

**[Report 1972] / Medical Officer of Health, Newcastle-under-Lyme Borough.**

**Contributors**

Newcastle-under-Lyme (England). Borough Council.

**Publication/Creation**

1972

**Persistent URL**

<https://wellcomecollection.org/works/wy5bwtyw>

**License and attribution**

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

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

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



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

**Borough of Newcastle-under-Lyme**



# **Annual Report**

**on the**

**Health and**

**School Health Services**

**for the Year**

**1972**

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 F.R.I.P.H.H.  
Borough School Medical Officer

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





# C O N T E N T S

	Page
Members of the Health Committee .. .. .	4
Staff .. .. .	5
Introduction .. .. .	10
Section 1. Social Circumstances and Vital Statistics .. ..	21
Section 2. Infectious and Other Diseases .. .. .	32
Section 3. Personal Health Services. Delegated. The National Health Service Act, 1946. .. .. .	38
Sec. 22. Care of Mothers and Young Children - Child Health Centres. .. .. .	39
Sec. 23. Midwifery - Ante-natal Clinics - Domiciliary Midwifery - Premature Births - Attachment Scheme - Maternity Accommodation .. .. .	40
Sec. 24. Health Visiting - Staff and Supervision - Visits - Defects Register - Paediatric Liaison - Chest Clinic Liaison - Phenylketonuria - Hearing Testing of Infants - Hospital Discharges - Attachment Scheme .. .. .	46
Sec. 25. Home Nursing Service - Staff and Supervision - Visits and Treatment - Attachment Scheme .. ..	50
Sec. 26. Vaccination and Immunisation .. .. .	52
Sec. 27. Prevention of Illness, Care and After Care - Medical and Surgical Comforts - Chiropody Service - Cervical Cytology - Chronic Sick - Young Chronic Sick - Part III Accommodation - Geriatric Register - Family Planning .. .. .	55
Section 4. Miscellaneous Health Services. - Medical Examination for Superannuation and Sick Pay Schemes, - Health Education - National Assistance Act, 1948 - National Assistance (Amendment) Act, 1951 - Burial of Destitute Persons - Post-Mortem Examinations - Rehousing on Medical Grounds .. .. .	60
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 Foods, - Food and Drug Samples .. .. .	64



	Page
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 Animals 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 .. .. .	76

## TABLES

	Page
1 Crude Death Rates (1968-1972), Newcastle-under-Lyme, England and Wales .. .. .	24
2 Causes of Death, Comparative Figures (1971-1972). .. ..	25
3 Comparative Statistics, Live and Stillbirths (1952-1972).	27
4 Causes of Death in Age Groups (1972). .. .. .	28
5(a) Infant Mortality Rate )	
(b) Neo-Natal Mortality Rate ) (1963-1972) .. .. .	31
(c) Maternal Mortality Rate )	
6 Tuberculosis Register at 31st December, 1972. .. .. .	35
7 New Cases of Tuberculosis Notified during 1972 .. .. .	35
8 Infectious Diseases Notifications (1963-1972) .. .. .	36
9 Cases of Notifiable Diseases (Except Tuberculosis) notified in 1972 .. .. .	37
10 Attendances at Child Health Centres.. .. .	39
11 Midwives Clinics .. .. .	41
12 Domiciliary Midwifery - Deliveries .. .. .	42
13 Domiciliary Midwifery - Analgesics .. .. .	42
14 Premature Births - Home and Hospital. .. .. .	44
15 Premature Births - Weight and Survival .. .. .	45
16 Health Visiting - Details of Visits.. .. .	46
17 Defects Register - Classification of Registrations .. ..	46
18 Home Nursing Service - Summary of Cases and Visits .. ..	51
19 Home Nursing Service - Summary of Treatments. .. .. .	51
20 Tetanus/Diphtheria/Whooping Cough Immunisations.. .. .	53
21 Tetanus/Diphtheria Immunisation.. .. .	53
22 Tetanus Immunisation. .. .. .	53
23 Diphtheria Immunisation.. .. .	53
24 Poliomyelitis Immunisation .. .. .	54
25 Measles Immunisation.. .. .	54
26 Chiropody Service. .. .. .	55
27 Cervical Cytology Attendances .. .. .	56
28 Cervical Cytology Results .. .. .	56
29 Chronic Sick - Disposals. .. .. .	57
30 Family Planning Branch Clinic .. .. .	59
31 Medical Examinations for Superannuation and Sick Pay Purposes.. .. .	61
32 Food Hygiene Regulations, 1970 .. .. .	67
33 Food Hygiene - Record of Inspections and Results .. ..	67
34 Inspection of Carcases and Offal. .. .. .	70
35 Smoke Filter Apparatus - Smoke Concentration. .. .. .	80
36 Sulphur Dioxide Deposits.. .. .	81
37 Smoke Deposited Matter. .. .. .	81
38 Types of Sanitary Inspection Carried Out. .. .. .	82
39 Notices Served and Complied with, Offices, Shops and Railway Premises Act, 1963 - Registration and General Inspection Offices, Shops and Railway Premises Act, 1963 .. .. .	82
Analysis of Persons Employed. .. .. .	
Rodent Control .. .. .	
40 Eradication of Bed Bugs .. .. .	96

## GRAPHS

1 Atmospheric Pollution - Sulphur Dioxide Deposits. .. ..	78
2 Atmospheric Pollution - Smoke Concentration.. .. .	79

Borough of Newcastle-under-Lyme

HEALTH COMMITTEE

(as on 31st December, 1972.)

His Worship the Mayor (ex-officio)

Alderman G. A. Poole (ex-officio)

Councillor R. G. Lane (ex-officio)

Councillor W. E. Welsby (Chairman)

Councillor T. Naylor (Vice-Chairman)

Alderman T. Griffiths

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

Alderman Miss E. Shaw

Alderman J. T. Wantling

Councillor Mrs. M. Blakemore

Councillor Mrs. E. Deakin

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

Councillor W. T. Lovatt

Councillor F. D. Wright



HEALTH DEPARTMENT STAFF

MEDICAL OFFICER OF HEALTH

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.

DEPUTY MEDICAL OFFICER OF HEALTH

Mary I. Cooper, M.B., B.S., D.P.H. (from 27.7.72 previously  
Departmental Medical Officer)

PUBLIC HEALTH INSPECTORS

F.J. Rogers, M.A.P.H.I., M.R.S.H. (Tel. Extension 276)  
Chief Public Health Inspector and Improvements Officer  
Home Telephone No. Kidsgrove 2959  
E. Warrilow, M.A.P.H.I., A.R.S.H., Cert. Meat Insp (Te. Ext. 277)  
Deputy Chief Public Health Inspector - Home Telephone No. 617294

DEPARTMENTAL MEDICAL OFFICERS - Full establishment = 4.30

Henrietta Procter, M.B., B.S., M.D.  
Kollappa Nagappa, M.B., B.S. (Mysore India) (part-time) App. 1.11.72  
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.

