the 30th September, there were 11 registered play groups and 18 registered child minders operating in the Borough.

SECTION 23 - MIDWIFERY

For the purposes of the Midwives Acts, Staffordshire County Council is the "Local Supervising Authority".

The Borough of Newcastle-under-Lyme has an establishment of 12 domiciliary midwives whose work was supervised by Miss Austin the Nursing Supervisor, and her Deputy Miss Alcock. During 1971, ten complete inspections of midwifery work and four enquiries under the Midwives Acts and twenty one miscellaneous visits were made.

(a) Midwife Ante-natal Clinics

The Midwifery staff attend the various Centres in the Town, where Mothercraft and Relaxation Classes and Midwives' Ante-natal Clinic sessions are held. The programme for the Borough Midwifery Clinics is shown below.

Table 11

Child Health Centre	Day and Time	Type of Clinic
King Street, Newcastle	Wednesday, 2:30 p.m.	Ante-natal, Mothercraft and Relaxation (Sister Thompson)
Inglewood Drive, Porthill	Monday, 2:00 p.m.	Ante-natal (Sister Glanville)
- do -	Monday, 7:30 p.m.	Mothercraft and Relaxation (Sister Adderley and Rigby alternative weeks)
- do -	Wednesday, 2:00 p.m.	Ante-natal, Mothercraft and Relaxation (Sister Jenkins)
Kingsbridge Avenue, Clayton	Wednesday, 2:00 p.m.	Mothercraft and Relaxation (Sisters Thomas and Twigg alternate weeks)
Loomer Road, Chesterton	Monday, 2:15 p.m.	Ante-natal, Mothercraft and Relaxation (Sister Colclough)
Knutton Lane, Knutton	Tuesday, 2.00 p.m.	Ante-natal, Mothercraft and Relaxation (Sister Taylor)
Crown Street, Silverdale	Wednesday, 2:00 p.m.	Ante-natal, Mothercraft and Relaxation (Sister Edge)

(b) Domiciliary Midwifery

A summary of the work carried out in the Borough during the year by the domiciliary midwives is shown in Tables 12 and 13.

Table 12

Doctor not booked		Doctor booked		TOTAL
Doctor present at time of delivery	Doctor not present at time of delivery	Doctor present at time of delivery	Doctor not present at time of delivery	
-	4	3	91	98

Table 13

No. Midwives qualified to administer analgesics	No. sets of apparatus for administration of analgesics		No. of cases where analgesics were administered by Midwives				No. of cases in which pethidine was administered by Midwives	
			When Doctor present		When Doctor not present at time of delivery		When Doctor present	When doctor not present at time of delivery
			Ento -nox	Tri-Lene	Ento -nox	Tri-Lene		
12	12	6	1	1	56	16	1	68

(c) Early Discharges

The midwives visited 1,086 patients who were confined in hospital but discharged home before the tenth day.

(d) Medical Aid Notices

Medical Aid Notices issued by midwives in general practice to family doctors during the year numbered 61. Copies of these notices were sent direct to Staffordshire County Council as "Local Supervising Authority."

(e) Midwives' Attachments

The attachment of the Borough domiciliary midwives to general medical practices continued and the Borough midwives and their attachments are:-

Sister E. L. Colclough	)Attached to Drs. Anderson, Brown Smith, Boyle, Dick and Jafri.
Sister E. Taylor	)Attached to Drs. Anderson, Brown, Smith, Boyle, Dick and Jafri. Dr. Dabrowicki.
Sister V. F. Glanville	)Attached to Drs. Rae, Linehan and Turner.
Sister N. M. Rigby	)Attached to Drs. Ross, Garvie and Tucker.
Sister J. Edge	)Attached to Drs. Jolly, Childs, Bennett, Hollins and Hollins. (Silverdale Surgery)
Sister E. Adderley	)Attached to Drs. Jolly, Childs, Bennett, Hollins and Hollins. (Newcastle Surgery)
Sister E. L. Thomas	)Attached to Drs. Milewski, Thompson and Challinor. Dr. Wainwright. Dr. Canter.
Sister M. Twigg	)Attached to Drs. Milewski, Thompson and Challinor. Dr. Franklin.
Sister K. G. Thompson	)Attached to Drs. McIlroy and McKinnon.
Sister C. E. Jenkins	)Attached to Drs. O'Donnell, Brown and Nagappa

(f) Premature Births

An infant is considered to be premature if it weighs $5\frac{1}{2}$ lbs. or less at birth. Many of these babies are healthy and need little more than ordinary care and management. The smaller ones, however, need expert care and attention to help them to survive the ordinary rigours of early life.

Within the midwifery service, special arrangements are made for the care of premature infants in their homes, and those who cannot be cared for at home are admitted to hospital.

An analysis of premature births in the Borough is included later in the report in Table 15 on page 42

In 1971 there were 73 premature live births and 14 premature stillbirths notified, as follows:-

Table 14

	Live	Still
Hospital Cases	65	14
Domiciliary Cases ..	8	-
	73	14

These figures are adjusted by any notifications transferred into or out of the area.

Premature Births within the Borough during 1971 were, therefore, 6.0% of the total births. Of the live premature births, 3 died within twenty-four hours. This information is given in more detail in Table 15.

(g) Maternity Accommodation

During the year under review the midwives made 372 visits to applicants seeking maternity hospital accommodation on social grounds. 400 visits were made also to ascertain the suitability of patients homes for the early discharge of patients being confined in the local maternity hospital.

A report in each case was sent to the Hospital Management Committee through the Medical Officer of Health.

Table 15 - Premature Births
Number of premature births (as adjusted by any notification transferred into or out of the area)

Weight at birth	PREMATURE LIVE BIRTHS														PREMATURE STILLBIRTHS			
	Born at home or in a Nursing home																	
	Transferred to hospital on or before 28th day																	
Born in hospital	Died				Died				Total births	Died			Total births	Died			Born	
	within 24 hrs.	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hrs.	in 1 and under 7 days	in 7 and under 28 days	Total births		within 24 hrs.	in 1 and under 7 days	in 7 and under 28 days		in hospital	at home or in a nursing home			
1. 2lb. 3oz. or less	2	-	2	-	-	1	1	-	-	-	-	-	-	-	-	4	-	
2. Over 2lb. 3oz. up to and including 3lb. 4oz.	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	
3. Over 3lb. 4oz. up to and including 4lb. 6oz.	12	1	1	-	-	-	-	-	-	-	-	-	-	-	-	3	-	
4. Over 4lb. 6oz. up to and including 4lb. 15oz.	13	1	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	
5. Over 4lb. 15oz. up to and including 5lb. 8oz.	35	-	-	-	-	6	-	-	-	1	-	-	-	-	-	2	-	
6. TOTAL	65	3	4	-	-	8	1	-	-	1	-	-	-	-	-	14	-	
1 - 1,000g. or less 2 - 1,001 - 1,500g. 3 - 1,501 - 2,000g. 4 - 2,001 - 2,250g. 5 - 2,251 - 2,500g																		

1 - 1,000g, or less, 2 - 1,001 - 1,500g, 3 - 1,501 - 2,000g, 4 - 2,001 - 2,250g, 5 - 2,251 - 2,500g

SECTION 24 - HEALTH VISITING

STAFF AND SUPERVISION

For the first time in many years the establishment of health visitors was filled.

Miss Austin continued to supervise the staff and the service during the year with the assistance of Miss Alcock and during the course of 1971, 13 inspections were made of cards and records and 17 miscellaneous visits were made.

The table below summarises the work of the Health Visitors during their home visiting for 1971.

Table 16

	Expectant Mothers	Children aged			Aged 65+	Mentally Disordered	Hos. Dis. (except Mat. and Mental Cases)	TB	Infectious Diseases	Other Visits
		-1	1-2	2-5						
First Visits		1,429	1,530	3,164	649	39	88	7	20	579
Total Visits	226	4,211	3,445	5,377	9,295	169	143	21	38	1,159

"AT RISK" REGISTER

At 31/12/71, 582 males and 365 females were registered in the classification as shown.

Table 17

	M	F		M	F
Prematurity	124	46	Haemolytic disease of newborn	4	2
Blindness	1	1	Congenital abnormality	60	47
Deafness	1	-	Difficult birth	356	237
Mental Defect	-	-	Neonatal Jaundice	4	6
Epilepsy	1	4	Cerebral Palsy	1	-
Anoxia	10	7	Mother unusually young or elderly	13	8
Toxaemia in Pregnancy	7	7	Others	-	-

PAEDIATRIC LIAISON SERVICE

This scheme serving the Borough and surrounding County areas continued during 1971. Two members of the health visiting staff attended the hospital clinics as shown below.

Mrs. Bettany	Thursday p.m.	Central Out-Patients' Department.
Miss Steele	Monday, p.m.	Central Out-Patients' Department

CHEST CLINIC LIAISON

The clinic liaison continued during 1971 as required.

PHENYLKETONURIA

Routine testing of infants by the Guthrie method, which estimates the level of phenylalanine in the blood, continued during the year. The test is taken between the infants sixth and fourteenth days of life and is carried out by the midwife. Infants born in hospital and not discharged before the fourteenth day are tested at the hospital.

The number of infants tested by the Borough midwives during the year was 819 and in each case the laboratory result of the test was negative.

HEARING TESTING OF INFANTS

8 members of the health visiting staff have received special training in the early detection of hearing loss in young people. This enables an early diagnosis to be made and treatment commenced early in life. Where no treatment can be given, early knowledge of the child's needs help in the assessment of future educational requirements. 857 children were screen tested in 1971 at clinics and sixty six in their own homes. 43 children, representing 4.6% had defective hearing.

VISITING OF HOSPITAL DISCHARGES

Borough residents who are discharged from hospital to their own homes are notified to the Health Department by Hospital Authorities. Follow-up visits are then made by the Health Visitors and by this method details are obtained about the patients need for the after care services, such as Home Help, Meals-on-Wheels, etc.

ATTACHMENT SCHEME

The attachment of Health Visitors to general medical practices, which was introduced in 1964, continued, and the Health Visitors and their attachments are shown below:-

Drs. Ross, Garvie and Tucker	- Miss Shingler, Mrs. Hough and Mrs. Glanfield
Drs. Rae, Linehan and Turner	- Mrs. Bettany and Mrs. Hegarty
Drs. O'Donnell, Brown and Nagappa	- Miss Colton and Mrs. Bateman
Dr. Canter	- Miss Steele
Dr. Wainwright	- Mrs. Baker
Drs. Childs, Jolly, Bennett, Hollins and Hollins	- Miss Forrester, Mrs. Hollinshead and Mrs. Ruscoe
Drs. Milewski, Thompson and Challinor	- Mrs. Walker and Mrs. Hegarty
Drs. Anderson, Brown, Smith, Boyle Dick and Jaffri	- Mrs. Hadgett, Mrs. Stanyer and Miss Palmer
Drs. McIlroy and McKinnon	- Miss Millington and Miss Steele
Dr. Dabrowicki	- Mrs. Baker
Dr. Franklin	- Mrs. Baker

SECTION 25. HOME NURSING SERVICE

STAFF AND SUPERVISION

The establishment of general nurses is 14, of which 2 are male nurses.

Supervision continued to be Miss Austin's responsibility and throughout the year, assisted by Miss Alcock, 35 inspections were made. 14 of these were complete inspections of the work of general nurses, 3 were inspections of practical general work, and there were 18 miscellaneous visits.

VISITS AND TREATMENT

The Home Nursing Staff performs one of the most vital tasks in the Local Health Authority Service and does much to reduce the number of applications for hospital beds. In 1971, 423 patients were nursed at home (85 acute cases and 338 chronic cases) who would otherwise have warranted hospital admission.

Table 18 below summarises the work of the home nurses during the year under review.

Table 18

	Medical	Surgical	Infec- tious Diseases	TB.	Mater- nal Compli- cations	Others	Totals	Patients included in 2-7 who were:-	
								65 or over at first visit	Under 5 at time of first visit
1	2	3	4	5	6	7	8	9	10
No. of cases attended	1,236	493	5	4	5	117	1,860	833	23
No. of visits paid	23,545	11,125	5	45	15	185	34,920	-	-

DISPOSABLE INCONTINENCE PADS

The total number of disposable incontinence pads issued during 1971 was 24,800.

Table 19 indicates the various treatments given by the nursing staff throughout the year.

Table 19

General Nursing Care	Dress -ings	Observa- tion of Patient	Enema	Chan- ging of Pess- aries	Washouts, Douches, Catheter- issation	Preparat- ion for Diagnost- ic Invest- gation	Injec- tions of Antibio- tics	Other Injec- tions	Other treat- ment
12,681	9,578	1,623	372	56	2,448	25	839	10,254	2,952

ATTACHMENT SCHEME

The attachment scheme continued during 1971 and the general nurses and their attachments are shown below:-

Drs. O'Donnell, Brown and Murray	- Nurse Price
Drs. Jolly, Childs, Bennett, Hollins (Newcastle Surgery) and Hollins	- Nurse Bernard
Drs. Jolly, Childs, Bennett, Hollins (Silverdale Surgery) and Hollins	- Nurse Mullineux
Drs. Milewski, Thompson and Challinor	- Nurse Burns
Dr. Wainwright	- Nurse Burns
Drs. McIlroy and McKinnan	- Nurse Bentley
Drs. Rae, Linehan and Turner	- Nurse Spooner
Dr. Canter	- Nurse Bernard
Dr. Dabrowicki	- Nurse Spooner
Dr. Franklin	- Nurse Spooner
Drs. Anderson, Brown, Smith, Boyle	
Dick and Jaffri	- Nurses Cheetham and Webb
Drs. Ross, Garvie and Tucker	- Nurses Jones and Beeston

BATHING ATTENDANTS

The 2 attendants were fully employed during 1971 and continued to give valuable help to the Home Nursing Service.

SECTION 26. VACCINATION AND IMMUNISATION

(a) SMALLPOX

During 1971, 359 persons received primary vaccination and 17 were re-vaccinated, compared with 347 and 47 respectively in 1970.

The view of the Department of Health and Social Security is that whilst protection should continue to be given to infants, mass vaccination against smallpox is not indicated and at present, when cases occur in the country, vaccination is given to known contacts of the disease only.

Persons travelling to places abroad where smallpox and other infectious diseases are endemic are required to be protected against these diseases before leaving this country. The International Certificate of successful vaccination or immunisation requires authentication by the Medical Officer of Health. During the year, 665 certificates were authenticated.

Table 20

	Under 1 year	1 year	2-4 years	5-15 years	Total
Number vaccinated	97	165	61	36	359
Number re-vaccinated	-	3	2	12	17

(b) COMBINED ANTIGENS

Combined antigens continued to be used during the year and the extent to which the combined antigen replaced the single protection can be seen from the following tables.

Table 21 - Tetanus/Diphtheria/Whooping Cough Immunisation

Year of Birth	1971	1970-68	1967-64	Others Under 16	Totals
Primary Injections	40	845	12	-	897
Reinforcing Injections	2	14	55	8	79

Table 22 - Tetanus/Diphtheria Immunisation

Year of Birth	1971	1970-68	1967-64	Others Under 16	Totals
Primary Injections	1	27	173	498	699
Reinforcing Injections	-	5	113	704	822

Table 23 - Tetanus Immunisation

Year of Birth	1971	1970-68	1967-64	Others Under 16	Totals
Primary Injections	1	1	2	108	112
Reinforcing Injections	-	-	1	27	28

Table 24 - Diphtheria Immunisation

Year of Birth	1971	1970-68	1967-64	Others Under 16	Totals
1. Number of children who completed a full course of primary immunisations in the Borough (including temporary residents)	-	4	6	65	75
2. Number of children who received during the year a reinforcing injection, i.e. subsequent to primary immunisation at an earlier age.	-	-	12	94	106

(c) POLIOMYELITIS IMMUNISATION

Table 25

Age Group	Number of persons who have received		
	Primary and Reinforcing Protection	Booster Dose	Total
Children born in 1971	34	1	35
Children born in 1970	584	6	590
Children born in 1969	197	7	204
Children born in 1968	16	9	25
Children born in 1967-1964	16	77	93
Young persons under 16	2	12	14
Others	-	-	-
Total	849	112	961

Protection against poliomyelitis, given orally, was introduced in 1962 and this has replaced the injection method.