Actual Establishment = 3.90

DENTAL STAFF - Full establishment = 3.0 Dental officers

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)  
Resigned (31.12.72)

Mrs Anne Geldeard, B.D.S. (part-time)

Mr. L. Gillibrand, B.D.S. (Resigned 8.5.72)

Mrs. D.J. Gillibrand, B.D.S., (Resigned 8.5.72)

Mrs. A.V. Hammant, B.D.S., (Appointed 1.8.72)

Actual Establishment = 2.70 Dental Officers

DENTAL SURGERY ASSISTANTS - Full establishment = 5 Dental Surgery Assistants

Mrs. H. Rowley (Appointed 5.4.72 - Resigned 26.5.72)

Mrs. F. Sykes (Resigned 30.4.72)

Mrs. L. Heath

Mrs. S. Shone (Appointed 31.5.72)

Mrs. A. Durber (Appointed 1.8.72)

Actual establishment = 3 Dental Surgery Assistants

HEALTH VISITORS - Full establishment = 18 Health Visitors

Mrs. F. Baker

Mrs. A.J. Bateman

Mrs. M. Bettany

Miss D. Colton

Mrs. M. Fogg

Miss J.M. Forrester

Miss M. Gibson (App. 13.11.72)

Mrs. D. G. Glanfield

Mrs. H.B. Hadgett

Mrs. R. Hegarty (Resigned) 30.9.72)

Mrs. E. Hollinshead (Res. 31.12.72)

Mrs. C.A. Hough

Miss E. Millington

Miss M. Palmer

Mrs. M.B. Ruscoe (Senior H.V. from

Miss M. Shingler ( 12.4.72)

Mrs. N. Stanyer

Miss E. Steele

Mrs. M.D. Walker

## MIDWIVES

Full Establishment = 12 on 1.1.72, reduced to 9 in July, 1972.

Mrs. E. Adderley,  
11 Heathcote Street,  
Chesterton.  
Tel. No. 562432

Mrs. J. Edge,  
312 Liverpool Road,  
Cross Heath,  
Tel. No. 562623

Mrs. C. E. Jenkins,  
5 Stubbsfield Road,  
Harpfields.  
Tel. No. 613272

Miss L. Mathers,  
(Relief Midwife),  
(Deceased)

Tel. No. 561439

Mrs. E. Taylor,  
99 London Road,  
Chesterton.  
Tel. No. 562451

Mrs. K. G. Thompson,  
(Retired 13.7.72)

Mrs. E. L. Colclough,  
(Resigned 31.5.72).

Miss V. F. Glanville,  
(Retired 27.7.72).

Mrs. H. Johnson,  
(Relief Midwife),  
29 Eleanor Crescent,  
Westlands.  
Tel. No. 616872

Mrs. N. M. Rigby,  
75 Denry Crescent,  
Bradwell.  
Tel. No. 561739

Miss E. L. Thomas,  
5 Dart Place,  
Clayton.  
Tel. No. 615506

Mrs. M. Twigg,  
6 Devon Close,  
Clayton.  
Tel. No. 615062

Actual Establishment = 9 Midwives

## GENERAL NURSES

Full Establishment = 15 on 1.1.72, increased to 18 in October, 1972.

Mrs. J. Beeston,  
50 Ashbourne Drive,  
Silverdale.  
Tel. No. Silverdale 401

Mrs. E. D. Bentley,  
43 Stockwood Road,  
Clayton.  
Tel. No. 615938

Mrs. A. Bissell,  
18 Porthill Bank,  
Porthill.  
Tel. No. 562720

Mrs. L. Burns,  
(Resigned 15.12.72)

Mrs. S. Bennett (Appointed  
9 Orton Road, 30.10.72)  
Cross Heath,  
Tel. No. 611146

Mrs. D. M. Bernard,  
19 Pitfield Avenue,  
May Bank,  
Tel. No. 617907

Mrs. P. Booth (Appointed 16.10.72)  
27 Hartington Street,  
Wolstanton.  
Tel. No. 564090

Mr. E. T. Byatt,  
11 Dorset Place,  
Hall Farm Estate,  
Clayton.  
Tel. No. 615782



Mrs. A. V. Cheetham,  
56 Long Lane,  
Harriseahead,  
Tel. No. Biddulph 513570

Mrs. D. Hall,  
18 Audley Place,  
Westlands.  
Tel. No. 610969

Mrs. C. Mullineux,  
(Retired 13.7.72)

Miss D. M. Price,  
65 Booth Street,  
Chesterton.  
Tel. No. 563147

Mrs. J. Webb,  
10 Ashcroft Grove,  
Porthill.  
Tel. No. 561754

Mr. H. Dix,  
5 Sycamore Close,  
Kidsgrove.  
Tel. No. Kidsgrove 3300

Mrs. J. Jones,  
6 Kings Avenue,  
Wolstanton.  
Tel. No. 562621

Mrs. S. M. O'Leary (Appointed  
14 Welland Grove, 9.10.72)  
Clayton.  
Tel. No. 611778

Mrs. F. Spooner,  
2 Haven Grove,  
Porthill.  
Tel. No. 561729

Mrs. G. M. Wilburn (Appointed  
The Bungalow, 18.12.72)  
15 Ivy Grove,  
Trentham.  
Tel. No. 59200

Actual Establishment = 16 General Nurses

#### NURSING ASSISTANTS

Mrs. G. Harrington,  
157 Haywood Road,  
Burslem.

Mrs. L. Higgins,  
"Trelauny",  
Leycett Road,  
Scot Hay.

#### NURSING SUPERVISOR (PART-TIME FOR NEWCASTLE BOROUGH)

Miss D. Austin, 3 Kingsley Close, Talke Pits, Stoke-on-Trent.  
Tel. No. Kidsgrove 2760

#### DEPUTY NURSING SUPERVISOR (PART-TIME FOR NEWCASTLE BOROUGH)

Miss E. E. Alcock, 119 Hamil Road, Burslem, Stoke-on-Trent.  
Tel. No. Stoke-on-Trent 87991

#### HEALTH EDUCATION OFFICER - Telephone Extension 273

Mrs. J. Harrison (nee Stanier)

#### AREA CHIROPODIST

J. Behan, M.C.H.S. (Appointed 14.8.72)

#### CHIROPODIST

K. Haycock, M.C.H.S.

#### 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

T. E. Hollins, P.H.I. Diploma, Diploma in Air Pollution Control  
(Tel. Extension 279) (Appointed 18.12.72).  
R. F. Crosbie, Cert. Meat Inspector (Retired 30.11.72)  
A. Palmer, P.H.I.'s Diploma, Diploma in Air Pollution Control  
(Tel. Extension 279)  
B. J. Simcock, M.A.P.H.I., Dip. for Meat and Other Foods  
(Tel. Extension 358)  
P.B. Taylor, P.H.I.'s Diploma (Tel. Extension 278)  
C. C. Wood, M.A.P.H.I., A.R.S.H., Dip. for Meat and Other Foods  
(Tel. Extension 358)  
A. Billington, M.A.P.H.I. (Seconded to Kidsgrove U.D.C.)

## PUBLIC HEALTH ASSISTANTS

Mr. K. Middling (Tel. Extension 278)  
Mr. K. Lawton " " " (Appointed 26.9.72)

## ADMINISTRATIVE AND CLERICAL STAFF

Chief Admin. Assistant - Tel. Extension No. 265:

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

Deputy Chief Admin. Assistant and Secretary to Medical Officer of Health  
Telephone Extension No. 265:

Mr. K. Earls (Resigned 30.4.72) - Mrs. A. L. Farr (Appointed 1.6.72)

Enquiries Section - Telephone Extension No. 260 or 270:

Clerk:	Mrs. Z. Marsh
Clerk/Shorthand Typists:	Miss Y. Barber (Resigned 30.6.72)
	Miss H. Walsh (Appointed 3.7.72)

School Health Section - Telephone Extension 266 or 267:

Section Clerk:	Mrs. G. Woodcock (Appointed 18.9.72)
	Mrs. J. Leverett (Resigned 15.9.72)
Clerk/Shorthand Typists	Miss E. Howe
	Miss P. Matthews (Appointed 8.5.72)

Finance Section - Telephone Extension No. 273:

Section Clerk:	Miss N. Bentley
----------------	-----------------

Public Health Inspectors Section - Telephone Extension No. 259:

Section Clerk:	Mrs. E. Plant (Retired 13.7.72)
	Mrs. M. Fallows (Promoted 14.7.72)
Clerk/Shorthand Typists:	Miss M. A. Maddocks
	Miss M. S. Stanier (Appointed 24.7.72)

Maternity and Child Welfare Section - Telephone Extension Nos. 268 and 274:

Section Clerk:	Mrs. J. Garner
Clerk/Shorthand Typists	Miss J. Mountford (H.N.C. in Public Admin. August 72)
	Mrs. J. Gethin
Clerk/Typist:	Miss J. Hughes
Infectious Disease Control	Mrs. J. Ikins

Health Centre, Silverdale.

Senior Health Visitor - Mrs. M. B. Ruscoe

Clerk/Shorthand Typist: Mrs. D. Robotham (Appointed 8.5.72)

#### Child Health Centre Staff - Clerk Attendants

Miss M. Ward	(Full-time)
Mrs. N. H. Bailey	(Resigned 29.2.72)
Mrs. A. Bates	(Part-time)
Mrs. B. Burton	(Appointed 1.3.72)
Mrs. E. P. G. Hilditch	(Part-time)
Mrs. F. M. Jones	(Part-time)
Mrs. G. E. Lockitt, M.B.E.	(Part-time)
Mrs. S. Marsland	(Part-time)
Mrs. V. Vyse	(Part-time)

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

Telephone:  
Newcastle, Staffs. 610161

January, 1974

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 1972.

My foreword to this Annual Report deals with those items which I think are particularly interesting or significant in the constant battle for the maintenance of health and the prevention of ill-health in the Borough. In many ways I envy the Chief Officers of the other Departments of the Borough who have physical evidence of the work of their Departments. It is quite impossible to measure the absence of epidemics and the absence of ill-health. It is absolutely impossible to say how many people have not had food poisoning because of the work of the Health Department, except of course, by historical reference to the statistics of, for example, pre-war years, which I do not have available.

In many ways, the Health Department is like the Royal Navy in being a rather silent service, except of course, for the Health Education and Home Safety projects undertaken by the Health Visitors and the Health Education Officer.

It is also quite impossible to measure the total and unceasing vigilance required of all staff and the close co-operation required in their various roles whether in the field or 'clerking' in the office.

An interesting feature this year is that the Health Visitors, Midwives and District Nurses have provided their own reports.

In Section 4 of my report, I have reported on various items which do not require any specific comment in this foreword.

In Section 5 there is the report of the Chief Public Health Inspector, Mr. F. Rogers, which, once again, I can recommend as extremely interesting reading.



### SILVERDALE HEALTH CENTRE

Bearing in mind my remarks about a lack of physical evidence of the work of this Health Department, it was particularly pleasant to attend the 'launching' and Commissioning Ceremony for the Health Centre at Silverdale: the result of some three years planning and discussions between my predecessor, myself and the family doctors and the Architects Departments of both the Borough and County Council. The opening ceremony was performed by Councillor W.E. Welsby, Chairman of the Borough Health Committee.

This Health Centre provides well thought-out and planned accommodation for family doctor practice, including a reception office, storage and records room and a staff common room, together with accommodation at one end for ante-natal and infant welfare clinics and also for Health Education projects. At the other end, providing accommodation for the Senior Health Visitor in charge of the Local Authority duties and responsibilities at the Centre, is also accommodation for a shorthand-typist and a Field Work Instructor.

It is a pity that it is not possible to provide more Health Centres within the Borough, but obviously these cannot be provided unless family doctors are prepared to seek this type of accommodation, making the Health Centre their primary surgery. In addition, it must be borne in mind that the family doctors' surgeries in the Borough are well designed and modern, which will, to my regret, delay the building of further Health Centres in the Borough.

This Health Centre replaced a war-time pre-fabricated type of building which had already passed its useful life: no-one was sorry to see it disappear.

### ESTABLISHMENT

Before going on to deal with the health of the Borough, it is necessary to outline the staff situation and thus show what effect staffing has on the effectiveness of the Department.

As can be seen from the list of staff, out of a full establishment of 4.30 medical officers, much of the year under discussion went by with a total actual staff of 3.90.

My Deputy kindly calculated for me that in 1970, when this Department was fully staffed medically, approximately 8,736 hours of work were performed by the medical staff (not counting public holidays, annual leave and sick leave). In 1971 the total fell to 7,748 hours, and in 1972 the total fell again to 6,068 hours per year. There has been no change in the establishment, but the deficit shows that the delay in filling posts between the time of receipt of the resignation and advertising the vacancies, to the date of joining of the new



Medical Officer, adversely affected the total number of Medical Officer hours per year and, in turn, adversely affected the immunisation and vaccination in the schools, as also at the clinics.

During 1972 all the Health Visitors were maintained at full strength. It is a pleasure to record the promotion of Mrs. M.B. Ruscoe to Senior Health Visitor at Silverdale Health Centre.

The Midwifery Establishment, which was 12 on the 1st January, was reduced to 9 in July 1972, and the three posts were added on to the General Nurse establishment. The reason for the reduction of the midwifery establishment was the falling domiciliary birth rate, counterbalanced of course, by an increase in caseload resulting from the opening of Floor 6, the General Practitioner Ward in the North Staffordshire Maternity Hospital, where the patients from the Borough are cared for in this particular ward by Borough Midwives.

The General Nurse establishment was 15 on the 1st January, and increased to 18 in October 1972 because of the deletion of the three midwifery posts mentioned above. At the end of the year, the number of nurses actually on the strength was 16. This short-fall resulted from the usual delay in starting work, as a result of having to give suitable notice to the previous employer.

#### Circular 13/72 - Department of Health and Social Security

This Circular entitled 'Aids to Improved Efficiency in the Local Health Services - Deployment of Nursing Team' was received on the 21st February, and amongst other remarks, recommended new staff ratios.

For Health Visiting it pointed out that the Jamieson Report in 1956 recommended a national average of one Health Visitor to 4,300 population, but went on to point out that subsequent experience confirmed that a ratio of one health visitor to 3,000 population should be desirable in certain areas such as those with a highly developed system of attachment to general practice (as in the Borough) which would have meant that this Borough should have 18 Health Visitors, who are engaged on health visiting only for 60% of their time, thus equivalent to 10.8 health visitors, and school nursing for 40% of their time, thus equivalent to 7.2 school nurses. According to the recommendations of this Circular, the Borough should have had a Health Visitor establishment of 25.2 i.e. 18 full time Health Visitors and 7.2 School Nurse (Health Visitors) for the School Nurse functions.

The Circular went on to recommend for District Nursing that whereas the establishment at present was on a basis of one District Nurse to 4,000 population which for the Borough would have been equivalent to 19 District Nurses (there were only 15 until the three deleted Midwifery posts were transferred): and that in other areas where there were extensive attachment schemes (as in the Borough) or with a high proportion of elderly and/or



disabled people in the population (the Census had shown that the Borough had some 13,200 men and women over their respective ages of retirement i.e. just less than 1/6th of the Borough population) then a ratio of one Home Nurse to 2,500 population might be indicated. This recommendation would therefore have increased the District Nurse establishment from 15 to 30.

It would have been possible to make do with a smaller establishment of District Nurses if, for example, the bathing attendant establishment (2 at that time) could have been increased. Unfortunately, in spite of my recommendations to the Health Committee that the recommendations of this Circular should be adopted, it turned out that owing to financial considerations the County Council were unable to authorise the expenditure necessary to cover such increases in establishments.