(d) MEASLES IMMUNISATION

Table 26

Year of birth	1971	1970-68	1964-1967	Others under 16	Total
	9	572	48	3	632

(e) RUBELLA IMMUNISATION

The purpose of rubella vaccination is to ensure that as many girls as possible are offered protection against rubella before reaching child-bearing age, because of the known association of certain foetal abnormalities with rubella infection in pregnancy.

During the year immunisation against rubella (german measles) was made available to girls in their thirteenth and fourteenth year of life. During 1971, 409 girls received protection against rubella.

SECTION 28. PREVENTION OF ILLNESS
CARE AND AFTER CARE

(a) MEDICAL AND SURGICAL COMFORTS

The St. John Ambulance Brigade and the British Red Cross Society continued to issue nursing comforts throughout 1971. The Red Cross Distribution Centre is situated in Garden Street, and is under the control of Mrs. A. Warrilow of 35 Emery Avenue, Newcastle. The St. John Ambulance Brigade at present do not have a distribution centre but medical loans can be obtained through Mr. J. E. Durham, Divisional Superintendent, Doudican House, 272 Liverpool Road, Cross Heath, Newcastle: Telephone No. 564431

(b) CHIROPODY SERVICE

The Chiropodist worked in the Borough for ten sessions per week including an evening session on Mondays. The number of treatments given in 1971 totalled 2,120. The table below summarises the work of the Chiropodist during the year under review.

Table 27

	Aged and Physically Handicapped	Physically Handicapped	Expectant Mothers	School Children
No. of Persons Treated	892	40	-	1
	At Clinics	In Patients' Homes		
No. of treatments given	928	1,192	-	-

(c) CERVICAL CYTOLOGY

The Cervical Cytology Clinic which opened in June 1966 continued at the King Street Clinic and an evening session is held weekly.

During the year the recalling of patients who attended the clinic during 1967 continued, but this was limited because of the number of smears that the laboratory can accept for testing and to the waiting list for initial appointments.

During 1971, 1,038 women were examined and of this number the laboratory result of the smear was positive in 3 cases. These patients were referred to the Consultant Gynaecologist for further investigation. 347 of the patients attending were making a routine second visit, and 5 were making a third visit.

Of the 1,038 patients attending, 107 were receiving hormone therapy and the routine breast examination of all patients revealed 26 with minor abnormalities which required treatment from their family doctors. Examination of the cervix showed that 178 patients had minor conditions requiring treatment and all were referred to their family doctor.

The following tables show the attendance at the clinic and the results of the smears taken, by age group and social class.

Table 28

Cervical Cytology attendance by Age Groups and Social Class

Social Class	Under 35	35-44	45-60	Over 60	Total
1	2	10	20	3	35
2	27	57	70	9	163
3	155	202	187	20	564
4	102	77	80	5	264
5	1	4	4	3	12
Totals	287	350	361	40	1,038

Table 29

Cervical Cytology Results by Age Groups and Social Class - Result Positive

Social Class	Under 35	35-44	45-60	Over 60	Total
1	-	-	-	-	-
2	-	-	-	-	-
3	-	1	2	-	3
4	-	-	-	-	-
5	-	-	-	-	-
Totals	-	1	2	-	3

(d) CHRONIC SICK

The number of elderly persons with chronic diseases who require prolonged hospital care are, in number at least, far in excess of the present hospital accommodation available. It is necessary, therefore, to assess a patient's priority for admission to hospital not only on the medical needs but also on the social circumstances. Each such patient referred by a family doctor is visited by a health visitor who reports on the social circumstances. The medical and social reports are then sent to the Geriatric Unit at Bucknall Hospital where the physicians in charge determine the priority of admission.

Table 30 below shows the number of cases referred for chronic sick accommodation during the year.

Table 30 - Chronic Sick Disposals

Number referred	215	Left area	-
Number admitted:		Number refused acc. ..	-
Chronic Sick Acc.	89	Number died	20
General Hospital	-		
Mental Hospital	-		
Hostel Accommodation	-		
Number on Waiting List	106		

38 of the 89 cases admitted during the year were assisted in some way by the domestic or nursing services prior to admission. Of the 106 cases still awaiting chronic sick accommodation at the end of the year, 53 were receiving assistance in the following ways:-

Domestic Help	4
District Nursing	33
Nursing, and Social Welfare	-
Social Welfare	1
Domestic Help and Social Welfare	1
Nursing and Domestic Help	7
Nursing, Domestic Help and Social Welfare	7

Those patients suffering from senile dementia i.e. those who are confused, restless, wanderers, and erratic, are not suitable for admission to a hospital for the chronic sick. They should be referred to a psychiatrist for admission to psychiatric accommodation - which also is very hard to obtain.

During the year under review the health visitors paid 9,295 visits to the elderly which represents 38.6% of the total visits made by the health visitors. The number of visits paid to this class of patient by the home nurses was 28,821 which is 82.5% of the total visits made by the home nurses. The home help service assisted 806 geriatric cases, this figure representing 86.2% of the total cases being assisted by this service.

Assistance for incontinent patients

In addition to the disposable incontinence pads provided, the Department assists incontinent patients by providing waterproof pants and interliners. During the year a further 31 pairs of waterproof pants were issued and 6,800 interliners provided for patients using the waterproof pants.

Another facility provided for incontinent patients is a plastic mattress cover and since the Department made these available, 5 have been issued.

During the year the two special sheepskin anti-pressure pads which are used for patients being nursed at home continued to be fully used. This pad is found to reduce skin friction over bony prominence and it affords relaxation to the patient where there are sore pressurised areas. The pads are loaned on the recommendation of the district nurse attending the patient and during 1971 3 patients were assisted in this way.

(e) Part III Accommodation

Applications for this type of residential hostel accommodation are dealt with by the County Council through the Social Services Department. Borough cases are referred to the Area Social Services Officer as they arise.

(f) Geriatric Register and Social Welfare

The Geriatric Register at the end of 1970 stood at 3,411 (1091 males and 2320 females). During 1971 there were 338 new cases and 277 removals, thus increasing the total on the Register by 61 to a total of 3,472.

The ratio of females to males is:

Males 31.2%

Females 68.8%

Below are summarised cases dealt with up to the end of September, 1971 by Miss E. Taylor, the Social Welfare Worker.

Table 31

Social Welfare		Extra Nourishment	
No. of patients visited at Home	1,341	No. of patients supplied - Dept. of Health and Social Security	1
No. of patients visited in Hospital or Sanatoria	2	No. of patients supplied - Vol.	22
No. of patients seen at office	181		
Clothing		Bedding	
No. of patients supplied - Dept. of Health and Social Security	11	No. of patients supplied - Dept. of Health and Social Security	7
No. of patients supplied - Vol.	29	No. of patients supplied - Vol.	18
Nursing Equipment		Housing	
No. of Cases referred for appliances, etc., to:-		No. of cases recommended	7
(a) Nursing equipment Depot (B.R.C.S. and St. John)	126	No. of cases rehoused ..	1
(b) Other sources (From own stock)	66		
Travelling Expenses of Relatives Visiting Hospital Patients		No. of cases investigated and passed to other Departments	46
No. of new cases assisted	1	Dept. of Health and Social Security	18
		Voluntary Society ..	205

Care of Old People

No. of visits paid 759
 No. of old persons seen 718

No. of Visits

"Social" reasons 184
 Cases referred to Borough Agencies 76
 Cases referred to outside bodies 326
 Old people seen re convalescence 27

EXPENDITURE

Up to the 30th September, the Borough Council approved the following expenditure incurred in providing various cases with the services shown:-

Convalescence - 16 = £355

FAMILY PLANNING BRANCH CLINIC

The Association is provided with premises on the first floor at the King Street Child Health Centre, and hold sessions on Wednesday evening and Thursday afternoons.

In previous years statistics of the work carried out at the clinics have been provided by the local secretary, but for the year under review, the County Branch Administration declined to provide these statistics.

MEALS-ON-WHEELS SERVICE

Administration of the Meals-on-Wheels Service passed to the Social Services Department on the 1st October, 1971.

HOME HELP SERVICE

The administration of this Service and the associated services of Night and Neighbourly Help became the responsibility of the County Director of Social Services from 1st October, 1971.

MENTAL WELFARE SERVICE

This Service also passed to the County Social Services Department on the same date, along with the services which had been delegated to the Borough in respect of Blind, Partially Sighted, Deaf, Hard of Hearing and Physically Handicapped Persons.

HANDICRAFTS FOR PHYSICALLY HANDICAPPED PERSONS

During 1971 the handicraft class continued to operate under the guidance of the handicraft instructor. The class is held at the office of the handicraft instructor. In appropriate cases handicrafts are carried out at the person's home. During the year a kiln was provided at a cost of £42.70.

AIDS AND ADAPTATIONS

Various adaptations were completed to assist handicapped persons in coping at home with their problems. The following list shows the scope assistance provided by these means and the cost thereof:-

Reflagging of path to accommodate wheel chair	-	£30
Provision of a concrete run in and ramp	-	£60
Provision of handrails	-	£20
Shower (Materials only)	-	£54.85

Additionally, aids are purchased by the Department for loan to handicapped persons to facilitate use of bath and toilet. At the end of the year, 34 bath aids and 9 toilet aids were on loan.

CAR BADGES FOR SEVERELY DISABLED DRIVERS

On 1st October, responsibility for the issuing of car badges for severely disabled drivers and the Chronically Sick and Disabled Persons Act, 1970 passed to the County Director of Social Services.

SECTION 4

MISCELLANEOUS HEALTH SERVICES

Medical Examination of Borough Employees
Persons "in need of care and attention"
Burial of Destitute Persons
Post Mortem Examinations
Health Education
Rehousing on Medical Grounds

MEDICAL EXAMINATION

FOR SUPERANNUATION AND SICK PAY PURPOSES

The following table gives details of employees examined both for superannuation and sick pay purposes during the year:-

Table 32

Department	Superannuation Scheme			Sick Pay Scheme		
	Total	Passed	Failed	Total	Passed	Failed
Borough Surveyor's	16	16	-	7	7	-
Borough Treasurer's	4	3	1	-	-	-
Cleansing	1	1	-	2	2	-
Housing	2	2	-	6	6	-
Libraries	5	5	-	-	-	-
Parks	4	3	1	4	4	-
Public Baths	1	1	-	1	1	-
Health	1	1	-	-	-	-
Town Clerk's	6	6	-	-	-	-
Weights and Measures	3	3	-	2	2	-
Magistrates Clerk's	1	1	-	-	-	-
Other Local Authorities	5	5	-	-	-	-
Museum and Art Gallery	2	1	1	-	-	-
Manual Services	9	9	-	31	31	-

COUNTY COUNCIL EMPLOYEES (DELEGATED SERVICES)

During 1971, 159 questionnaires were completed by prospective employees in County Council Services. 10 full examinations were held and all were found fit for employment.

HEALTH EDUCATION AND HOME SAFETY

HEALTH CENTRES

The films 'To Janet a Son', 'The Mixture as Never Before', 'Planned Families', 'Motherhood' and 'Baby in the House' were regularly shown at the ante-natal clinics and slides and filmstrips are also loaned as visual aids. Posters and leaflets are also distributed.

HOME SAFETY

Illustrated talks on home safety, sometimes with the use of slides have been given to approx. 20 womens and old peoples groups, including the old peoples bungalows. Leaflets were distributed with the relevance to the age of the audience e.g. Falls for Elderly People, Baby Safety for young Mothers.

The Health Education Officer is a member of the Midlands Federation of Home Safety Committees at Federation and Executive level which proves invaluable for liaison with Midlands activities.

ST. JOHNS AMBULANCE

A talk and films were shown to Junior members of the St. John's Ambulance, on personal hygiene, hair care and dental care.

POSTER DISPLAY

Posters are displayed regularly at Public Libraries, Queens Gardens, Museum and Clinics.

CYTOLOGY

The cervical cytology clinic is advertised in the medical centre of Rists Wires and Cables and leaflets are provided for the women.

PUBLICITY

Promotion of particular projects has been given via local newspapers, The Evening Sentinel, The Weekly Sentinel and The Newcastle Times, which included photographs and articles on firework safety and home safety. These subjects were also promoted on B.B.C. Radio Stoke which provided an excellent medium for publicity. The local press and Radio Stations assisted admirably in publicity and a considerable debt of gratitude is owed to them for this valuable help.

1971 has been a year of satisfactory assessment for both schools and organisations, which has provided a greater insight of future needs and policy. There is a great potential for promotion of health education in the Borough and the work which has been carried out could be far broader with the help of an extra member of staff. It would be possible to include many more subjects and give a better service to the public, cover more ground at a quicker rate.

NATIONAL ASSISTANCE ACT, 1948, AND
NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

Removal to suitable premises of persons in need of care and attention.

3 cases were removed under the powers contained in the above Acts during 1971.

NATIONAL ASSISTANCE ACT, 1948, SECTION 50

BURIAL OF DESTITUTE PERSONS

This Section of the Act enables a local authority to arrange for the burial or cremation of "the body of any person who has died or been found dead in their area, in any case where it appears to the authority that no suitable arrangements for the disposal of the body have been or are being made".

During the year, one such burial took place.

POST MORTEM EXAMINATIONS

During 1971, 93 bodies were removed to the City General Hospital Mortuary on the instructions of the Borough Coroner and in every case a post-mortem examination was carried out.

RE-HOUSING ON MEDICAL GROUNDS

Cases are put forward to the Medical Officer of Health for his advice on recommendations made for persons to be re-housed on medical grounds.

On receipt of such a case the Medical Officer of Health investigates the medical, social and environmental circumstances of the applicant for priority re-housing, and then makes a recommendation to the Housing Committee.

During 1971, 216 such investigations were carried out.

SECTION 5

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

Food and Drugs Act, 1955

Food Hygiene Regulations, 1970

The Food Hygiene (Markets, Stalls and
Delivery Vehicles) Regulations, 1966

The Food Hygiene (Markets, Stalls and
Delivery Vehicles) (Amendment) Regulations, 1966

The Milk (Special Designation) Regulations, 1963

Disposal of Condemned Food

Surrender of Other Food

Food and Drugs Samples

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1955 FOOD HYGIENE (GENERAL) REGULATIONS, 1970 FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966 and AMENDMENT REGULATIONS 1966

I am indebted to the Chief Public Health Inspector for his comprehensive, interesting, and useful report:-

The most significant thing about Food Hygiene during 1971 was the fact that the new Food Hygiene (General) Regulations, 1970 came into force on the 1st March, 1971. These brought in several improvements to the previous Regulations which they replaced, probably the most important of which was the requirement to keep open food covered or effectively screened from possible sources of contamination whilst exposed for sale, or during sale or delivery. This served to high-light a new and growing problem - at least as far as this Borough is concerned. The years 1970/1 had seen the expansion of catering in two particular directions (1) Catering in the form of bar snacks and buffets on licensed premises and (2) "Take-away Meals" from shops and catering premises.

In the first case, catering on licensed premises has developed from the set meal served from and prepared in an approved separate kitchen to the "self-service" open buffet generally involving cooked meats, pies, salads etc. These cause a particular problem inasmuch as they are often unprotected and displayed in such a position as to expose the food to the risk of contamination. Apart from the obvious risks involved, this was a direct contravention of the new Food Hygiene Regulations which requires all open food to be adequately protected from the risk of contamination. Immediate steps were taken to insist on proper covering and screening and by requiring the higher risk foods such as cooked meats to be served only by a member of the staff. In some cases, where it was not possible to comply, catering has voluntarily ceased.