It was eventually agreed that the Borough should receive an increase of two Clinic/School Nurses (one from 1st April 1973 and one from 1st October, 1973) and one S.E.N. to assist the Health Visitors (from 1st April 1973). No increases in the District Nursing establishment were sanctioned, but three additional Nursing Officer posts were sanctioned with effect from 1st October, 1973 i.e. one Health Visiting, one Midwifery and one District Nursing, to be offset by a reduction in the health visiting, midwifery and nursing establishment of half a post each. It was also agreed that the Borough Council would be entitled to an Area Nursing Officer post i.e. a Borough Nursing Officer, exclusively from 1st July, 1973. For these increases I must express my thanks to the County Council and, of course, it must be borne in mind that if an increase in establishment such as I advocated on the basis of this Circular for the Borough, had been applied similarly to the County Council establishment it would have resulted in an immense increase in the costs of the County Health Service, which was simply not possible.

The Nursing Assistants, who carry out bathing are, like all the members of the nursing establishment, performing a most valuable function, and release the District Nurses to carry on with tasks involving a fuller utilisation of their training and qualifications.

I was very pleased to welcome Mr. James Behan as Area Chiropodist in August. His appointment brought the establishment and strength up to 2.

#### Office Staff

The Deputy Chief Administrative Assistant and Secretary to the Medical Officer of Health, Mr. K. Earls, to my great disappointment, resigned in April. His successor, Mrs. A. L. Farr joined this Department in June. The clerical staff remained



close to the actual establishment during the year, with some gaps between the resignation of the outgoing and the arrival of the incoming member.

Last, but not least, I must record my pleasure at the promotion of Dr. Mary Cooper to Deputy Medical Officer of Health in July. Previously Dr. Cooper was a Departmental Medical Officer, but having acquired the Diploma in Public Health at Bristol University, a month or so earlier, her promotion, for which I must express my gratitude to the Health Committee and Borough Council, followed rapidly.

It is also a pleasure to record another examination success: that of Miss Jennifer Mountford, who obtained the Higher National Certificate in Public Administration in August, 1972.

#### THE BOROUGH

The results of the Census enabled the Registrar General to establish that the population of the Borough stood at 76,900 in 1972, of which some 13,200 were men and women over their respective ages of retirement, which is a relatively high proportion.

As I pointed out last year, the infant mortality rate is an indicator of changes in living conditions and comparison of the infant mortality rate is a handy method of establishing the living conditions in large urban areas. For 1972 the infant mortality rate went up from 16 in 1971 to 23, the corresponding figures for England and Wales for 1971/72 were 18 and 17 respectively: per thousand live births.

Reference to Table 5 - Vital Statistics - on page 31 shows that the infant deaths had decreased from 25 in 1970 to 18 in 1971, and increased to 24 in 1972: the increase of six deaths was found, after verifying the records, to be due to six deaths more than last year which occurred in hospital and were the result of such causes as bronchial pneumonia; infant sudden death syndrome; congenital abnormalities and so on, in fact, none of the 24 infant deaths were due to mismanagement on the part of Borough Midwives.

The crude death rate for 1972, as seen in Table 1, is 12.6 as compared with 10.8 for 1971, and if this is multiplied by the Area Comparability factor of 1.15 gives a local adjusted rate of 14.5, the national rate is 12.1 per thousand population. In view of the large proportion of men and women over the age of retirement, this figure is not abnormal.

## AVOIDABLE CAUSES OF DEATH

### Cancer of the Lung

In Table 2, it is disappointing to notice the further rise in the deaths due to malignant neoplasm of the lung and bronchus, and again there is a corresponding rise in the total deaths of women for the same period.

Likewise, for Ischaemic Heart disease.

I can only wonder whether I and my fellow Medical Officers of Health up and down the country are just wasting our time when we warn the general public of the clearly demonstrable and significant association between smoking cigarettes and carcinoma of the bronchus. In other words, if one smokes and inhales more than 20 cigarettes a day, one is very much more likely to get carcinoma of the bronchus than if one does not smoke at all. Obviously, if some people wish to kill themselves, that is their responsibility, but I see no reason why these obstinate and short-sighted people should inflict the cost of their self-inflicted illness on the National Health Service and thus on the wage earning community. In 1965, it was shown that in England and Wales, some 8000 beds, or 4.5 of the total of hospital beds were occupied as a result of cigarette smoking. These beds were allocated as follows:-

<u>Disease</u>	<u>Average daily bed occupancy (M &amp; F)</u>	<u>Estimated attributability to cigarettes</u>	<u>'Cigarette beds'</u>
Malignant neoplasm of lung etc.	2674	90%	2406
Arteriosclerotic heart disease including coronary disease	8185	25%	2046
General arteriosclerosis	3651	10%	365
Bronchitis	5638	50%	2819
Respiratory tuberculosis	5167	10%	517
Peptic ulcer	3022	10%	302
TOTAL ... ..	....	...	8455

(Taken from a letter published in 'The Lancet' 4th July, 1970 and written by Dr. Keith Ball)

from this it was possible to calculate that the financial cost to the Health Service, of cigarette smoking must be about £43,000,000 per year.



In a pamphlet entitled 'Smoking and Health' published in 1972 by the Department of Health and Social Security, it shows in paragraph 10 that in 1971 it was estimated that 52,000 deaths would occur due to cigarette smoking, which works out at one every ten minutes of the night and day. Figures for 1968 showed that amongst persons under the age of 75 about 1 in 7 of all deaths, and 1 in 5 of all male deaths were due to cigarette smoking. Among men aged 35/44 one in 8 of all deaths were due to cigarette smoking, among those aged 45/64 one quarter, and among those aged 65/74 years one fifth.

Also between the age of 35/44 years, approximately 1 in 8 of all deaths may be due to cigarette smoking.

Paragraph 11 of this pamphlet, points out that in 1968 seven times as many people died because of cigarette smoking than were killed in all motor accidents, although it had to be pointed out that the latter included a higher proportion of younger people. For every 5 deaths amongst persons aged under 75 due to cigarette smoking, there were 7 from all forms of cancer put together, other than those due to cigarette smoking. Again deaths due to smoking were almost twice the number from all respiratory conditions.

A further hazard of cigarette smoking is that expectant mothers who smoke regularly have smaller babies than those who do not smoke and as a result there is a higher rate of mortality of the infant at birth and in early life. It has been estimated from survey research data that in 1971 some 1,500 perinatal deaths would occur because their mothers smoke.

This pamphlet is available for anyone who wishes to see it.

I do not advocate the suppression of all smoking in Council offices, because I consider that cigarette smoking should be prevented by education and by example. It is particularly important that the advertisement of cigarette smoking by the 'tough he-man' types, by the 'glamorous dollies' and all that jazz should be prevented. There is nothing clever or tough about harming your own health, and it must be remembered that in the later stages of carcinoma of the bronchus, and also in coronary thrombosis, the pain can be excruciating, and there is no rapidly effective pain killer available. Need I say more!

#### Coronary Thrombosis and Obesity

Last year I referred to the other great killer, coronary artery disease, and once again Table 4 shows that there was a total of 270 deaths for the whole year, as a result of ischaemic heart disease, as compared with 196 total for 1971. Again, the greatest incidence of ischaemic heart disease occurred during the age group 45/64, amounting to 63 deaths, as compared with



54 last year, and in women 45 deaths in the age group 75+ years as compared with 37 for 1971. The evidence suggests strongly, that there must be some hormonal effect which reduces the incidence of ischaemic heart disease in women, as compared with men. There is no doubt that smoking contributes to the onset of ischaemic heart disease, but the greatest cause of ischaemic heart disease which includes coronary artery disease, is the wrong type of diet and inadequate exercise. It has been shown beyond all reasonable doubt that a diet containing excessive carbohydrates and, to some extent, excessive fats containing an excessive quantity of super-saturated fatty acids leads to an increase of cholesterol in the blood and therefore an increased rate of deposition of cholesterol in the walls of the arteries which causes what can best be described as 'furring up of the pipes'. It has also been shown that the incidence of coronary artery disease is less in districts which have hard water than in districts where the water is predominantly soft. There is no doubt that in this age of mass produced bread and mass produced condiments containing sucrose (cane or beet sugar) such as jam, marmalade, sweets, biscuits and all the other tooth-rotting goodies, have increased in consumption since before the War, corresponding with a similarly large increase in the incidence of coronary artery disease and ischaemic heart disease. Surgeon Captain T.L. ~~Gray~~ has written a very interesting and relevant book on 'Diabetes, Coronary Thrombosis and the Saccharine Disease', equally relevant are the various papers written by Professor John Yudkin. There is no doubt that if you keep to the proper weight for your height and build, you will certainly prolong your life and not only recover all your contributions to your pension fund, but also those of your employer as well.