The second case, concerns "take-away" meals, which were originally in the form of the traditional "fish and chips". This has now expanded, first to "Pie and chips" or "Chicken and Chips" to an endless variety of meals which include many, if not all, Chinese and Indian dishes. These contain meats and meat sauces which are high risk foods, particularly if handled carelessly after purchase and even re-heated.

Another problem which has arisen is allied with the growth of the "Super-market". Here the emphasis is on minimum handling, high turn-over, speed and simplicity in display. Consequently, the practice of display in cut cartons has grown considerably. Instead of using fixtures, canned goods are left inside a split carton and stacked on a pallet. The problem arises from the splitting of the carton. This is done with an extremely sharp knife which is slashed along the side of the carton and if not done with extreme care will puncture the cans inside. Frequently with such a fine slit the resulting damage cannot always be seen but is enough to allow mould formation and sometimes decomposition of the content. With self-service it is a simple matter for the affected goods to fall into hands of a customer. Apart from the obvious offence which has been committed, much food is unnecessarily wasted in this way.

Towards the end of the year a random survey was carried out with regard to date-coding of the more perishable goods with a short shelf-life. The results were somewhat disturbing and lead one to support the campaign for legislation to make some form of coding compulsory and to make the various systems uniform. The most significant things which came out of the survey were:-

- Some codes were undecipherable;
- Some were completely illegible and badly stamped;
- Some shop-keepers and staff were ignorant of what the code meant and if they had ever been issued with a cipher, had lost it;
- Many cases were found where the date code had been covered up with a price-tag, particularly in the case of dairy products such as cream, yoghourts, etc.;
- Much stock was found to be out-of-date and some shop-keepers seemed blissfully unaware that they had any responsibility in the matter.

There is a growing awareness by the public of the value of clean fresh food and the fact that they have a right to demand it. Nothing but good can come of this and it will be to the ultimate benefit of all concerned, the consumer, the retailer, the distributor and the producer. There is a constant cry for more legislation but surely the answer lies in more and better food hygiene education, a greater sense of responsibility in the handling of food by all concerned and the realisation that though food is essential to life, unsound or contaminated foodstuffs may cause distress or suffering and in extreme cases, can also be the lethal weapon that terminates it.

Table 33 - Food Hygiene (General) Regulations, 1970

Premises		No. of Premises complying with Regulation 18 (wash-hand facilities)	No. of Premises to which Regulation 21 applies (Washing-up Sinks)	No. of Premises complying with Regulation 21
Category	Number			
Butchers	67	67	67	67
Grocers	181	181	181	178
Sweets	46	46	44	45
Cakes and Confectionery	19	19	19	19
Licensed Premises	109	109	109	109
Green Grocers	38	38	38	38
Wet Fish	7	7	7	7
Fried Fish	31	31	31	31
Bakehouses	19	19	19	19
Cafe Kitchens, School Kitchens and Snack Bars	96	96	96	96
TOTALS	613	613	611	609

Table 34 - Records of Inspections and Results

	No. of Premises	Inspect- ions	Re- Inspect- ions	No. of Premises Visited	Nuisances or defects	
					Found	Abated
Dairies and Milk-shops	159	231	21	159	5	4
Ice Cream Premises	136	177	11	136	6	4
Food Preparing Premises	176	324	59	176	260	180
Bakehouses	19	37	12	19	21	11
Slaughterhouses	2	180	-	2	-	-
Butchers' Shops	67	153	28	67	103	51
Total Number of Food Shops	434	711	134	434	448	257
Market and Stalls Inspections	25	23	2	25	3	4
Mobile Shops	16	43	3	14	26	19

Milk Supply

Number of Dairy Farms in the Borough 18
 Number of Retail Purveyors of milk 150
 Of these, 115 retail Sterilized and/or U.H.T. milk only
 38 retail purveyors hold licences for the sale of graded
 milk.

Ice Cream

Number of Ice Cream premises registered under Private Act:-

Sale only 231

BACTERIOLOGICAL SAMPLES

	<u>Submitted</u>	<u>No. Failed Cleanliness Test</u>
Milk: Heat Treated	66	Nil
Fresh Cream	8	5
Ice Cream	18	2

BRUCELLA ABORTUS

During the previous year, the only producer of untreated milk had ceased to function as such, so that sampling for Brucella Abortus was no longer required.

The under-mentioned twenty five samples of food were submitted for Bacteriological examination:-

<u>Food</u>	<u>No. of Samples</u>
Roast Beef	2
Boiled Ham	6
Roast Pork	3
Sausages	4
Beefburgers	1
Brawn	2
Corned Beef	1
Tongue	3
Trifle	1
Chicken Leg	1
Tripe	1

Of these, three were reported to be infected with salmonella organisms, that is, the chicken leg, the trifle and one of the roast pork samples.

The Liquid Egg (Pasteurisation) Regulations 1963

There are no egg pasteurisation plants in the Borough.

Method of Disposal of Condemned Food

All meat condemned by the Public Health Inspectors is disposed of either by the Local Authority in the case of small quantities or where whole carcasses are involved, through approved collectors. With regard to other foods (tinned goods etc.,) these are also disposed of by the Local Authority.

Meat and Other Foods

Number of butchers' shops registered under Private Act (including Market Stalls)	62
Number of Preserved Food preparing premises registered (including Fish Fryers, 30)	73
Number of Licensed slaughterhouses	2
Number of men licensed to slaughter animals in accordance with the Slaughter of Animals Act, 1958 ..	4
Number of Meat and Food Inspections	232

Slaughterhouses

With a view to securing satisfactory standards of hygiene in the two slaughterhouses in the Borough, swabs were taken at intervals from items of equipment, various parts of the premises and from carcasses and internal organs as listed below:-

	<u>No. of swabs taken</u>
Gullies and drainage channels	11
Floors	30
Walls	5
Stunning Pens	3
Knives, choppers and other utensils	2
Slaughterhouse and lairage fittings and other equipment	20
Dressed carcasses and internal organs	7
Hides and Skins	1
	<hr/>
	79

In one case only, from a swab taken from the floor of a slaughter hall, were Salmonella organisms isolated. All other swabs were reported as free from organisms of the Salmonella or Shigella groups.

Table 35 - Carcasses and Offal Inspected and
Condemned in whole or part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	62	-	-	335	108	-
Number inspected	62	-	-	335	108	-
All Diseases except Tuberculosis and Cysticeri	-	-	-	-	-	-
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	12	-	-	6	11	-
Percentage of the number inspected affected with disease other than Tuber- culosis and Cysticeri ..	19.35%	-	-	1.79%	10.18%	-
Tuberculosis only	-	-	-	-	-	-
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	1	-	-	-	1	-
Percentage of the number inspected affected with Tuberculosis	-	-	-	-	-	-
Cysticercosis	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

Total weight condemned: 1cwt. 1qr. 4lbs.

There has been a 100% inspection of all animals slaughtered at the
slaughterhouses in the Borough.

Poultry Processing Premises

There were no poultry processing premises operating in the Borough
during the year.

Surrender of Other Food

	<u>lbs.</u>
Carcase Meat	717
Bacon and Ham	229
Canned Meat	394
" Fruit	357
" Vegetables	210
" Milk	49
" Soup	19
" Fish	4
" Cereals	66
Cooked Meats	12
Preserves	10
Cakes and Biscuits	192
Assorted Packet Foods	728
Assorted Frozen Foods	4,754
Ice Cream and Cordial Powders	35
Sugar	2
Sweets and Confectionery	157
Flaked Peanuts	37
Cheese	66
Chickens	80
Onions	5,040
Strawberries	2
Wet Fish	36
Offal	14
	<hr/> 13,210 lbs.

(5 tons 17 cwt. 106 lbs.)

Food and Drugs

Total number of samples taken - 134

Milk	52	Canned Fruits	1
Cream	4	Jellies	1
Ice Cream	1	Preserves	2
Cereals	1	Sauces	1
Cheese	3	Cake Mixes	6
Flour	1	Cod Roe	1
Butter	1	Peanut Crumble	1
Margarine and Fats	4	Coconut	1
Sausages	8	Mustard	1
Canned Meats	4	Salad Cream	1
Cooked Meat	2	Vinegar	1
Meat Pies and Puddings	3	Olive Oil	1
Meat Paste	3	Cough Mixture	5
Ground Coffee	1	Analgesics	1
Dandelion Coffee	1	Cod Liver Oil	1
Fruit Drinks and Cordials	14	Slippery Elm Food	1
Molasses	1	Diarrhoea Mixture	1
Canned Milk Pudding	1	Whisky	2

Food and Drugs (continued)

All samples were reported to be genuine, with the exception of the following:-

Nature of Sample	Formal or Informal	Nature of Deficiency or contravention	Action taken
Pork Sausage	Informal	Deficient in meat content, and contained undeclared preservative	Warning letter sent to retailer
Balm of Gilead Cough Mixture	Informal	Deficient in Chloroform content	Letter to manufacturer - Stocks withdrawn
Dandelion Coffee with Chicory	Informal	Excessive amount of mineral matter	Letter to manufacturer - Stocks withdrawn
Instant Coffee (Decaffienated)	Informal	Unsatisfactory statement and claim on label	Letter to importers Label changed to conform with Public Analyst recommendations

Food Complaints

Fifty one food complaints were received during the year.

Fourteen were proved to be unfounded or of a very minor nature, requiring no further action after investigation.

Thirty four as listed below resulted in warning letters being sent to the persons responsible.

Food	Complaint	To whom Letter Sent
Canned tomatoes	Maggots	Importer
Canned Tomatoes	Foreign body (Pipe clip)	Importer
Frozen beefburgers	Unusual flavour	Retailer
Cream dessert	Mould	Retailer and Manufacturer
Bread	Foreign body (Cardboard)	Producer
Canned corned beef	Foreign body (hide)	Verbal warning to Importer
Doughnut	Foreign body (String)	Producer
Bread	Foreign body (Staple)	Manufacturer
Bread	Foreign matter (grease)	Manufacturer
Chicken pie	Insect	Manufacturer
Bread	Mould	Manufacturer
Bread	Insects	Retailer
Milk	Dirt on bottle	Producer
Bread	Foreign matter (grease)	Manufacturers
Skimmed milk	Insect	Producer
Canned pork	Insect	Manufacturer
Minced meat	Foreign body (skewer)	Retailer
Vinegar	Insects	Manufacturer and Wholesaler
Milk	Added water	Producer
Milk	Foreign body (Crown Cap)	Producer
Canned beans	Mould	Manufacturer
Chocolate biscuit	Maggot	Manufacturer
Baby food	Mould)	Retailer
Baby food	Mould) -	
Shortbread biscuit	Foreign body (hair)	Manufacturer
Jam	Mould	Importer
Canned tomatoes	Maggot	Importer
Mince pie	Foreign body (nail)	Mince Meat Manufacturer
Black pudding	Foreign matter	Manufacturer
Canned tomatoes	Caterpillar	Importer
Chickens	Decomposition	Producer

Food Complaints (continued)

Turkey Chicken	Decomposition) Decomposition) -	Insufficient evidence - verbal warning
Pork pie	Mould	Manufacturer

Three further cases were the subject of legal proceedings with the following results.

Food	Complaint	Result of Prosecution
Bacon	Infested with maggots	Plea of guilty Fined - £50 Costs - £10
Canned Baby food	Mould caused by damaged can	Plea of guilty Fined - £30 Costs - £7.50
Canned Soup	Mould caused by damaged can	Plea of guilty Fined - £30 Costs - £7.50

Section 6

ENVIRONMENTAL HYGIENE

Clean Air Acts, 1956 and 1968

Sanitary Inspection of the Area

Inspection of Factories

Housing

Water Supply

Drainage and Sewerage

Swimming Baths

Hairdressers

Offices, Shops and Railway Premises Act, 1963

Prevention of Damage by Pests Act, 1949

Pet Animal Act, 1951

Caravan Sites and Control of Development Act, 1960

Agriculture (Safety Health and Welfare Provision) Act 1956

Eradication of Bed Bugs

Offensive Trades

Sanitary Accommodation

Public Cleansing

CLEAN AIR ACTS 1956 and 1968.

The Chief Public Health Inspector has reported to me as follows:-

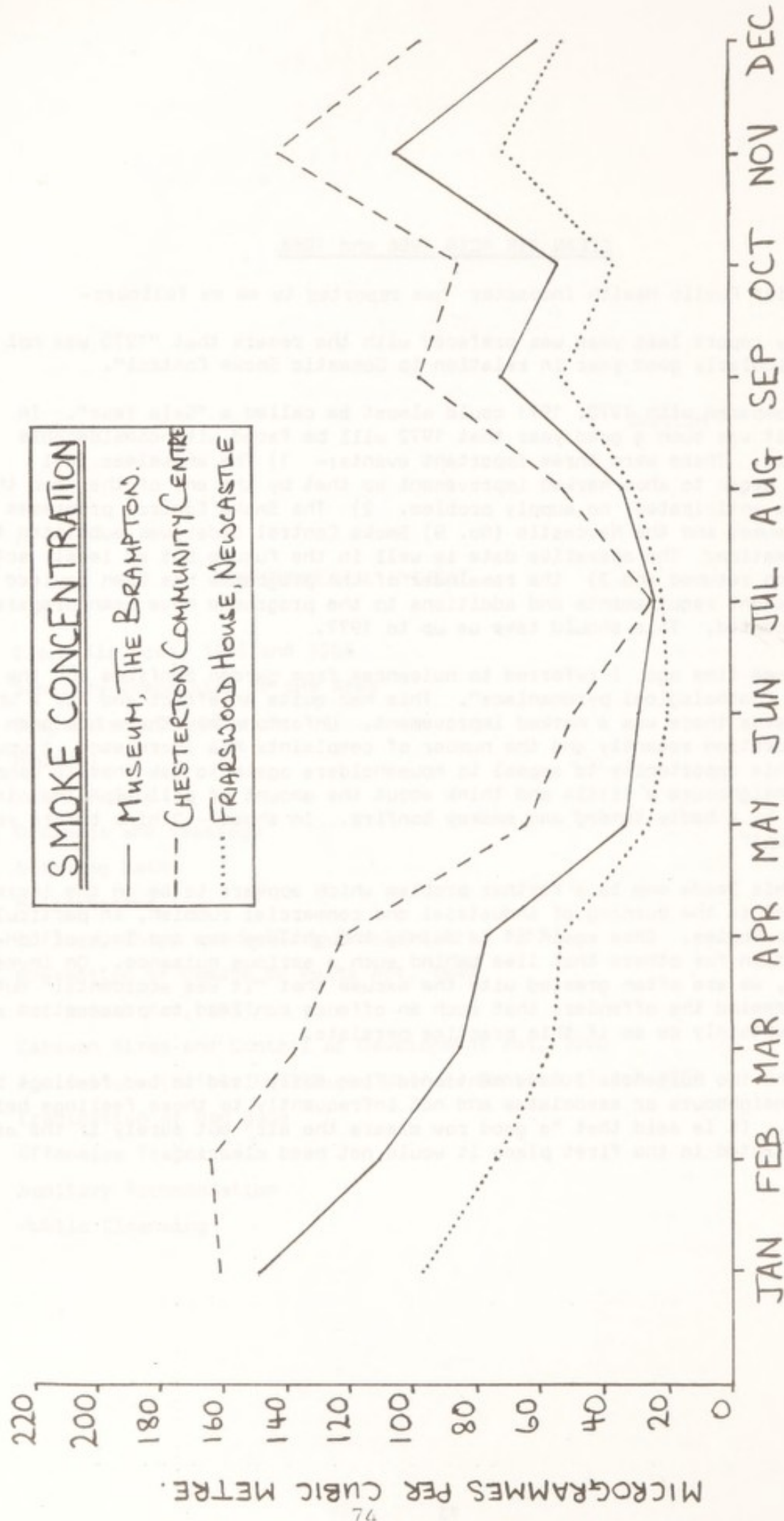
My report last year was prefaced with the remark that "1970 was not a particularly good year in relation to Domestic Smoke Control".

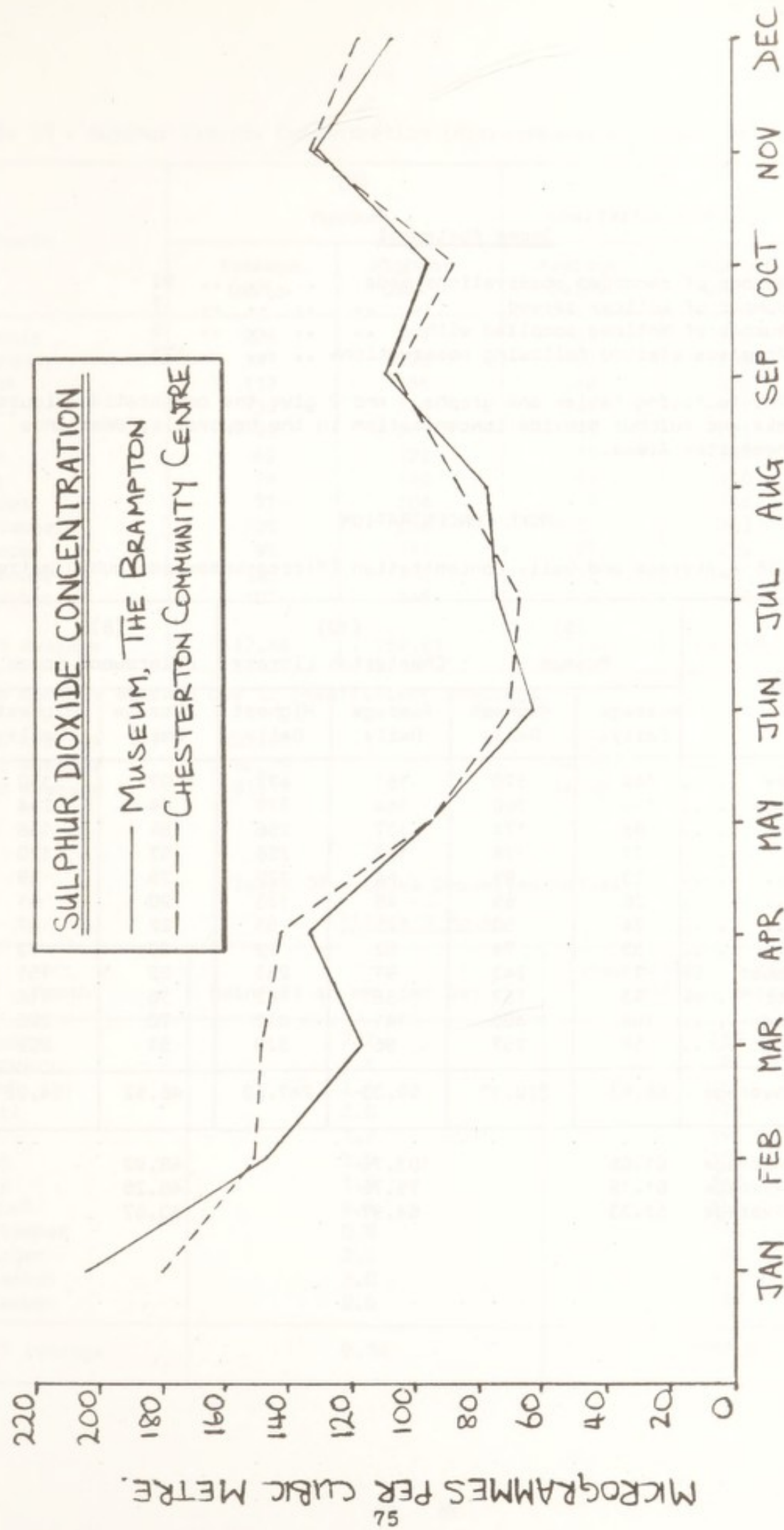
Compared with 1970, 1971 could almost be called a "Gala Year". In fact, it was such a good year that 1972 will be faced with considerable optimism. There were three important events:- 1) The smokeless fuel supply began to show marked improvement so that by the end of the year there was, as anticipated, no supply problem. 2) The Smoke Control programme was resumed and the Newcastle (No. 9) Smoke Control Order was submitted for confirmation. The operative date is well in the future but at least, action has been resumed and 3) the remainder of the programme has been revised to fit present requirements and additions to the programme have been prepared and accepted. This should take us up to 1977.

Some time ago, I referred to nuisances from garden bonfires and the like and to "pathological pyromaniacs". This had quite an effect and for a while afterwards there was a marked improvement. Unfortunately there has been some deterioration recently and the number of complaints has increased. I would take this opportunity to appeal to householders again to ask them to consider their neighbours a little and think about the amount of pollution that is caused by a badly tended and smokey bonfire. In short - "Think before you light up!"

This leads one to a further problem which appears to be on the increase and that is the burning of industrial and commercial rubbish, in particular, old car bodies. Once again it is mainly thoughtlessness and lack of consideration for others that lies behind such a serious nuisance. On investigation, we are often greeted with the excuse that "It was accidental" but I would remind the offenders that such an offence can lead to prosecution and will certainly do so if this practice persists.

The two nuisances I have mentioned frequently lead to bad feelings between neighbours or associates and not infrequently to those feelings being vented. It is said that "a good row clears the air" but surely if the air was not polluted in the first place it would not need clearing.





N.B. - No monthly average available for August.

Smoke Abatement

Number of recorded observations made	..	..	..	92
Number of Notices served	..	..	..	7
Number of Notices complied with	..	..	..	5
Premises visited following observations	..	..	..	123

The following tables and graphs 1 and 2 give the comparative figures of smoke and sulphur dioxide concentration in the Newcastle, Westlands and Chesterton Areas.

SMOKE CONCENTRATION

Table 36 - Average and Daily Concentration (Microgrammes per cubic metre)

Month	(9) Museum		(10) Chesterton Library		(8) Friarswood House	
	Average Daily	Highest Daily	Average Daily	Highest Daily	Average Daily	Highest Daily
January	149	570	161	477	97	350
February	110	380	164	379	74	244
March	85	174	137	256	56	138
April	77	178	122	258	53	120
May	33	86	64	120	26	59
June	28	65	48	123	20	61
July	24	50	25	53	22	47
August	33	74	52	99	30	73
September ..	71	243	97	251	52	151
October	53	157	85	183	36	118
November	104	408	141	442	70	296
December	59	257	96	329	51	202
1971 Average	68.83	220.17	99.33	247.50	48.92	154.92

1970 Average	61.66	103.75	48.92
1969 Average	61.19	75.75	48.26
1968 Average	63.33	64.97	33.67

Table 37 - Sulphur Dioxide Concentration (Microgrammes per cubic metre)

Month	(9) Museum		(10) Chesterton Library	
	Average Daily	Highest Daily	Average Daily	Highest Daily
January	204	589	180	545
February	147	395	150	333
March	117	266	148	288
April	134	242	142	297
May	95	241	95	223
June	62	122	70	130
July	74	140	67	116
August	77	204	*	154
September	109	230	105	203
October	95	247	87	249
November	130	452	132	431
December	107	348	116	410
1971 Average	112.58	289.67	117.45	281.58

* No monthly average due to insufficient readings.

1970 Average	102.83	113.66
1969 Average	86.79	99.48
1968 Average	91.77	96.58

Table 38 - Smoke Deposited Matter
Pitfield House

Month	Rainfall in mm. per day	Total Solids in milligrams per sq. metre
January	2.2	259
February	1.1	96
March	2.1	155
April	2.6	228
May	1.7	193
June	3.5	152
July	1.5	348
August	4.4	163
September	0.8	146
October	2.2	98
November	3.0	151
December	0.6	87
1971 Average	2.14	173.00

SANITARY INSPECTION OF THE AREA

Here follows a record of inspections and the results under this heading as reported to me by the Chief Public Health Inspector:-

Table 39

Inspections made with respect to:-	No. of Inspections	Nuisances or defects reported	Re-visits made re abatement	Nuisances or defects remedied
Public Health Acts:-				
Housing	164	378	315	277
Other nuisances	270	93	243	103
Water Supply	6	4	4	4
Overcrowding	98	2	5	1
Drains - Inspected	235	123	303	113
Tested	41	1	24	-
Sewers, Street Gullies etc.	123	12	18	9
Sanitary Accommodation	14	3	23	2
Ashes Accommodation	11	2	1	1
Accumulations	89	30	93	17
Swine, Fowl or other animals	15	3	17	4
Rats and Mice Infestations (Visits by Inspectors)	145	6	35	2
Houses in multiple occupation	216	136	66	16

Other visits:-

Infectious Diseases	2,602
Verminous Conditions	143
Schools, Public Buildings, Cinemas, etc	122
Smoke Control Areas	144
Miscellaneous Visits ,. . . .	1,766
Interviews - owners and tradesmen ..	1,312

Table 40 - Notices Served and Complied With

	Notices Served		Notices Complied With	
	Prelim.	Statutory	Prelim.	Statutory
Public Health Acts:-				
Housing Defects	78	26	77	15
Nuisances	48	6	39	8
Smoke Nuisance	5	-	2	-
Housing Acts	21	2	2	1
Factories Acts	8	-	11	-
Food and Drugs Act	174	-	108	-
Bye-Laws and Local Acts	-	-	-	-
Prevention of Damage by Pests Acts, 1949	1	-	-	-
Quarry Fencing Act	1	-	-	-
Offices, Shops and Railway Premises Act, 1963	104	-	131	-

INSPECTION OF FACTORIES

The following is a summary of the work carried out in the Borough in 1971 under the Factory Acts:-

(a) Inspections

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
Factories in which Sections, 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	19	6	1	-
Factories not included above in which Section 7 is en- forced by the Local Authority	216	238	9	-
Other premises in which Sec- tion 7 is enforced by the Local Authority (excluding out-worker's premises) ..	49	30	-	-
Total	284	274	10	-

(b) Cases in which defects were found

	Number of cases in which defects were:-				No. of cases in which prosecutions were instituted
	Found	Re-medied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1)	2	1	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage offloors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	1	1	-	-	1
(b) Unsuitable or defective	7	3	-	1	1
(c) Not separate for sexes	1	1	-	-	1
Other offences against the Act (not including offences relating to outwork)	3	2	-	-	-
Total	14	8	-	1	3

(c) Outworkers' premises

Business carried on	No. of Premises	No. of Visits
Making of Wearing Apparel	22	15
Knitting	1	1
Total	23	16

Housing

Housing Census:-

(1) Total number of inhabited houses in the Borough - 27,177

(2) Number of new houses erected during the year:

(a) by Private Enterprise	158 houses)	
	24 flats)	
		213
(b) by Local Authority	26 houses)	
	5 flats)	

The principal work done under the Housing Act, 1957 in the Borough during 1971 can be summarised as follows:-

Inspection of Dwellinghouses during the year:-

(a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) .. 99

(b) Number of inspections made for the purpose 479

(c) Number of unfit houses made fit and houses in which defects were remedied 106

In addition, 6 individual unfit houses were dealt with as follows:-

Section 17, Housing Act, 1957 - Demolition Orders ..	3
Closing Orders ..	3

A total of 508 visits were made to Clearance Areas. The following areas were confirmed by the Minister:-

Area	No. of houses involved	No. of families	No. of persons
The Gordon Street (No. 1) Knutton Area No. 186 Newcastle (Compulsory Purchase Order)	17	19	62
The Gordon Street (No. 2) Knutton Area No. 187 Newcastle (Compulsory Purchase Order)	5	5	7
The Cemetery Road Knutton Area No. 188 Newcastle (Compulsory Purchase Order)	7	8	23
The London Road (No. 2) Chesterton Area No. 189 Newcastle (Compulsory Purchase Order)	4	4	12
The Chapel Street (No. 4) Silverdale Area No. 196 Newcastle (Compulsory Purchase Order)	3	3	9

At the 31st December, 1971, the following areas had been represented but only one has been confirmed.

Area	No. of houses involved	No. of families	No. of persons
The London Road (No. 3) Chesterton Area No. 190 Newcastle	3	2	4
The London Road (No. 4) Chesterton Area No. 191 Newcastle	6	8	21
The London Road (No. 5) Chesterton Area No. 192 Newcastle	5	4	9
The Heathcote Street Chesterton Area No. 193 Newcastle	21	22	63

The John Street Chesterton Area No. 194 Newcastle	14	12	31
The Sandford Street Chesterton Area No. 195 Newcastle (Compulsory Purchase Order)	2	1	6
The Chapel Street (No. 4) Silverdale Area No. 196 Newcastle (Compulsory Purchase Order)	33	3	9
The Wedgewood Street (No. 2) Wolstanton Area No. 197 Newcastle (Compulsory Purchase Order)	8	1	2
The Brighton Silverdale Area No. 198 Newcastle (Compulsory Purchase Order)	13	12	26
The Mount Street Chesterton Area No. 199 Newcastle (Compulsory Purchase Order)	3	3	15
The Castle Street (No. 3) Chesterton Area No. 200 Newcastle (Compulsory Purchase Order)	6	6	15
The Heath Street (No. 2) Chesterton Area No. 201 Newcastle	11	11	36

Overcrowding

The number of cases recorded as legally overcrowded at the end of the year was 7. 4 new cases were brought to notice and 6 cases were abated.

Housing (Financial Provisions) Act 1958
as Amended by the Housing Acts 1961 and 1964
House Purchase and Housing Act 1959
Housing Act 1969

There were 243 preliminary applications for improvement grants in the Borough during the year and of these, 60 related to tenanted properties. The total number of applications received up to the 31st December, 1971 was 2,425.

The advent of the issue of Qualification Certificates under the Housing Act, 1969 appears to have stimulated the number of applications for grants towards tenanted properties.

Improvement Grants

Of the 243 applications for grant for improvements and conversions received, 208 were recommended as being suitable for grant.

Amount of grants approved during the year on:-

38 Improvement Grant applications	.. .. .	£14,454
115 Standard Grant applications	.. .. .	£21,448

Amount of grant paid during the year on:-

65 Improvement Grant applications completed		£22,436
56 Standard Grant applications completed	..	£7,361

Of the 153, grants approved, 109 were in respect of owner/occupied premises.

Qualification Certificates

Improvement Cases

1. No. of applications for qualification certificates under Section 44(2)	.. .. .	27
2. No. of certificates of provisional approval issue	.. .. .	26
3. No. of qualification certificates issued under Section 46(3)	.. .. .	3

Standard Amenities already provided

4. No. of applications for qualification certificates under Section 44(1)	.. .. .	388
5. No. of qualification certificates issued under Section 45(2) in respect of:-		
(i) dwellings with a rateable value of £60 or more	.. .. .	14
(ii) dwellings with a rateable value £40 to less than £60	.. .. .	47
(iii) dwellings with a rateable value of less than £40	.. .. .	1

Exemption for low income tenants from Section 54

6. No. of certificates issued under Section 55	-
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Certificates of Disrepair

Applications for Certificates of Disrepair

(1)	Number of applications for certificates	1
(2)	Number of decisions not to issue certificates	NIL
(3)	Number of decisions to issue certificates -	
	(a) in respect of some but not all defects	NIL
	(b) in respect of all defects	1
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	1
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	NIL
(6)	Number of certificates issued	1

Application for Cancellation of Certificates

(7)	Application by landlords to Local Authority for cancellation of certificates	1
(8)	Objections by tenants to cancellation of certificates	NIL
(9)	Decisions by Local Authority to cancel in spite of tenants' objections	NIL
(10)	Certificates cancelled by Local Authority	NIL

WATER SUPPLY

I am indebted to the Engineer, Manager and Clerk of the Staffordshire Potteries Water Board for the following interesting report concerning the water supply to the Borough:-

"The water supplied by the Board in the Newcastle Borough area is derived mainly from three sources, being deep wells and boreholes in the New Red Sandstone. All the water is treated with chlorine being chloraminated at source.