I must remind mothers that fat babies are not 'bonny', but overfed - remember Mothers, that overfeeding now may later cause coronary thrombosis.

#### Infectious Diseases

I am happy to say that whooping cough, acute anterior poliomyelitis and polio encephalitis, meningitis, and sonne dysentery did not raise their ugly heads in the Borough during this year. On the other hand, I was disappointed to notice that we had 8 cases of scarlet fever, although this was less than 1971 when it was 19.

There were 6 cases of infective jaundice and 20 cases of food poisoning. I must straightaway acknowledge a very great debt which is owed to the Chief Public Health Inspector and the District Public Health Inspectors for their alertness and effectiveness but for which the incidence of food poisoning would be even greater. The measles infections are not particularly inspiring, although this would fit in with the usual two yearly cycle which has, of course, tended to become somewhat irregular since the advent of measles vaccination. The only way to reduce



the measles incidence is to intensify the immunisation programme. On the other hand, it is necessary to have an adequate number of doctors attending the clinics to give the injections if the immunisation programme is to be carried out, and it can be seen from Table 10 that overall the total attendance at the clinics is greater than last year, although it must be pointed out that this appears to be due to a larger number of children coming less often, in other words, mothers brought their children and found that Medical Officers were not available, and therefore either did not have the vaccination carried out or took them elsewhere. I have already commented earlier on in this foreword on the difficulty of obtaining medical staff.

I am particularly pleased that there have been no cases of smallpox in the Borough last year. The routine vaccination against smallpox was abandoned on the advice of the Department of Health and Social Security. This, of course, is a sensible action when the deaths due to smallpox vaccination are greater than the deaths due to 'wild' or imported smallpox cases, and this must always be true only if preventive measures both at airports and seaports, and the immunisation of infants in their second year of life are carried out effectively. I remain seriously worried by the prospect of 'wild' smallpox arriving in this country in the future when a significant part of the population will not have been immunised, bearing in mind that mass vaccination will undoubtedly be too late to be completely effective. I would have thought that it would be possible for the experts to produce a live virus containing vaccine with considerably fewer side effects; after all, this has been done with the vaccine for Anterior Poliomyelitis, for Measles and for German Measles. If my memory serves me correctly, a vaccine of this type has been developed and I wonder therefore why it has not been used or developed and improved sufficiently to make it useable, because obviously if one can produce a live virus with virtually no side effects, using a modified vaccine, then it would be possible to use the older type of smallpox vaccine at a later date to produce a higher and longer lasting degree of immunity with fewer side effects. The experts will no doubt point out that smallpox vaccination has a limited life and that it does not prevent one from getting infected with the 'wild' type. That, of course, is true but it must not be forgotten that an attack of smallpox in that case is usually of a modified or milder type.

Referring again to attendances at Infant Welfare Clinics, another reason for the unsatisfactory clinic attendance of infants and young children, and the resultant low immunisation rates, is the prices of Welfare and Infant Foods. There has been an increasing trend for prices of these foods to be cheaper in some chemists shops and also in some of the supermarkets, where by enormous bulk purchase, drastic price reductions can result. The obvious solution is for the Local Health Authorities to make these foods and preparations available at cost price.



Continued complacency has also played a part here, the absence of diphtheria, anterior poliomyelitis, and also the absence of any cases of whooping cough have all contributed to lulling the general population into a very false sense of security, offset, of course, by continued and combined efforts of the Health Visitors and the Health Education Officer to stimulate interest in and increase the uptake of immunisation and vaccination. I suppose it will never be possible to obtain the 100% immunisation state that one can achieve with Servicemen and their dependents.

With the arrival of Mr. Behan as Area Chiroprapist, apart from providing chiroprapy for schoolchildren it has also been possible to provide a better service for adults within the Borough.

#### Reorganisation of the National Health Service

Towards the end of the summer the Joint Liaison Committee, of which I was a member, was set up to advise the Area Health Authority for Staffordshire. Meetings took place at monthly intervals and I found it very interesting to notice how quickly the ice broke and how rapidly rapport was established between the representatives of the various parts of the existing Health Services. Despite the differences in background and experience of the members, an enormous amount of ground was covered, and useful reports and recommendations produced.

#### EPILOGUE

I must acknowledge a debt of gratitude on my own behalf, as well as on behalf of my Department, to the Chairman and members of the Health Committee for their unstinted support and help during the year.

I must acknowledge my own personal indebtedness and the indebtedness of this Department to the officers of the other Departments of the Borough, of the County Council and to those Hospital Consultants who have provided such excellent advice, and particularly Dr. Rogers and Dr. Campion, Consultant Geriatricians, at Bucknall Hospital.

I must also express my thanks to the Chief Public Health Inspector and his Deputy, and to all the Public Health Inspectors for their unstinted help and effectiveness for the past year.

The various voluntary organisations leave me, as usual, deeply in debt for their silent work. I am particularly grateful to the Newcastle Division of the St. John Ambulance Brigade, and also to the British Red Cross Society.

I must also record my gratitude to all the family physicians inside and outside the Borough, for their patience, tolerance and helpfulness.

It is to my own staff, numbering over 90, to whom I owe the greatest debt of all, for their unstinted support, loyalty and hard work throughout the year.

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    1972 - 76,900

## Rateable Value, etc.

The rateable value of the Borough is £2,726,571 and a one new penny in the £ (General Rate) produces £26,203.

## Vital Statistics

	Male		Female		Total	
	1971	1972	1971	1972	1971	1972
Live Births	579	542	548	490	1,127	1,032
Legitimate	548	503	503	467	1,051	970
Illegitimate	31	39	45	23	76	62
Stillbirths	9	5	8	7	17	12
Legitimate	8	4	7	7	15	11
Illegitimate	1	1	1	-	2	1
Infant Deaths	9	14	9	10	18	24
Legitimate	9	12	7	10	16	22
Illegitimate	-	2	2	-	2	2
Total Deaths	424	541	370	426	794	967



	Newcastle- under-Lyme		England and Wales	
	1971	1972	1971	1972
Live Birth Rate - per 1,000 estimated population .. .. .	14.6	13.4	16.0	14.8
Stillbirth Rate - per 1,000 live and stillbirths .. .. .	15.0	11.0	12.0	12.0
Infant Mortality Rate - per 1,000 total live births .. .. .	16.0	23.0	18.0	17.0
Infant Mortality Rate - per 1,000 illegitimate live births .. .. .	26.0	32.0	24.0	21.0
Infant Mortality Rate - per 1,000 Legitimate live births .. .. .	15.0	23.0	17.0	17.0
Neo-Natal Mortality Rate (first four weeks) - per 1,000 live births ..	12.0	18.0	12.0	12.0
Maternal Mortality Rate - per 1,000 Live and stillbirths .. .. .	-	-	-	-
Mortality Rate (Crude) - per 1,000 Population .. .. .	10.3	12.6	11.6	12.1
Early Neo-Natal Mortality Rate (under one week) - per 1,000 total live births	11.0	15.0	10.0	10.2
Perinatal Mortality Rate - stillbirths plus deaths under one week - per 1,000 total live and stillbirths .. ..	25.0	26.0	22.0	22.0

Total Live and Stillbirths .. .. .	1044
Illegitimate Live Births (per cent of total live births) .. .. .	6.0
Maternal Deaths (including abortion) .. .. .	-

#### BIRTHS

Comparative statistics of births within the Borough for the years 1952 - 1972 are shown in Table 3 on page 27.

Live births registered during the year number 1,032 (542 males and 490 females). The Birth Rate for 1972 is 13.4 per thousand which is a decrease on the rate of 1971, which was 14.6. The Birth Rate for England and Wales for 1972 is 14.8.

Of the 1,032 live births registered, 62 or 6.0 per cent were illegitimate, a decrease on the previous year's percentage which was 6.7%.

# DEATHS

There were 967 deaths (541 male and 426 female) during the year, giving a Crude Death Rate of 12.6 per thousand population. The Crude Death Rate for England and Wales as a whole is 12.1.

The following table, Table 1, shows the Crude Death Rate in Newcastle-under-Lyme in the period 1968 - 1972 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
1968	11.3	11.9
1969	11.6	11.9
1970	11.7	11.7
1971	10.3	11.6
1972	12.6	12.1



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 1971.

Table 2 - Causes of Death

Causes of Death	Male		Female	
	1971	1972	1971	1972
ALL CAUSES .. .. .	424	541	370	426
B 1 Cholera .. .. .	-	-	-	-
B 2 Typhoid Fever .. .. .	-	-	-	-
B 3 Bacillary Dysentery and Amoebiasis .. .. .	-	-	-	-
B 4 Enteritis and Other Diarrhoeal Diseases .. .. .	-	-	1	-
B 5 Tuberculosis of Respiratory System .. .. .	2	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 .. .. .	-	-	-	-
B10 Streptococcal Sore Throat and Scarlet Fever .. .. .	-	-	-	-
B11 Meningococcal Infection .. .. .	-	-	-	-
B12 Acute Poliomyelitis .. .. .	-	-	-	-
B13 Smallpox .. .. .	-	-	-	-
B14 Measles .. .. .	-	-	-	-
B15 Typhus and Other Rickettsioses .. .. .	-	-	-	-
B16 Malaria .. .. .	-	-	-	-
B17 Syphilis and its sequelae .. .. .	-	-	-	-
B18 All other infective and Parasitic Diseases .. .. .	-	-	1	1
B19 (1) Malignant Neoplasm - Buccal Cavity, etc. .. .. .	-	1	1	-
B19 (2) Malignant Neoplasm - Oesophagus .. .. .	2	2	3	2
B19 (3) Malignant Neoplasm - Stomach .. .. .	17	19	8	7
B19 (4) Malignant Neoplasm - Intestine .. .. .	11	12	16	14
B19 (5) Malignant Neoplasm - Larynx .. .. .	1	1	-	-
B19 (6) Malignant Neoplasm - Lung Bronchus .. .. .	32	47	7	7
B19 (7) Malignant Neoplasm - Breast .. .. .	-	-	19	17
B19 (8) Malignant Neoplasm - Uterus .. .. .	-	-	5	8
B19 (9) Malignant Neoplasm - Prostate .. .. .	5	4	-	-
B19(10) Leukaemia .. .. .	5	2	4	2
B19(11) Other Malignant Neoplasms .. .. .	27	24	22	34
B20 Benign Neoplasms and Neoplasms of Unspecified Nature .. .. .	1	1	-	-
B21 Diabetes Mellitus .. .. .	2	1	1	7
B22 Avitaminoses and other nutritional deficiency .. .. .	-	-	-	-
B23 Anaemias .. .. .	-	1	3	2
B24 Meningitis .. .. .	-	1	-	-
B25 Active Rheumatic Fever .. .. .	-	-	-	-
B26 Chronic Rheumatic Heart Disease .. .. .	3	2	9	4
B27 Hypertensive Disease .. .. .	3	6	7	5
B28 Ischaemic Heart Disease .. .. .	131	182	65	88
B29 Other forms of Heart Disease .. .. .	12	18	15	17
B30 Cerebrovascular Disease .. .. .	51	66	88	98
B31 Influenza .. .. .	1	2	2	5
B32 Pneumonia .. .. .	26	29	17	22
B33 (1) Bronchitis and Emphysema .. .. .	36	33	10	9
B33 (2) Asthma .. .. .	-	1	2	1
B34 Peptic Ulcer .. .. .	3	4	-	4
B35 Appendicitis .. .. .	-	2	-	2

Table 2 (continued) - Causes of Death

	Male		Female	
	1971	1972	1971	1972
B36 Intestinal Obstruction and Hernia	1	3	1	1
B37 Cirrhosis of Liver	1	2	3	-
B38 Nephritis and Nephrosis	-	3	1	4
B39 Hyperplasia of Prostate	2	2	-	-
B40 Abortion	-	-	-	-
B41 Other Complications of Pregnancy, Childbirth and Puerperium	-	-	-	-
B42 Congenital Anomalies	9	4	6	5
B43 Birth Injury, difficult labour etc.	1	6	-	3
B44 Other Causes of Perinatal Mortality	3	1	2	1
B45 Symptoms and Ill-Defined Conditions	-	1	2	1
B46 (1) Other Endocrine, Nutritional and Metabolic Diseases	-	1	-	1
B46 (2) Other Diseases of Blood and Blood-forming Organs	-	-	1	-
B46 (3) Mental Disorders	1	-	-	-
B46 (4) Multiple Sclerosis	-	-	-	-
B46 (5) Other Diseases of the Nervous System	2	1	5	7
B46 (6) Other Diseases of the Circulatory System	11	23	13	18
B46 (7) Other Diseases of the Respiratory System	4	9	2	-
B46 (8) Other Diseases of the Digestive System	1	1	5	13
B46 (9) Other Diseases of the Genito-Urinary System	-	-	1	1
B46(11) Diseases of the Musculoskeletal System and Connective Tissues	-	-	4	1
BE47 Motor Vehicle Accidents	7	10	2	1
BE48 All other Accidents	4	9	11	9
BE49 Suicide and Self-Inflicted Injuries	4	2	3	3
BE50 All Other External Causes	2	1	-	1

## STILLBIRTHS AND INFANT MORTALITY

There were 12 stillbirths - a rate of 11.0 per thousand live and still-births during the year. Comparative statistics appear in Table 3 on Still-birth Rates.

## INFANT MORTALITY

In Newcastle-under-Lyme during 1972, 24 children died under one year of age giving an infant mortality rate of 23.00 per thousand live births. The rate for England and Wales as a whole for 1972 is 17.0 per thousand. Comparative statistics for the last ten years are given in Table 5 (a) on page 31.

## NEO-NATAL MORTALITY

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 18.0 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 1968-1972.