During 1971 bacteriological examinations on 154 samples were made, of which 45 were of untreated waters at the sources and 109 of the chloraminated water going into supply. All samples were 100% free from *E. Coli* Type I contamination with the exception of one sample. This contamination was dealt with immediately. Twenty eight chemical samples were analysed and the water serving the Borough is of the highest organic quality, neutral in pH reaction, of moderate hardness and free from metals. The water is not plumbo solvent. In a survey of consumers with lead services, 0.01 mg/1 (Pb) was the highest amount of lead found.

The consumption of water for domestic and unmetered trade purposes in the whole of the Board's area of supply for the year 1971 averaged 38½ gallons per head per day."

Further to the report of the Engineer, Manager and Clerk of the Staffordshire Potteries Water Board, the Chief Public Health Inspector reports:-

"The whole of the area is served by a piped supply on the constant system through the Staffordshire Potteries Water Board, the Borough Council being a constituent authority of that Board. Two outlying houses derive their water from springs.

One sample of water for bacteriological examination and one for chemical examination were taken from the Staffordshire Potteries Water Board supply. Both samples were reported to be satisfactory.

Five samples of water for bacteriological examination were taken from houses deriving their supply from springs. Four of these samples were found to be satisfactory and one unsatisfactory. In addition one chemical sample was taken which contained excess iron."

DRAINAGE AND SEWERAGE

The greater part of the district is sewered, one portion on the combined system, the remainder having a separate system for surface water. Portions of the Borough as yet unsewered include Audley Road (part), Deans Lane, Springwood, High Lane and Black Bank.

141 inspections regarding sewers, street gullies, etc., were made and 12 nuisances in connection with complaints abated.

SWIMMING BATHS

During the year, samples of water were taken from six swimming baths in use in the Borough. The results were as follows:-

<u>Bath</u>	<u>Number of Samples taken</u>	<u>Result</u>
King's Memorial Bath	14 Bacteriological	11 Satisfactory
		3 Unsatisfactory
	12 Free Chlorine	8 Satisfactory
		4 Slightly below standard
Newcastle High School	10 Bacteriological	10 Satisfactory
	10 Free Chlorine	7 Satisfactory
		3 Slightly below standard
Blackfriars School	10 Bacteriological	9 Satisfactory
		1 Unsatisfactory
	10 Free Chlorine	4 Satisfactory
		6 Slightly below standard
Clayton Hall Grammar School	11 Bacteriological	10 Satisfactory
		1 Unsatisfactory
	12 Free Chlorine	8 Satisfactory
		4 Slightly below standard
Edward Orme School	11 Bacteriological	10 Satisfactory
		1 Unsatisfactory
	10 Free Chlorine	9 Satisfactory
		1 Slightly below standard
Hempstalls C.P. School	11 Bacteriological	11 Satisfactory
	11 Free Chlorine	2 Satisfactory
		9 Slightly below standard

The Bacteriological samples reported as unsatisfactory were, in all cases, only very slightly below standard and this was corrected immediately. The general standard is very good.

The chlorine samples too, which were reported as slightly below standard, are in fact minor deviations and generally resulted from heavy usage which tends to make control difficult. Only one sample was so unsatisfactory as to require immediate action. This was a much too high chlorine content which made the water unpleasant to bathe in.

HAIRDRESSERS

Inspections of these types of premises are carried out with a view to ensuring that adequate standards of cleanliness, personal hygiene, sterilizing facilities, etc., are maintained. During 1971, 15 such inspections were carried out. 82 salons, (21 gents and 61 ladies) were in operation in the Borough at the end of December 1971.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

It will be noted that although forty four new premises were registered for during the year, the increase in the total of premises on the register is only eight. This, of course, is due to the fact that a number of premises have also been removed from the register, some premises have closed down, but the great majority were premises which have ceased to be registerable because no persons other than the owner of the business or his family are now employed.

There were two significant problems which were high-lighted during the year, firstly the failure to register some new premises and secondly irregularities in the notification of accidents.

With regard to the first problem, it is frequently only timely reminders from the Department's inspectors which prevent the occupiers of premises from committing an offence by their failure to register. Even then, the matter is not treated sufficiently seriously. I referred to this last year and there has been very little improvement.

There appears to be some confusion about the notification of accidents. Many employers do not realise that it is the responsibility of the occupier of the premises on which the accident has occurred to notify the local authority. Others appear to be unsure as to the type of accident which should be notified.

Both of these problems could be considerably improved by further publicity at local and national level. On the other hand, if any employer has doubts about his responsibilities a simple telephone call to this Department or the Department of Employment would bring him all the information and advice needed.

During the year, twenty one accidents were notified and these are summarised below:-

Struck by falling object	2
Lifting or pulling articles and equipment	2
Handling goods	3
Falls on same level	3
Falls on stairs	1
Burns and scalds	1
Fall from one level to another	1
Cutting instruments	5
Foreign body in eye	1
Injuries from power driven machines	1
Not otherwise specified	1

None of these accidents was fatal and no accident could be attributed to any negligence on the part of the proprietors of the businesses concerned.

Registrations and General Inspections

(1) Class of premises	(2) Number of premises newly registered during the year	(3) Total number of registered premises at end of year	(4) Number of registered premises receiving a general inspection during the year
Offices	9	174	77
Retail Shops	30	457	317
Wholesale shops, warehouses	3	23	13
Catering establishments open to the public, canteens	2	75	53
Fuel storage depots	-	2	2
Totals	44	731	462

Number of visits of all kinds by Inspectors to registered premises - 521.

Analysis of Persons Employed in Registered Premises by Workplace

Class of Workplace	Number of persons employed
(1)	(2)
Offices	1,629
Retail Shops	2,182
Wholesale Departments, Warehouses	304
Catering Establishments open to the public	701
Canteens	14
Fuel storage depots	4
Total	4,834
Total Males	2,309
Total Females	2,525

PREVENTION OF DAMAGE BY PESTS ACT 1949
RODENT CONTROL

One full-time and one part-time operator were employed to undertake treatment on all Council and Private properties and to give advice generally following receipt of complaint. In addition, systematic treatment is carried out in connection with the 58 annual contracts with traders affecting factory and business premises.

During the year, 361 complaints of rats and 196 of mice were received.

Sewer maintenance treatments were carried out during April and November with an operating squad consisting of one rodent operator, two sewer men and a vehicle with driver. A total of 1,301 sewer manholes were inspected of which 667 were poisoned.

3,822 visits were made by the operators and the number of rats destroyed was:-

(a) Caught and Trapped	604
(b) Estimated by baits	1,202

The refuse disposal tips receive regular attention and give very little trouble.

The two methods of rat destruction employed are gassing and poisoning. The poisons and baits used are those approved by the Ministry of Agriculture, Fisheries and Food, which include oatmeal, sausage rusk, zinc phosphide, warfarin, chlorophacinone, alpha-chloralose, coumatetralyl, tracking dust, cymag gas and fluoracetamide (sewers only).

The following is a copy of the table included in the annual return submitted to the Ministry of Agriculture, Fisheries and Food.

Properties other than Sewers	TYPE OF PROPERTY	
	Non-Agricultural	Agricultural
1. Number of properties in District ..	30,714	31
2. (a) Total number of properties (including nearby premises) inspected following notification ..	1,250	5
(b) Number infested by (i) Rats ..	282	5
(ii) Mice ..	195	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	53	2
(b) Number infested by (i) Rats ..	96	18
(ii) Mice ..	416	-

The gross expenditure on rodent control during the year was £3,548 with an income from contracts and other chargeable work of £341.

Vermin Infestation

In addition to the service for the destruction of rats and mice, the Department gives advice on methods of eradication of most known insects found in and about dwellings and other premises.

PET ANIMAL ACT, 1951

Under the provision of this Act no person may keep a pet shop unless he and the premises are licensed by the Local Authority. The licence is renewable each year and among the points to be considered in granting the licence are the suitability of the accommodation, the arrangements for feeding the animals, and the precautions to be taken against the spread of infection.

There are at present, seven licences in force within the Borough of Newcastle-under-Lyme.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

Work done under this Act during the year was reported to me by the Chief Public Health Inspector as follows:-

"Tents, Vans and Sheds

Number of vans existing at the end of the year:-

1 Permanent site	53
Number of vans, etc., in possession of owner/occupiers	30
Number of visits and inspections made	179

AGRICULTURE (SAFETY HEALTH AND WELFARE PROVISIONS) ACT, 1956 SANITARY CONVENIENCES ON FARMS

(a) Total number of farms operating in the Borough	23
(b) Percentage surveyed	100%
(c) Number of holdings on which persons employed other than members of the family	6
(d) Number of men employed in (c)	6
(e) Number in (c) which have satisfactory sanitary accommodation	6
(f) Number of notices served	NIL

No seasonal labour is employed on any of these farms."

ERADICATION OF BED BUGS

Particulars of action taken is as follows:-

Table 41

COUNCIL HOUSES				PRIVATE HOUSES			
Inspection	Infested	Dis-Infected		Inspection	Dis-Infected		
		HCN	Other Insecticides		Infested	HCN	Other Insecticides
52	2	-	2	25	2	-	2

OFFENSIVE TRADES

There is one rag sorter in the Borough.

Number of new offensive trades established	..	..	..	..	NIL
Number of inspections made	..	..	..	..	2
Nuisances or defects found	..	..	..	..	-
Nuisances or defects remedied	..	..	..	..	1

SANITARY ACCOMMODATION

The following is a summary of the various outdated types of sanitary convenience existing in the Borough at the end of the year:-

Number of houses served by waste water closets	..	..	..	23
Number of houses served by hand-flushed water closets	..	..	..	15
Number of houses and premises served by privies (27)	..	..	..	20
Number of houses and premises served by pail-closets (29)	..	..	..	28

Particulars of conversions made during the year -

Privies converted to water closets	..	..	..	..	-
Pail closets converted to water closets	..	..	..	..	-
Waste water closets converted to flushed water closets	..	..	..	..	1
Hand-flushed closets provided with cisterns	..	..	..	..	3

PUBLIC CLEANSING

The Chief Public Health Inspector reports as follows:-

"The work of the Cleansing Department covers the following services:-

- (a) Collection of all domestic or household refuse and certain trade refuse from business premises.
- (b) Collection of salvage from shop and business premises.
- (c) Disposal of refuse.
- (d) Street cleansing and gully emptying.
- (e) Garage workshops for the repair and maintenance of council vehicles and plant.
- (f) Public conveniences.

I reported last year that the Council had considered a report prepared by the Provincial Work Study Unit of the West Midlands Joint and Provincial Council for local Authorities' Services on the possibilities of merging the various direct labour services, vehicles and plant under the control of one officer. This report, in amended form, had been accepted, and a new post of Manager of Manual Services was created. The control of policies, quality and performance standards remained with the appropriate Committees and technical officers who had previously administered the various services. Because of the scope of the services to be merged, it was first requisite to establish a new department, manned by personnel transferred from the various technical departments to provide the support staff for the Manager of Manual Services. It was also impractical to transfer all the various Manual Service responsibilities at one time, and accordingly a progressive transfer of services was agreed.

The new Manual Services Department was established at the newly built Central Depot on the transfer to the new department and this included clerical staff engaged in the former Cleansing Department.

The first of the former Cleansing Departments Services transferred was control of the garages and vehicle maintenance staff. This was accomplished on 1st April, 1971, and the various cleansing services were then transferred on 1st June, 1971.

The Council had already established a work study unit within the Department of the Borough Treasurer, and these officers were engaged throughout the year on a study of the various services, including cleansing, but by the end of the year, although negotiations and meetings with the employees and union representatives had taken place, no incentive bonus scheme for the cleansing services had been finalized.

During the year, the problem of absenteeism and a high incidence of sickness continued to cause difficulties in maintaining all services, and in order to maintain the refuse collection teams, it was again necessary to resort to withdrawal of drivers or men from gully emptying or street cleaning.

Refuse disposal continued to be undertaken by controlled tipping at High Carr, where two bulldozers are available for levelling and compaction. Additional land may be available adjoining the present tipping areas which will increase the long term capacity of this site.

The income from Salvage Sales at £4,600 remained comparable with the figure for the previous year, in spite of a restriction imposed by the Board Mills caused by a serious recession in the industry. This recession had not improved by the year end, but there are now signs of a recovery which may lead to an increased demand and outlet for recovered paper salvage.

Abandoned vehicles continued to be found or reported by the public during the year, and it was necessary to deal with 63 such vehicles, of which 14 were removed by the Council, the remainder being removed by the owners.

In order to provide better facilities for the handicapped, where possible, the public conveniences throughout the Borough were provided with access ramps, and adaptations were carried out at the town centre, Merrial Street toilets to provide both male and female handicapped persons toilets. Work was also commenced on the provision of a new public convenience adjacent to the Community Centre at Chesterton and an additional female toilet was provided to the Knutton conveniences.

By the time the next Annual Report is prepared, the final decisions will have been taken by Parliament on the proposed allocation of functions in the re-organisation proposals for local government to take effect on 1st April, 1974. There is at this time, still some doubt as to the final decision which will be taken on the possible split of the traditional services administered by the present local authorities, and it may well be that although collection of refuse will remain with the newly formed district councils, the function of refuse disposal will be transferred to the new County Councils, in order that they can exercise control and co-ordination over wider geographical areas. There will obviously be much work to be completed by the authorities who will merge in 1974, to ensure a smooth changeover with minimal disturbance in the settling in period after 1974.

Once again, it is appropriate to record my appreciation of the loyal and hard working staff who maintained these essential services throughout the year, in spite of adverse weather and other difficulties.

Staff

The staff employed in this service was as follows up to 31st May, 1971:-

Clerks	3	Cleansing Foreman	1
Pupil Cleansing Inspector	1		
Workmen - Full-time	105	Part-time	7
		Mechanics	
Foreman Mechanic	1	(Vehicle Maintenance)	5

As from 1st June, 1971, the staff engaged in the Public Cleansing Section comprised:

Cleansing Supervisor	1
Pupil Cleansing Inspector	1
Workmen - (full-time)	105
(part-time)	7

all clerical support services being provided by the Manual Services Department.

Services

The following is a summary of the cleansing services performed during the year ending 31st March, 1972.

(a) Refuse Collection:-

Number of houses and other premises receiving regular refuse collection service	27,706
Number of premises receiving regular bulk container refuse collection service	63
Number of premises receiving regular salvage collection service	437
Average number of dustbins emptied per week ..	32,367
Average number of bulk containers emptied per week	159
Average number of privies cleansed per week ..	20
Average number of pail closets cleansed per week	22
Number of cesspools cleansed during the year ..	80
Number of dustbins replaced or provided through the Local Authority (excluding new houses erected)	2,945
Total refuse collected - Dry (estimated)	25,000 tons
- Salvage (estimated)	500 tons
- Wet (estimated)	160 tons

(b) Refuse Disposal:-

Total estimated refuse at Tips (excluding wet refuse or covering material)	28,850 tons
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The refuse collected in the Borough is disposed of at disused marlholes at High Carr, Chesterton.