Table 3 - Comparative Statistics, Live and Stillbirths, 1952 - 1972

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
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
1972	503	467	39	23	5	7	1032	1044	13.4	14.8	6.0	11.0	12.0

Table 4 - Cause of Death in the Different Age Groups, 1972

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
B 1 Cholera .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 2 Typhoid Fever .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 3 Bacillary Dysentery and Amoebiasis .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 4 Enteritis and Other Diarrhoeal Diseases .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 5 Tuberculosis of Respiratory System .. .. .	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
B 6 Other Tuberculosis including late effects .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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 Disease .. .. .	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
B 19 (1) Malignant Neoplasm - Buccal Cavity, etc. .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
B 19 (2) Malignant Neoplasm - Oesophagus .. .. .	-	-	-	-	-	2	1	-	-	-	-	-	2	3	4
B 19 (3) Malignant Neoplasm - Stomach .. .. .	-	-	-	-	8	1	6	-	-	-	-	1	1	3	26
B 19 (4) Malignant Neoplasm - Intestine .. .. .	-	-	-	-	1	1	9	-	-	-	-	2	2	6	26
B 19 (5) Malignant Neoplasm - Larynx .. .. .	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
B 19 (6) Malignant Neoplasm - Lung Bronchus .. .. .	-	-	-	-	1	21	22	3	-	-	-	2	6	1	54
B 19 (7) Malignant Neoplasm - Breast .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	3	6	17
B 19 (8) Malignant Neoplasm - Uterus .. .. .	-	-	-	-	-	-	1	-	-	-	-	-	2	2	8
B 19 (9) Malignant Neoplasm - Prostate .. .. .	-	-	-	-	-	-	-	3	-	-	-	-	-	-	4
B 19 (10) Leukaemia .. .. .	-	-	-	-	-	1	-	-	-	-	-	-	-	1	2
B 19 (11) Other Malignant Neoplasms .. .. .	-	-	-	-	2	9	9	-	-	-	-	-	10	11	58



Table 4 (continued) - Cause of Death in the Different Age Groups, 1972

CAUSES OF DEATH	AGE GROUPS MALES (YEARS)							AGE GROUPS FEMALES (YEARS)						
	0-	01-	05-	15-	25-	45-	75+	0-	01-	05-	15-	25-	45-	75+
820 Benign Neoplasms and Neoplasms of Unspecified Nature .. .. .	-	-	-	-	-	1	-	-	-	-	-	-	-	1
821 Diabetes Mellitus .. .. .	-	-	-	-	-	1	-	-	-	-	-	-	1	8
822 Avitaminoses and other Nutritional Deficiency .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-
823 Anaemias .. .. .	-	-	-	-	-	1	-	-	-	-	-	-	1	3
824 Meningitis .. .. .	1	-	-	-	-	-	-	-	-	-	-	-	-	1
825 Active Rheumatic Fever .. .. .	-	-	-	-	-	1	-	-	-	-	-	2	1	-
826 Chronic Rheumatic Heart Disease .. .. .	-	-	-	-	-	2	2	-	-	-	-	-	-	6
827 Hypertensive Disease .. .. .	-	-	-	-	7	63	74	-	-	-	-	-	17	11
828 Ischaemic Heart Disease .. .. .	-	-	-	-	-	5	7	-	-	-	-	-	1	270
829 Other forms of Heart Disease .. .. .	-	-	-	-	1	15	24	-	-	-	-	2	9	35
830 Cerebrovascular Disease .. .. .	-	-	-	-	-	-	26	-	-	-	-	-	26	164
831 Influenza .. .. .	-	-	-	-	-	-	2	-	-	-	-	-	-	4
832 Pneumonia .. .. .	1	-	-	-	-	4	8	-	-	-	-	-	1	51
833 (1) Bronchitis and Emphysema .. .. .	-	-	-	-	-	9	12	-	-	-	-	-	1	42
833 (2) Asthma .. .. .	-	-	-	-	-	1	-	-	-	-	-	-	1	2
834 Peptic Ulcer .. .. .	-	-	-	-	-	1	1	-	-	-	-	-	-	8
835 Appendicitis .. .. .	-	-	1	-	-	-	-	-	-	-	1	-	-	2
836 Intestinal Obstruction and Hernia .. .. .	-	-	-	-	-	1	1	-	-	-	-	-	-	4
837 Cirrhosis of Liver .. .. .	-	-	-	-	-	-	2	-	-	-	-	-	-	2
838 Nephritis and Nephrosis .. .. .	-	-	-	-	-	2	1	-	-	-	-	1	1	7
839 Hyperplasia of Prostate .. .. .	-	-	-	-	-	-	2	-	-	-	-	-	-	2
840 Abortion .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-
841 Other Complications of Pregnancy, Childbirth and puerperium .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-
842 Congenital Anomalies .. .. .	3	-	-	-	-	-	1	-	1	-	-	-	-	9
843 Birth Injury, Difficult Labour etc. .. .. .	6	-	-	-	-	-	-	3	-	-	-	-	-	9





Comparative Statistics

Table 5 (a) - Infant Mortality Rate, 1963 - 1972 (Rate per 1,000 Live Births)

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
England and Wales .. ..	20.9	20.0	19.0	19.0	18.3	18.0	18.0	18.0	18.0	17.0
Newcastle-under-Lyme .. ..	25.5	18.6	23.3	17.9	22.3	23.0	19.0	21.0	16.0	22.0

Table 5 (b) - Neo-Natal Mortality Rate, 1963 - 1972 (Rate per 1,000 Live Births)

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
England and Wales .. ..	14.2	13.8	13.0	12.9	12.5	12.3	12.0	12.0	12.0	12.0
Newcastle-under-Lyme .. ..	16.3	12.8	13.9	8.4	15.4	19.0	14.0	11.0	12.0	18.0

Table 5 (c) - Maternal Mortality Rate, 1963 - 1972 (Rate per 1,000 Live and Stillbirths)

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
England and Wales .. ..	0.28	0.25	0.25	0.26	0.20	0.24	0.19	-	-	-
Newcastle-under-Lyme .. ..	-	-	-	0.75	-	-	-	-	-	-

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 304 compared with 132 in 1971.

The increase over the previous year was due mainly to the greater number of measles cases.

The age distribution of notified cases is shown in Table 9 on page 37.

## WHOOPING COUGH

Year	1968	1969	1970	1971	1972
Notified cases ..	17	-	14	18	-
Deaths .. ..	-	-	1	-	-

## SCARLET FEVER

Year	1968	1969	1970	1971	1972
Notified cases ..	8	21	42	19	8
Deaths .. ..	-	-	-	-	-

## MEASLES

Year	1968	1969	1970	1971	1972
Notified cases ..	112	130	631	61	264
Deaths .. ..	-	-	1	-	-

## ACUTE ANTERIOR POLIOMYELITIS AND POLIO-ENCEPHALITIS

Year	1968	1969	1970	1971	1972
Notified cases ..	-	-	-	-	-
Deaths .. ..	-	-	-	-	-

# MENINGITIS

Year	1968	1969	1970	1971	1972
Notified cases ..	-	-	-	1	-
Deaths .. .. .	-	-	-	-	-

# INFECTIVE JAUNDICE

Year	1968	1969	1970	1971	1972
Notified cases ..	10	9	4	2	6
Deaths .. .. .	-	-	-	-	-

# DYSENTERY (SONNE)

Year	1968	1969	1970	1971	1972
Notified cases ..	4	172	227	1	-
Deaths .. .. .	-	-	-	-	-

# FOOD POISONING

Year	1968	1969	1970	1971	1972
Notified cases ..	29	72	127	12	20
Deaths .. .. .	-	-	-	-	-

# TUBERCULOSIS

Year	1968	1969	1970	1971	1972
Notified cases ..	9	10	10	18	6
Deaths .. .. .	3	6	5	4	1



The following table shows the total number of current cases on the tuberculosis register on the 31st December, 1972.

TABLE 6 - TUBERCULOSIS REGISTER AT 31/12/72

Pulmonary			Non-Pulmonary		
M.	F.	Total	M.	F.	Total
441	404	845	103	120	223
Total Cases 1,068					

#### NEW CASES OF TUBERCULOSIS AND DEATHS FROM TUBERCULOSIS DURING 1972

There were 6 new cases notified during the year, all respiratory 1 male and 5 females. The age group incidence is given below.