(c) Street Cleansing:-

Mileage:

Trunk Roads	(6.8 miles)	County Roads	(29.00 miles)
District Roads	(93.918 miles)	Unadopted Roads	(9.117 miles)

Total: 138,835 miles

Mileage of Channels Cleansed: 259.436 miles

Frequency of Cleansing

(a)	At least once daily	1%
(b)	Three to five times weekly	3%
(c)	Twice weekly	8%
(d)	Once weekly	60%
(e)	Less than once weekly	28%

Number of Street Gullies: 8,032

PUBLIC CONVENIENCES

The following conveniences are provided:-

Newcastle:-	Hassell Street	(Males and Females)
	Pepper Street	(Males and Females)
	Merrial Street	(Males and Females)
	Liverpool Road, Cross Heath	(Males and Females)
Wolstanton:-	High Street	(Males and Females)
	Bradwell Lane	(Males and Females)
	Jubilee Road Urinal	
Silverdale:-	Crown Street	(Males and Females)
Knutton:-	Knutton Cross	(Males and Females)
Chesterton:-	Victoria Street	(Males)
	Dragon Square	(Males and Females)
	The Hollows (under construction)	(Males and Females)

Cost of Public Cleansing Service

The following figures giving costs of services are taken from the Abstract of Accounts prepared by the Borough Treasurer for the year ended 31st March, 1972.

Net expenditure:

Refuse Collection	
(including Salvage Collection)	£131,954
Refuse Disposal	£ 5,262
Street Cleansing	
(including Gully Emptying)	£15,562
Public Conveniences	£24,775
	<hr/>
	£177, 553
	<hr/>

BOROUGH OF NEWCASTLE-UNDER-LYME

(Excepted District : Staffordshire County Council)

ANNUAL REPORT

of the

BOROUGH SCHOOL MEDICAL OFFICER

for the year 1971

John A. Scully, M.A., M.B., B.Ch., B.A.O., D.P.H., M.F.C.M., F.R.S.H.

BOROUGH SCHOOL MEDICAL OFFICER

SCHOOL HEALTH SERVICE STAFF

Borough School Medical Officer

John A. Scully, M.A., M.B., B.Ch., B.A.O., D.P.H.,
M.F.C.M., F.R.S.H.
(from 1.10.71 - previously Deputy
Borough School Medical Officer.)

John Warrack, M.B., Ch.B., D.P.H. (Retired 30.9.71.)

Departmental Medical Officers:

Henrietta Procter, M.B., B.S., M.D. (Lond.)
Mary Isobel Cooper, M.B., B.S.
Douglas G. Garvie, M.B., Ch.B., (Part-time)

Ophthalmic Surgeon (Part-time):

P.J.M. Kent, M.R.C.S., L.R.C.P., D.O.M.S.

Health Visitor/School Nurses:

Mrs. F. Baker (Appointed 25.9.71.)	Mrs. D. G. Glanfield (Appointed 8.11.71.)	Miss E. Millington
Mrs. A. J. Bateman	Mrs. H. B. Hadgett	Miss M. Palmer
Mrs. M. Bettany	Mrs. R. M. Hegarty	Mrs. M. B. Ruscoe
Miss. D. Colton	(Appointed 1.3.71.)	Miss M. Shingler
Mrs. M. Fogg	Mrs. E. Hollinshead	Mrs. N. Stanyer
Miss J. M. Forrester	Mrs. C.A. Hough	Miss E. Steele
		Mrs. M. D. Walker

School Nurses:

Mrs. N. Bailey (Left 24.9.71.)
Mrs. D. Kirkland (Left 29.10.71.)

Physiotherapists:

Mrs. M. Bowcock, M.C.S.P.
Mrs. T. J. Bladen M.C.S.P. (Part-time)
Mrs. B. Wain M.C.S.P. (Part-time)

Speech Therapist (Part-time):

Mrs. J. E. Jones, L.C.S.T. (Appointed 7.9.71.)

Area Dental Officer:

R. B. Geldeard, L.D.S.

School Dental Officers (Part-time):

Mrs. Anne Geldeard, B.D.S. (Appointed 5.5.71.)
Leslie J. Myatt, B.D.S., L.D.S., R.C.S.
Mr. L. Gillibrand, B.D.S., (Appointed 31.3.71.)
Mrs. D. J. Gillibrand, B.D.S. (Appointed 3.5.71.)

Dental Anaesthetist (Part-time):

J. Lewis, M.B., B.Ch., F.F.A.R.C.S., D.A.

Dental Surgery Assistants:

Mrs. F. Sykes

Mrs. L. Heath (Appointed 19.7.71.)

Health Education Officer:

R. M. Kimber, M.I.H.E., (Resigned 3.1.71.)

Miss J. Stanier (Appointed 1.2.71.)

Clerical Staff:

Chief Clerk

- R. Montague, D.M.A., M.I.L.G.A.

Deputy Chief Clerk

- Mr. K. Earls

Section Clerks:

- Miss N. Bentley

Mrs. J. Garner

Mrs. J. Leverett

Clerk/Shorthand-Typists:

- Mrs. J. Gethin

Miss L. Leese (Resigned 19.2.71.)

Miss J. Mountford

Mrs. J. Ikens

Miss E. Howe

Miss Y. Barber

Clerk:

- Miss J. Hughes

Health Department,
Civic Offices,
Merrial Street,
Newcastle-under-Lyme,
Staffs.

August, 1972

To the Chairman and Members of the Newcastle Committee for Education,
Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my report for 1971 on the health of the school children in the Excepted District of the Borough of Newcastle-under-Lyme and the facilities available under the School Health Service.

This has been an interesting year in which I have been privileged to take over as Borough School Medical Officer from the 1st October, 1971. Right at the outset I must pay a very high tribute to the work done by my predecessor, Dr. John Warrack, who has always maintained a very high standard of efficiency. There is a second interesting point in that I have taken over this, the School Health Service for this Borough at a time when its estimated life as a separate service is only $2\frac{1}{2}$ years, and this has been one of the greater stumbling blocks introducing as it does, further problems when deciding priorities, in bringing in changes and improvements.

The Dental Service has improved enormously in facilities and morale. This is due entirely to Mr. R. B. Geldeard, the Area Dental Officer, who has provided a very full and interesting report in the main body of this Annual Report, in which you will note that the work done has increased sevenfold since 1970.

During the past year the full establishment of Health Visitors/School Nurses was reached, and unfortunately, that meant that two temporary School Nurses, Mrs. D. Kirkland, and Mrs. Bailey became surplus to establishment and were therefore, allowed to leave. The School Health Service is greatly indebted to them for a great deal of hard work done willingly and done well.

Speech Therapy is the province of Mrs. Jones, who provides two sessions a week. It has not been possible to obtain more speech therapists and this particular branch is grossly understaffed. The full establishment is, in fact, only one full time speech therapist and I do not consider that this is adequate for the Borough, bearing in mind that we now have three special schools and the Assessment Centre, as well as the ordinary schools. In any case, I intend to carry out a careful survey next year to assess accurately the speech therapy requirements for the Borough.

One of the highlights of the year has been the transfer of the Junior Training Centre from the County Health Department to Education on the 1st April this year, so that the Junior Training Centre became the Wilmot School, which entered the welcoming arms of the School

Health Service, with the Special Care Unit. This transfer has brought with it a considerable increase in work, both medical and administrative, in order to deal with the problems provided by children at the Wilmot School who are severely sub-normal and by the children at the Special Care Unit, one of whom is over forty years of age, who are not only severely sub-normal mentally but are also severely handicapped. This problem of the severely dual handicapped person, whether child or adult, is one which takes a considerable amount of time and patience on the part of the staff. Arrangements have been made so that Mrs. Bladen, the part time Physiotherapist has been able to visit the Special Care Unit as well as the Wilmot School, to give physiotherapy and to show how exercises may be carried out by the staff.

All in all, the standard of health of the children of the Borough is satisfactory. Certain aspects, however, are not satisfactory. North Staffordshire appears to me to have a high prevalence of respiratory infection and also asthma and hay fever, and it is not uncommon to find middle ear infections neglected or taken too late to see the family physician. The incidence of dental caries continues to cause me and my staff considerable concern: the only solution to this is the provision of fluoridated water as a preventive measure. It is unfortunate that this measure arouses such hostility, because in addition to rendering the childrens teeth more resistant to dental caries, it also appears to render the bones of elderly people more resistant to trauma and fractures which are liable to occur in later life. I must repeat, that irrespective of what may be said by other ill-informed people, fluorine added to domestic water supplies in the appropriate dosage is not a poison. Obesity, bringing with it as it does a degree of knock-knee, continues to cause concern. It is indeed unfortunate that so many of the parents of these children appear so resistant to advice regarding dieting and achieving a more suitable weight - height combination. It must be borne in mind that patterns of obesity set in childhood may very likely lead to early coronary thrombosis.

Early in October this year, I found myself in the position of having no Deputy, and, with the absence of Dr. M. I. Cooper on the D.P.H. course at the University of Bristol, short of one Departmental Medical Officer, i.e. a deficiency of two full time Medical Officers. Cut-backs had to occur somewhere, and the number of medical inspections at school during the Christmas term of 1971 had to be reduced, resulting in a total of 3,433 children being seen on routine medical inspections, instead of 3,935 children in 1970.

If this deficiency were not enough to cope with, further serious inconvenience was caused by the implementation of Statutory Instrument 1368 of 1971 under the Education (Milk) Act 1971, and the exclusion of children between the ages of 8 and 11 from the free milk scheme. In my opinion, this is one of the silliest pieces of legislation that it has ever been my misfortune to meet: it allowed Medical Officers to prescribe $\frac{1}{2}$ of a pint of milk on the grounds of malnutrition or social needs. In order to deal with the problem of malnutrition, I decided to screen all the possible candidates for milk myself, and set out to find children who were below the minimum acceptable height and weight for their ages, who would then be subjected to a careful medical examination, in order to

discover signs of malnutrition. (I should point out here that I am interpreting malnutrition as under-nutrition). No such child was discovered, although many children suffering from obesity i.e. over-nutrition were seen. This left the possibility of prescribing milk on social grounds. I have been unable to discover how one can prescribe a nutrient such as milk on any other grounds but nutritional. I would expect that the social workers might well provide assistance in kind for people, including their children, who had social needs, i.e. bedding, clothing and so on. The result of the survey was that I found one child who appeared to be under-sized for her age, but on further examination it was found that she was suffering a congenital defect and that she was not under nourished. In addition, I think that it is reasonable to add that milk is relatively deficient in certain aminoacids and relatively deficient in vitamins, particularly during winter, and therefore, milk alone should not be considered to be a meal in itself. On the other hand, milk taken with for example Cornflakes, does provide a balanced diet because the relative deficiency of certain aminoacids in the milk is offset by an adequacy of these aminoacids in the cereal. The problem remains, however, of a shortage of Vitamin C which is relatively deficient all the year round, and Vitamin D which is found in milk in a reasonable concentration during summer. In actual fact, cows milk is excellent food for baby cows and bulls.

I should point out with the shortage of staff I found that I was the only Medical Officer approved for the ascertainment of educational sub-normality in children. The "ascertainment" of a child which includes not only psychometric assessment, but also a thorough medical examination and appraisal of the child's abilities and requirements, takes at least two hours, and more usually $2\frac{1}{2}$ - $2\frac{3}{4}$ hours. In order to cut down the time taken for this, to avoid further difficulty in keeping up to date with administration, arrangements were made for the psychometric assessment to be carried out by the Educational Psychologists. I am greatly indebted to the Senior Educational Psychologist, Mrs. P. E. Brain, for the help which she and her overworked colleagues have given, thus enabling children to be examined and recommended for special education in respect of educational sub-normality without too much delay. I should add that not all the children who receive psychometric assessment are found to need admission to the Coppice School or the Wilmot School; a proportion of these children in the "low average I.Q." range are recommended for remedial education at the Remedial Centre or at their own schools.

I must thank the Council members who have shown interest in the work of the Service. I must also thank the Borough Education Officer and all his staff, and the Head Teachers for their continuous co-operation and help. I must also thank all my own staff for their loyalty and hard work at all times.

I am,

Yours faithfully,

JOHN A. SCULLY

Borough School Medical Officer

NURSING ESTABLISHMENT

For the first time since 1965 the full establishment of Health Visitor/School Nurses was achieved. During these years a deficiency of health visitor trained staff was made up by temporary school nurses who gave valued service to the Borough.

SCHOOL POPULATION

The number of pupils on the registers of maintained schools (including nursery schools) at the end of the year was 15,147. This represents an increase of 129 over 1970.

Number of schools or departments:-

Nursery Schools	4
Infant Departments	12
Infant and Junior Departments	11
Junior Departments	11
Secondary Modern Schools	9
Secondary Grammar Schools	4
Blackfriars	1
The Coppice School	1
The Wilmot School	1
Assessment Centre	1

INFORMATION OBTAINED BY MEDICAL INSPECTIONS

Physical Condition

The physical condition of the children examined at periodic medical inspections is shown in Table 1 in the statistical tables at the end of this report.

Uncleanliness

7 children were found to be verminous at routine school medical inspections.

At periodic cleanliness inspections of children a total of 20,938 examinations were made and 627 individual pupils were found to be infested. 453 cleansing notices were issued under Section 54(2) of the Education Act, 1944.

3 children were compulsory cleansed at school clinics under Section 54 (3) of the Education Act, 1944.

64 children were referred to the school clinic for treatment.

Tonsils and Adenoids

At periodical and special examinations, 20 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 101 cases received operative treatment through arrangements made by the School Health Service. In addition there were 230 cases which required only medical treatment and/or observation.

Skin Diseases

7 cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.,) were discovered at medical inspections and found to require treatment.

Defective Vision and Squint

61 cases of defective vision and squint were discovered at routine and special medical examinations and were referred for treatment, being 53 cases of defective vision and 8 cases of squint.

The Ophthalmic Clinic is held each Wednesday morning at Friarswood School Clinic. During the year 776 children had refractions carried out and in 107 cases spectacles were prescribed after examination by the Schools Ophthalmic Surgeon.

Ear Diseases and Defective Hearing

At routine medical inspections during 1971, 5 cases in this category were found to require treatment and all were referred to Consultants at local hospitals.

ADDITIONAL EXAMINATIONS

Medical Inspection prior to admission to Training Colleges

During 1971, 112 pupils have had a special medical examination by the Departmental Medical Officers before admission to colleges for training for the teaching profession, as is required by the Department of Education and Science. All the pupils were declared medically fit for admission to a training college.

Medical Inspection of new Entrants to the Teaching Profession

During 1971, 10 medical examinations, with subsequent X-ray of chests as required by the Department of Education and Science, were carried out on new entrants to the teaching profession within the Borough. All the new entrants successfully passed this medical examination.

Children attending School Camps

During the year, 218 medical questionnaires, which were introduced in 1970 for children attending school camps, were completed where appropriate. The completed forms are scrutinised by a medical officer who decides if a medical examination is necessary. 5 medical examinations were held during the year.

Education Department Employees

During 1971, 159 questionnaires were completed by prospective employees in the Education Department. 10 of this number had full medical examinations carried out and all were found fit for employment.

SELECTIVE MEDICAL EXAMINATIONS - 9+ AGE GROUP

School	No. of questionnaires issued	No. of questionnaires not returned	No. of refusals	No. Selected	No. of children with defects
Albert Street Jnr. Girls	67	5	-	39	18
Bradwell C.P. Jnr.	59	1	-	18	14
Broadmeadow Jnr. Boys	59	-	-	29	17
Bursley C.P. Jnr.	72	-	-	18	6
Cherry Hill C.P. Jnr.	71	8	-	33	19
Crackley Bank C.P. Jnr.	65	13	-	14	8
Ellison St. C.P., Jnr.	190	1	-	74	32
Friarswood C.P. Jnr.	125	27	-	53	24
Hassell Street C.P. Jnr.	75	7	-	37	16
Hempstalls C.P. Jnr.	119	16	-	48	28
Hillcrest C.P. Jnr.	75	2	-	21	7
Knutton C.E.V.C. Jnr.	50	-	-	29	11
Langdale C.P. Jnr.	116	10	-	42	21
Our Lady and St. Werburghs R.C. Jnr.	8	1	-	3	1
St. Giles' & St. George's C.E.V.C.	39	7	-	5	1
St. Mary's R.C. V.P. Jnr.	97	16	1	24	14
St. Wulstan's R.C. Jnr.	60	7	-	32	15
Seabridge C.P. Jnr.	76	1	1	44	22
Silverdale C.P. Jnr.	59	2	1	37	19
Silverdale St. Luke's C.E. Jnr.	45	-	-	29	16
Westlands C.P. Jnr.	44	3	-	26	14
Wolstanton C.E. Jnr.	144	1	-	69	42

PHYSIOTHERAPY

The Physiotherapists continued to provide treatment at the Clinic at Friarswood House, Priory Road, Newcastle, and at the Blackfriars School. Towards the end of the year I arranged for Mrs. Bladen to devote one of her sessions to the Wilmot School.

Mrs. Bladen has made the following contribution to this annual report:-

"Friarswood Clinic

Statistics show that at the present time the majority of children are referred to the clinic for remedial exercises, and many of these are suffering from some degree of pes planus. Although a percentage are in need of constant supervision, it is felt that more of the time available could be given with advantage to the treatment of children with postural difficulties or those suffering from upper respiratory infections. In the second half of the Autumn term, one session at Friarswood Clinic was discontinued, in order that work might be started with patients at the Wilmot School.

Wilmot School

The staff there had already made splendid progress with some of the severely handicapped children and are to be congratulated on their efforts. It is hoped that with time and more apparatus and aids, when funds are available, that even better results may be achieved".

FRIARSWOOD CLINIC AND WILMOT SCHOOL

(Mrs. T. J. Bladen
M.C.S.P.)

Breathing and Remedial Exercises and Sun-Ray Treatment Sessions held -

Tuesday	-	10:00 a.m.	-	12 noon
		1:30 p.m.	-	3:30 p.m.
Thursday	-	10:00 a.m.	-	12 noon
		1:30 p.m.	-	3:30 p.m.

Attendances during the year were as follows:-

	<u>Breathing Exercises</u>	<u>Remedial Exercises</u>	<u>Sun-Ray Treatment</u>
Children	22	65	10
Attendances	473	1,138	337

BLACKFRIARS SCHOOL

(Mrs. B. Wain & Mrs. M. Bowcock)

Breathing Exercises, Remedial Exercises and Sun-Ray Clinics held on -

Mondays	-	9:15 a.m. - 12 noon 1:30 p.m. - 3:30 p.m.
Tuesdays	-	9:15 a.m. - 12 noon 1:30 p.m. - 3:30 p.m.
Thursdays	-	9:15 a.m. - 12 noon 1:30 p.m. - 3:30 p.m.

Hydrotherapy Sessions held -

Wednesdays	-	9:15 a.m. - 12 noon 1:30 p.m. - 3:30 p.m.
Fridays	-	9:15 a.m. - 12 noon 1:30 p.m. - 3:30 p.m.

Attendances during 1971 were as follows:-

	<u>Breathing Exercises</u>	<u>Remedial Exercises (Including Hydrotherapy)</u>	<u>Sun-Ray Treatment</u>
Children	14	75	19
Attendances	478	3,152	332

SPEECH THERAPY

I was fortunate to obtain the services of Mrs. Jones, a speech therapist, for two sessions per week from September after the School Health Service had been without a speech therapist since June, 1970. I felt that speech therapy was most needed in the Coppice and Blackfriars Schools and accordingly Mrs. Jones gives one session weekly to both these schools.

The Paediatricians and E.N.T. consultants at the Hospital Centre have been most co-operative and have arranged for Borough children who were urgently in need of speech therapy to receive this treatment at the hospital.

Mrs. Jones, the speech therapist has made the following comments:-

- "(a) Working on school premises in close co-operation with the teachers, I am getting nearer the kind of liaison necessary to make a success of speech therapy.
- (b) The children are more co-operative in the school situation.
- (c) In both schools I have willing helpers who carry out daily speech exercises with children under treatment.
- (d) At Blackfriars I work in co-operation with the physiotherapist.
- (e) I waste no time waiting for failed appointments, as in clinics.

I am very satisfied with this arrangement and feel that the very limited time is put to the best use in this way. My concern is that there should be adequate speech therapy for the children in the Borough."

MINOR AILMENT CLINICS

During the year the minor ailment clinics in the Borough continued to operate as follows:-

BRADWELL C.S.M. SCHOOL	Tuesday	9:30 a.m. - 10:15 a.m.
CHESTERTON - Loomer Road	Monday	10:30 a.m. - 12:00 noon (Dr. attends 10:00 a.m. - 11:00 a.m.)
CLAYTON - Kingsbridge Ave.	Wednesday	9:30 a.m. - 10:15 a.m.
CRACKLEY BANK C.P. SCHOOL	Wednesday	10:30 a.m. - 11:30 a.m.
HEMPSTALLS C.P. SCHOOL	Wednesday	10:00 a.m. - 11:00 a.m.
KNUTTON - Knutton Lane	Tuesday	10:30 a.m. - 12:00 noon (Dr. attends 11:00 a.m. - 11:30 a.m.)
	Friday	9:30 a.m. - 10:30 a.m.
NEWCASTLE - Friarswood	Monday	10:30 a.m. - 12:00 noon (Dr. attends 11:15 a.m. - 12:00 noon)
	Friday	10:30 a.m. - 12:00 noon (Dr. attends)
SILVERDALE - Crown Street	Tuesday	9:30 a.m. - 10:15 a.m. (Dr. attends when required)
PORTHILL - Inglewood Drive	Thursday	10:30 a.m. - 12:00 noon (Dr. attends 10:45 a.m. - 11:30 a.m.)

The cases dealt with are included in Table III at the end of this report. During the year the number of attendances at the various minor ailment clinics was 6,698 which is a decrease of 764 on the figure for 1970.

CHILD GUIDANCE

During the year under review, 24 children from the Excepted District were referred to the Child Guidance Clinic. At the end of the year, 9 children were under treatment and there were 4 children on the waiting list for appointments.

Dr. W. Johnson, the Principal Medical Officer for the Mental Health Service, has kindly supplied the following notes on the Child Guidance Service:-

"A Child Guidance Service for the Borough is provided at a clinic held within the Borough and provided by the County to serve not only the Borough but also the northern part of the County. 1971 has been a difficult year within the clinic because the coming into operation of the Social Services Act has necessitated a re-arrangement of the service and it is no longer associated with the former Mental Health Service which has now been transferred to the Social Services Department. Recruitment of social workers for the Child Guidance Service has, in general, been adversely affected because of better financial and promotion prospects within the Social Services Department.

Throughout the year, approximately three sessions of psychiatrist time have been provided by me. Towards the end of the year it proved possible to recruit another social worker to provide an additional four sessions of social work time and the Education Department provided another Educational Psychologist to work part-time within the clinic. Nevertheless, the total available manpower is still considerably under what is necessary to serve the population of the area and it remains the policy of the clinic to provide mainly an assessment and emergency treatment service".

CHIROPODY SERVICE

Children found to require chiropody treatment through the School Health Service are treated by the chiropodist at the King Street Clinic, by appointment. 1 child received treatment during the year.

BLACKFRIARS SCHOOL

Mr. Hollinghurst, the Headmaster of the Blackfriars School, has submitted the following comments on the School Health Service, in relation to his particular establishment:-

"I am delighted with the speech therapy service and I have allocated the small corridor room for speech therapy purposes. Mrs. Jones, the speech therapist, has been provided with a rug, mirror, cupboard and a bench so that relaxation exercises can be carried out before the children attend for speech therapy. She also works in the classroom and I am delighted with the standards and with the co-ordination with the teaching staff.

The arrival of the Area Dental Officer at the Friarswood Clinic has been most welcome and Mr. Geldeard has gone to great lengths to understand the problems of the children attending Blackfriars School. I have been very pleased when he has visited school in order to participate in the showing of dental treatment on the television.

The physiotherapist and the physical education specialist are delighted with the forms outlining the physical programme of the children in the school.

Holidays and visits are organised during the year ranging from a holiday at the Brownie Cottage at Maer for the eight year olds to the study of the pollution of the River Trent from its source to the Humber, one week being spent at the Lincoln P. H. School.

Ten out of twelve school leavers take the Certificate of Secondary Education with the average pass rate of five subjects; three children were transferred to Grammar School.

It is hoped to undertake a review of the physiotherapy requirements because of the increasing number of severely handicapped children attending school, and plans for admission of pre-school children and dual handicapped children are under consideration by the Department of Education and Science. Once these units are available it will help us to provide a much better service."

SCHOOL DENTAL SERVICE

Mr. R. B. Geldeard, the Area Dental Officer, has provided the following report on the School Dental Service:-

"The past year has been one of expansion and modernization in the Borough Dental Service. After several years of reliance on a succession of part time Officers, at the start of December 1970, the service, with an establishment of three full time officers was being kept alive so to speak by Mr. L. Myatt working two sessions for the Borough.

At this time I was appointed as full time Area Dental Officer along with a full time Dental Surgery Assistant Mrs. F. Sykes and Mr. Myatt agreed to work one extra session.

In May of this year three further part time officers were appointed Mr. and Mrs. R. Gillibrand and Mrs. E. A. Geldeard along with another full time Dental Surgery Assistant Mrs. L. Heath.

At the present time the Borough has a staff of five Dental Surgeons the equivalent of 2.3 full time officers; and two full time Dental Surgery Assistants, a Consultant Anaesthetist has also been appointed for 1 session per week for the administration of general anaesthetic.

To keep pace with the increase in Dental Staff the Surgery Accommodation in the Borough has been expanded and modernized over the past year. The one existing surgery at Friarswood House has been re-equipped to present day standards, making it possible for all modern Dental techniques to be carried out. Hygiene has been improved by the removal of all the old wall cupboards and fittings and their replacement with modern equipment.

Anyone studying the geography of the Borough would soon see that with these two surgeries in existence, in order to offer an adequate service to the schools, one other surgery was badly needed in the Chesterton; Crackley Bank area, to enable children attending school to receive treatment, without having to travel awkward and long distances to the other clinics. This problem has been solved by use of the Dental Caravan which in the past has been used occasionally as a mobile surgery. It has been refitted, the old equipment from Friarswood House has been installed (one would hope, as a temporary measure only) and it has been parked in the grounds of Crackley Junior School to be used as a third permanent surgery on this site.

I would like at this time to offer my sincere thanks to Mr. Allen, the Headmaster at Crackley Bank and to all his staff especially Mr. Smith the Caretaker, for all the help they have given, and are continuing to give the dental staff at the caravan.

I now wish to state briefly the aims of the Borough Dental Service in Newcastle. As I see them they are threefold:-

A. To provide an emergency service where patients can receive immediate treatment for dental pain and/or trauma. This is perhaps the most important service which can be offered in an area where parents allegedly find great difficulty in receiving such treatment for their children. Every week-day morning there is a period set aside of two clinics for children in pain to be seen immediately without prior arrangements, and even outside that period, every effort is made to see such patients with as little delay as possible.

B. An inspection each year of all new pupils at the primary schools and at the nursery schools. Each child found to require treatment is offered an appointment with a School Dental Officer. In this way, over the years all parents will be introduced to the service and be given the opportunity to have their children treated.

C. To offer a comprehensive dental service to all patients who wish to avail themselves of this treatment, and by means of a Dental Health Education programme, to try to show both parent and children the value of a clean and healthy mouth.

What of the Future?

1972 will start with a Dental Health Campaign aimed at the infant schools and consisting of a series of films and talks by Miss. J. Stanier, the Health Education Officer. It is hoped to follow this by some form of inter-school painting competition.

It is hoped that the staff can be augmented as soon as possible to bring this service up to full establishment. Arrangements have already been made to place advertisements in the various Dental Hospitals and in the British Dental Journal. In addition it is hoped that during 1972/73 the Dental Caravan can be re-equipped to modern standards, finance permitting and also to establish a second surgery at Friarswood House so as to provide suitable accommodation.

Looking back over the past year I would like to express my gratitude to Dr. Scully and to his predecessor Dr. J. Warrack for all the guidance and encouragement they have given the Dental Staff. May I also offer similar thanks to Mr. McKay the County Dental Officer. The Staff of the Health Department at the Civic Offices also deserve thanks for all the extra work they have done on behalf of the Dental Services throughout the year.

I offer my sincere thanks also to the Heads of all the schools in which we have carried out school inspections this year. They have always made us very welcome and offer us all possible assistance. May I also on behalf of all the Dental Staff thank the caretakers at the three clinics, Mr. and Mrs. Harding (Friarswood), Mrs. Cooper (Porthill) and Mr. Smith (Crackley Bank) who have, without complaint carried out the extra work involved, not only in the day to day running of the clinics but especially during the period of alterations and re-equipping.

In conclusion may I offer my personal thanks to the rest of the Dental Staff, Officers and Nurses with whom I have had the pleasure of working this year."

SCHOOL DENTAL SERVICE

Statistics regarding children inspected and treated during the year are given later in the report in Table IV.

INSPECTION OF SCHOOL PREMISES

Inspections of school premises are carried out by the Departmental Medical Officers when visiting the schools to conduct medical inspections of pupils. For the mutual convenience of the medical and teaching staffs these inspections are usually carried out on the last day of the medical inspection.

During the year, 40 such inspections were made and a total of 73 defects in 30 schools were reported to the Borough Education Officer for his information and for any action he cared to take. Defects found in 10 schools during 1971 had been reported to the Borough Education Officer after inspections in previous years.

Inspections of school premises are carried out under the standards for school premises regulations, 1959 which lay down standards for accommodation, washing facilities, toilets, water supply (both hot and cold), lighting, ventilation, temperature, conditions of playgrounds, Cleanliness, etc.

SCHOOL SWIMMING BATHS

The following contribution has been made by Mr. F. J. Rogers the Chief Public Health Inspector:-

The number of water samples from school swimming baths submitted for examination during the year were as follows:-

School	Number of Samples	
	(a) Bacteriological	(b) Chemical
Blackfriars	10	10
Clayton Hall Grammar	11	12
The Edward Orme	11	10
Hempstalls C.P.	11	11
Newcastle High	10	10
Total	53	53

All the bacteriological samples were reported as satisfactory except for the following:-

Blackfriars School - 1
Clayton Hall Grammar - 1
The Edward Orme - 1

These were slightly below standard and in each case the matter was reported to the school concerned and remedial action taken immediately.

The chemical samples were generally satisfactory but from time to time comments were made as follows:-

Alkalinity (pH value)

Many samples were slightly outside the rigid limits set for alkalinity which appear somewhat difficult to maintain.

Free Chlorine Content

All the school baths produced one or more samples in which the free chlorine content was considered to be a little too high or too low. These were reported and the follow-up samples showed an improvement. Only one sample which was taken from Hempstalls bath demanded immediate action and revealed an extremely high free chlorine content which would render the water most unpleasant to use.

Organic Matter

A high total residual chlorine content is usually indicative of a build-up of organic matter and generally arises from prolonged or heavy usage. This was reported on several occasions from the baths at Blackfriars and Hempstalls C.P. school. Again this was brought to the notice of the schools concerned and corrective action recommended.

DISINFECTION OF PLIMSOLLS

As has been the practice for a number of years, the plimsolls used in the schools are regularly disinfected at the disinfection centre in Knutton Lane. This is done in an endeavour to control the incidence and spread of foot infections.

INSPECTION OF SCHOOL MEALS PREMISES

The Public Health Inspectors of the Borough pay periodic visits to premises connected with the preparation and serving of school meals. Defects which are found on such visits are reported to the Borough Education Officer. 63 visits were paid to these premises during 1971.

MILK IN SCHOOLS

The milk supplied to schools is sampled from time to time by the Public Health Inspection Staff. During the year, 16 such samples were submitted for examination at the Public Health Laboratory and all were found to be satisfactory, both in cleanliness and degree of pasteurisation.

X-RAY OF KITCHEN STAFF

During 1971, 61 members of the school meals service kitchen staff were x-rayed at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed. All were examined by a Medical Officer to ensure freedom from infection.

HEARING

The following details have been supplied to me by Miss M. Kennerley, the Peripetetic Teacher of the Deaf:-

"During 1971, the peripetetic service for children with impaired hearing continued and pre-school children were visited at home and children of school age both at home and at school. Teachers with partially hearing children in their classes attended a meeting in October where practical advice was given in relation to classroom situations with special reference to particular types and degrees of hearing difficulties. Meetings were held in the evenings for the parents of pre-school children with hearing difficulties and this allowed parents with common problems to discuss the wider aspects of their difficulties and other ways of helping the children.

One child from the Excepted District was admitted to the nursery section of the Mount School for the Deaf and two children attended the unit for partially hearing children at Hilltop School, Burslem. I am currently seeing two pre-school children at home through weekly visits whilst others attend the Mount Nursery periodically. There are twelve children with significant hearing loss who attend normal schools whom I visited regularly and two other children in the Wilmot School are afforded regular visits and guidance".

HEARING TEST SURVEY

The Audiometrist visited the Infant Departments as usual during 1971, and the results of the survey were as follows:-

Survey Results:-

No. Examined (1)	No. showing some hearing loss (2)	Percentage of (1) (3)
1,508	187	12.4

THE COPPICE SCHOOL

The following has been contributed by Mr. C. J. B. Ward, Headmaster of the Coppice School:-

"I find the main medical provisions, examinations and clinics to be satisfactory. Help, guidance and co-operation is freely available at all times. The additional services, e.g., examination of pupils prior to school camps are useful and the efficiency of the school should increase with the addition of speech therapy and physiotherapy on the premises.

The one area where additional facilities could prove of immediate benefit is in the child guidance service where owing to the period of time which normally lapses after referral before a child is seen we do not refer problem cases as freely as we might."

THE WILMOT SCHOOL

I am indebted to Mrs. Field for the following contribution:-

"Help and advice of the physiotherapist every Thursday afternoon have proved very useful in guiding staff in performing exercises with several cerebral palsied children. Two or three of the pupils benefit from the voluntary evening aquatherapy at Horton Lodge but unfortunately the restrictions imposed by distance and accommodation means that many of the children who might benefit are not able to participate. A similar type of pool in this locality both for severely subnormal and normal physically handicapped children would be an asset. Guidance with blind severely subnormal children would be an advantage also.

Now that the school is included in the Education system we shall look forward to the medical inspections and dental inspections which will be available to the pupils."

The Health Education Officer has submitted the following comments on her work in the School Health Service during the year:-

"School Programmes

A school programme in the summer term consisting of seven lectures, was carried out with a group of fourth year leavers at Knutton C.S.M. This included the use of films and filmstrips and was followed by visits to the school from a midwife, public health inspector and make-up expert.

Films on smoking have been shown at Watlands C.S.M. and Orme Girls School and lectures have been given for pupils of Watlands C.S.M. School at Barlaston Memorial College on Smoking and Alcohol and Home Safety.

A talk on Home Safety was given to the parent teachers association of Crackley Bank C.P. School and a Duke of Edinburgh's Award Child Care Course was carried out.

Programmes have been carried out in five secondary modern schools which included lectures to mixed groups on personal hygiene, nutrition, dental health, development during puberty and menstruation and its hygiene for the girls only. This was included in the Autumn term for first year pupils of the following schools:-

Newcastle C of E. S.M.

Bradwell C.S.M.

Watlands C.S.M.

Knutton C.S.M.

Seabridge C.S.M. - 1st and 2nd year girls only.

A programme for fourth year leavers is being carried out at the Edward Orme School where the teacher and myself are working together with visual aids and information.

Firework Safety

Lectures were given to all junior school children in the Borough and some infant school children on the safe use of fireworks.

Pollution

Films on pollution were shown by myself and a public health inspector at several secondary modern and grammar schools and Newcastle College of Further Education.

There is liaison with Newcastle College of Further Education for nursing students i.e. visual aids etc..

All school programmes are illustrated by the use of visual aids e.g., flannelgraph, slides, films, wallcharts and leaflets.

All schools which I have approached during the last year have been co-operative and helpful and I have been able to assess their requirements adequately for the future. Most programmes have proved valuable and successful and the pupils have been most receptive".

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING SPECIAL SCHOOLS)
YEAR ENDED 31st DECEMBER, 1971.

Table 1. Part A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		SATISFACTORY	UNSATISFACTORY
		No.	No.
(1)	(2)	(3)	(4)
1967 & later	123	123	-
1966	88	85	3
1965	1,015	1,008	7
1964	223	221	2
1963	99	98	1
1962	457	455	2
1961	275	270	5
1960	58	58	-
1959	86	86	-
1958	96	96	-
1957	816	814	2
1956 & earlier	101	100	1
TOTAL	3,437	3,414	23

Column (3) total as a percentage of Column (2) = 99.33%

Column (4) total as a percentage of Column (2) = 0.67%

PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with vermin)

PART B

Age Groups Inspected (By year of birth)	For Defective vision (Excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
(1)	(2)	(3)	(4)
1967 & later	-	3	3
1966	1	4	5
1965	3	22	25
1964	5	9	14
1963	4	9	13
1962	8	21	25
1961	12	8	20
1960	2	2	4
1959	-	-	-
1958	2	-	2
1957	15	1	16
1956 & earlier	1	-	1
TOTAL	53	79	128

PART C - OTHER INSPECTIONS

Number of Special Inspections	144
Number of Re-Inspections	124
TOTAL	268

INFESTATION WITH VERMIN

PART D

Total number of individual examinations of pupils in schools by School Nurses or other authorised persons .. 20,938 examinations

Total number of individual pupils found to be infested .. 627

Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944). .. 453

Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944). .. 3

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR ENDED 31st. DECEMBER, 1971.

TABLE 11. PART A - PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease (2)	ENTRANTS		LEAVERS		OTHERS		TOTAL	
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)	Requiring Treatment (9)	Requiring Observation (10)
4	Skin	2	62	-	76	5	70	7	208
5	Eyes - a. Vision b. Squint c. Other	8 5 1	20 31 4	17 1 -	42 12 4	28 2 -	83 47 9	53 8 1	145 90 17
6	Ears - a. Hearing b. Otitis M. c. Other	1 4 -	18 35 7	- - -	5 1 1	- - -	23 11 7	1 4 -	46 47 15
7	Nose and Throat	10	130	-	21	10	74	20	225
8	Speech	4	47	-	16	-	27	4	90
9	Lymphatic Glands	-	4	-	1	-	1	-	6
10	Heart	1	14	-	3	-	19	1	36
11	Lungs	-	31	-	6	-	21	-	58
12	Development - a. Hernia b. Other	6 1	7 25	- -	- 8	2 5	2 25	8 6	9 58
13	Orthopaedic - a. Posture b. Feet c. Other	- 4 3	3 22 28	- - -	16 22 22	- 2 9	9 25 34	- 6 12	28 69 84
14	Nervous System - a. Epilepsy b. Other	- -	3 11	- -	7 4	- -	11 15	- -	21 30
15	Psychological - a. Development b. Stability	- -	48 7	- -	38 23	3 1	89 25	3 1	175 55
16	Abdomen	2	6	-	10	1	13	3	29
17	Other	1	36	-	39	5	53	66	128

SPECIAL INSPECTIONS

PART B

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	-	-
5	Eyes - a. Vision b. Squint c. Other	- - -	- - -
6	Ears - a. Hearing b. Otitis Media c. Other	- - -	12 - -
7	Nose and Throat	-	5
8	Speech	-	4
9	Lymphatic Glands	-	8
10	Heart	-	7
11	Lungs	-	15
12	Development - a. Hernia b. Other	- -	- -
13	Orthopaedic - a. Posture b. Feet c. Other	- - -	- - 9
14	Nervous System - a. Epilepsy b. Other	- -	- 1
15	Psychological - a. Development b. Stability	- -	66 5
16	Abdomen	-	2
17	Other	-	1

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY SCHOOLS)

TABLE III. PART A

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	36
Errors of refraction (including squint)	776
Total	812
Number of pupils for whom spectacles were prescribed	107

PART B - DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	4
(b) for adenoids & chronic tonsillitis	109
(c) for other nose and throat conditions	14
Received other forms of treatment -	31
Total	158
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1971	1
(b) in previous years	11

PART C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at school clinics or out-patients department	97
(b) Pupils treated at school or physiotherapy clinics for postural defects	108
Total	215

PART D - DISEASES OF THE SKIN

(Excluding uncleanliness, for which see Part D of Table 1)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	1
Scabies	22
Impetigo	28
Other skin diseases	1,232
Total	1,283

PART E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinic	20

PART F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapist	53

PART G - OTHER TREATMENT GIVEN

		Number of cases known to have been dealt with
(a)	Pupils with minor ailments	1,671
(b)	Pupils who received convalescent treatment under School Health Service arrangements	5
(c)	Pupils who received B.C.G., vaccination	-
(d)	Other than (a), (b), and (c) above	
	Respiratory	6
	Injuries	207
	Total	1,889

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING 1971

T A B L E I V

The dental officers devoted 686 sessions to treatment and 30 to inspections.

Inspections

(a)	First inspection at school	...	...	1,467 pupils
(b)	First inspection at clinic	...	...	767 "
	Number found to require treatment	...	...	1,814 "
	Number offered treatment	...	...	1,783 "
(c)	Re-inspections at school clinics	...	...	83 "
	Number of these found to require treatment	...	...	55 "

Attendances and Treatment

First visits	...	...	...	1,078
Subsequent visits	...	...	...	1,781
Total visits	...	...	...	2,859
Additional courses of treatment commenced				367
Fillings in permanent teeth	...	...	...	1,926
Fillings in deciduous teeth	...	...	...	1,488
Permanent teeth filled	...	...	...	1,387
Deciduous teeth filled	...	...	...	1,138
Permanent teeth extracted	...	...	...	197
Deciduous teeth extracted	...	...	...	637
General Anaesthetics	...	...	...	131
Emergencies	...	...	...	162

Attendances and Treatment (Continued)

Number of Pupils x-rayed	...	...	...	111
Prophylaxis	...	...	...	771
Teeth otherwise conserved	...	...	...	403
Number of teeth root filled	...	...	...	11
Inlays	...	...	...	-
Crowns	...	...	...	6
Courses of treatment completed	...	...	...	779

Orthodontics

New cases commenced during year	...	...	2
No. of removable appliances fitted	...	...	3
Pupils referred to Hospital Consultant	...	...	-
Pupils with other dentures	...	...	3
Number of dentures	...	...	3

STAFF OF THE SCHOOL HEALTH SERVICE

TABLE V

		No. of Officers	Number in terms of full-time Officers employed in the School Health Service		
+ (a) Medical Officers (including the Principal School Medical Officer)					
(i) Whole-time School Health Service		-		-	
(ii) Whole-time School Health and Local Health Services		*3		1.60	
(iii) General Practitioners working part-time in the School Health Service		1		0.10	
(b) Physiotherapists, Speech Therapists, etc., (Specify)					
Physiotherapists		3		1.70	
Speech Therapist		1		0.20	
Ophthalmologist		1		0.10	
Audiometrician		1		-	
Chiropodist		1		0.06	
(c)					
(i) School Nurses		18		7.20	
(ii) No. of the above who hold a Health Visitor's Certificate		18		-	
		Officers employed on a Salary basis		Officers employed on a sessional basis	
(d) Dental Staff		Number of Officers	No's.in terms of full-time Officers em- ployed in the School Dental Service	Number of Officers	No's.in terms of full-time Officers em- ployed in the School Dental Service
(i) Principal School Dental Officer		-	-	-	-
(ii) Dental Officers		1	1	4	1.30
(iii) Orthodontists (if not already in- cluded in (d) (i) or (d) (ii) above.		-	-	-	-
(iv) Dental Surgery Ass.		2	2	-	-
(v) Other Staff (Specify) Dental Anaesthetist		-	-	1	0.10

+All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

*Includes one medical officer at present seconded to Bristol University.

T A B L E V I

I. NUMBER OF SCHOOL CLINICS (i.e. Premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

NUMBER OF SCHOOL CLINICS ... 11 (Including one Mobile Dental Clinic)

II. TYPE OF EXAMINATION AND/OR TREATMENT, provided that the school clinics either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor Ailment and Other non-specialist examination or treatment	9	-
B. Asthma	-	-
C. Audiology	-	-
D. Audiometry	-	-
E. Chiropody	1	-
F. Ear, Nose and Throat	-	-
G. Enuretic	-	-
H. Ophthalmic	1	-
I. Orthoptic	-	-
J. Orthopaedic	-	-
K. Paediatric	-	-
L. Physiotherapy and Remedial Exercises	2	-
M. Speech Therapy	2	-
N. School Medical Officers Special Examination	1	-
O. Others (Specify) Sun-Ray (U.V.L.)	2	-
Vaccination and Immunisation	6	-

RETURN OF HANDICAPPED CHILDREN

T A B L E V I I

During the calendar year ended 31st. December, 1971	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ial hearing		(5) Phys- ically handi- capped (6) Deli- cate		(7) Mal- adjusted (8) E.S.N.		(9) Epil- eptic (10) Speech Defects		T O T A L
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. No. of handi- capped children newly assessed as needing special edu- cational facil- ities	-	-	1	-	7	4	-	16	-	-	28 Day
	-	-	-	-	-	1	1	-	-	-	2 Res.
B. No. of children newly placed in special schools (i) Of those shown at A above	-	-	1	-	-	-	-	7	-	-	8 Day
	-	-	-	-	-	-	1	-	-	-	1 Res.
	-	-	-	-	-	-	-	10	-	-	10 Day
	-	-	-	-	-	-	-	-	-	-	- Res.
Total	-	-	1	-	-	-	-	17	-	-	18 Day
	-	-	-	-	-	-	1	-	-	-	1 Res.

HANDICAPPED PUPILS AWAITING PLACES OR RECEIVING EDUCATION
IN SPECIAL SCHOOLS ON JANUARY, 20th, 1972.

T A B L E V I I I

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ial hearing		(5) Phys- ically handi- capped (6) Deli- cate		(7) Mal- adjusted (8) E.S.N.		(9) Epil- eptic (10) Speech Defects		T O T A L
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Waiting prior to 1st. Jan. 1971											
(a) Whose parents had refused con- sent to their admissions	-	-	-	-	-	-	-	2	-	-	2 Day
(b) Others	-	1	-	-	-	1	-	-	-	-	2 Res. 6 Day
Newly assessed since 1st. Jan. 1971											
(c) Whose parents had refused con- sent to their admission	-	-	-	-	-	-	1	-	-	-	1 Res. Day
(d) Others	-	-	-	-	-	-	-	-	-	-	- Res. 19 Day
* These children are under 5 years of age	-	-	-	-	-	-	-	-	-	-	- Res.
(e) Totals	-	-	-	-	8	4	-	16	-	-	28 Day
	-	1	-	-	-	1	1	-	-	-	3 Res.
B. Pupils from the Excepted District on the registers of Maintained special schools (except Hospitals and special classes or units)	-	-	10	-	34	19	-	127	-	-	190 Day
	1	2	5	-	-	3	5	4	-	-	20 Res.
C. No. of handicapped pupils receiving home tuition	-	-	-	-	1	-	-	-	-	-	1