TABLE 7 - NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1972

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

1 death from respiratory tuberculosis was recorded in 1972

TABLE 8 - NUMBER OF NOTIFICATIONS OF INFECTIOUS DISEASES - 1963 - 1972

INFECTIOUS DISEASES	Y E A R									
	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Smallpox	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	68	13	80	28	26	8	21	42	19	8
Diphtheria	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Ophthalmia	-	-	-	-	-	-	-	-	-	-
Polio and ) Paralytic	1	-	-	-	-	-	-	-	-	-
Polio Encephalitis) Non-Paralytic	-	-	-	-	-	-	-	-	-	-
Measles	1364	298	723	172	1087	112	130	631	61	264
Whooping Cough	22	51	3	8	39	17	-	14	18	-
Dysentery	31	2	43	38	3	-	172	227	1	-
Food Poisoning	6	11	-	22	-	29	72	127	12	20
Pulmonary tuberculosis	18	18	16	13	7	8	6	10	14	6
Non-Pulmonary tuberculosis	4	3	1	1	2	1	4	-	4	-
Infective Jaundice (From 1/10/68)	-	-	-	-	-	10	9	4	2	6
Acute Meningitis	-	-	-	-	-	-	-	-	1	-



TABLE 9 - CASES OF NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1972

NOTIFIABLE DISEASES	AT ALL AGES	TOTAL CASES NOTIFIED AT ALL AGES											Age unknown
		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	
Paratyphoid fever ..	8	1	1	1	1	1	6	1	1	1	1	1	1
Scarlet fever ..	264	10	28	25	29	35	124	5	5	1	1	1	1
Measles ..	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough ..	1	1	1	1	1	1	1	1	1	1	1	1	1
Dysentery ..	1	1	1	1	1	1	1	1	1	1	1	1	1
Food Poisoning ..	20	1	1	1	1	1	2	1	1	1	1	1	1
Infective Jaundice ..	6	1	1	1	1	1	1	1	1	1	1	1	1
Acute Meningitis ..	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

Midwifery

Ante-natal Clinics

Health Visiting

"Defects" 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

National Health Service Act, 1946



## SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

### (a) Child Health Centres

The clinic programme continued in 1972 as follows:-

King Street, Newcastle	.. .. .	MONDAY and Wednesday 2 - 4 p.m.
Kingsbridge Avenue, Clayton	.. .. .	TUE SDAY and Thursday 2 - 4 p.m.
Crown Street, Silverdale	.. .. .	TUE SDAY 2 - 4 p.m.
St. Barnabas' Church, Bradwell	.. .. .	WEDNE SDAY 2 - 4 p.m.
Inglewood Drive, Porthill	.. .. .	TUE SDAY and FRIDAY 2 - 4 p.m.
Loomer Road, Chesterton	.. .. .	TUE SDAY and THUR SDAY 2 - 4 p.m.
Knutton Lane, Knutton	.. .. .	THUR SDAY 2 - 4 p.m.

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

During the year 530 Child Health Sessions were held and 1,082 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

C E N T R E	No. of Children under 1 year attending for the first time	ATTENDANCES		
		under 1 year	1 - 5 years	Total
King Street, Newcastle	186	1293	2094	3573
Kingsbridge Av., Clayton	192	1229	1736	3157
Crown Street, Silverdale	75	838	963	1876
Inglewood Drive, Porthill	297	1179	1414	2890
St. Barnabas' Church, Bradwell	55	443	615	1159
Loomer Road, Chesterton	175	1383	2893	4451
Knutton Lane, Knutton	82	902	541	1525
Grand Totals	1082	7267	10292	18641

Average attendance of under five-year olds per session per centre during 1972 = 35.2 compared with 40.2 in 1971.

## 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 9 domiciliary midwives whose work was supervised by Miss Austin the Nursing Supervisor, and her Deputy Miss Alcock. During 1972, four enquiries under the Midwives Acts were made.

The following is a report submitted by the District Midwifery sisters on their work in the Borough during 1972:-

"All District Midwives continued to be attached to G.P.'s in the Borough, working on a Rota Basis to give a 24 hour coverage.

In July 2 Midwives retired:-

Miss V. F. Glanville	27	years	service	in	the	Borough	
Mrs. K. G. Thompson	10	"	"	"	"	"	
Mrs. E. Colclough	8	"	"	"	"	"	resigned

A luncheon was held at the Thistleberry Hotel, Newcastle, where His Worship the Mayor and the Mayoress presented gifts on behalf of fellow Midwives.

From January to July Borough Midwives attended the North Staffs. Maternity Hospital daily in rotation to assist the breast feeding.

On 21st August, the Borough Midwives started working in the G.P. Unit at the North Staffs. Maternity Hospital where their own G.P.'s patients were delivered by the attached Midwife. The aftercare also was continued by the G.P. and the Practice Midwife in the Unit, and on discharge from hospital the aftercare was continued until the 10th day. During this period Domiciliary deliveries decreased, and deliveries on the G.P. Unit increased (76 from 21.8.72 to 31.12.72), the selection of patient's suitability for delivery on the G.P. Unit being assessed by G.P. and Midwife. Ante-Natal care is given at Ante-Natal Clinics in G.P. surgeries and Local Authority Clinics. Patients seem to favour short stays of 48-72 hours in the Unit, and the majority prefer delivery in the G.P. Unit instead of home confinement now that they are able to have their own District Midwife for delivery.

Mothercraft and Relaxation Classes continued to be well attended. The classes are conducted in Local Authority Clinics by Midwives, aided by the Health Education Officer. Talks, film shows and demonstrations were given, also permission was given by Miss K. Coldrick, Principal Nursing Officer of the North Staffs. Maternity Hospital for mothers to visit the Maternity Hospital to see Lying-in wards and Labour wards.

All Midwives continued to participate in Cytology Clinics and Post-Natal Clinics. All patients discharged from hospital before the 10th day puerperium are nursed by the District Midwife. All infants at 6 days have a routine blood test for P.K.U. taken by the Midwife.

This has been a stimulating and challenging year for the Borough Midwives, full of changes, and an insight into the new National Health Service envisaged in 1974.



For the expectant mothers, with the modernisation of the Maternity Services, they have benefited from good Ante-Natal care - safer deliveries, and continued Post-Natal care, and guidance, which has resulted in healthier babies".

Compiled by All Borough Midwives  
Written by E. L. Thomas

(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	Tuesday, 2.00 p.m.	Ante-natal, Mothercraft and Relaxation (Sisters Adderley and Johnson)
Inglewood Drive, Porthill	Monday, 2.00 p.m.	Ante-natal (Sister Rigby)
- do -	Wednesday, 3.00 p.m.	Ante-natal, Mothercraft and Relaxation (Sister Jenkins)
Kingsbridge Avenue, Clayton	Wednesday, 2.00 p.m.	Mothercraft and Relaxation (Sisters Thomas and Twigg)
Loomer Road, Chesterton	Monday, 2.15 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	
-	2	15	126	143

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	Ento-nox	Tri-Lene		
9	9	5	24	1	87	1	12	85

(c) Early Discharges

The midwives visited 1,073 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 80. 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. Taylor	Attached to Drs. Anderson, Brown, Smith, Boyle, Dick and Jafri.
Sister N. M. Rigby	Attached to Drs. Ross, Garvie, Tucker and Fisher.
Sister J. Edge	Attached to Drs. Jolly, Childs, Bennett, Hollins and Hollins.
Sister E. Adderley	Attached to Drs. Rae, Linehan and Turner. Dr. Gabrowicki
Sister E. L. Thomas	Attached to Drs. Milewski, Thompson and Challinor.
Sister M. Twigg	Attached to Dr. Wainwright. Dr. Canter. Dr. Franklin. Unattached practices.
Sister C. E. Jenkins	Attached to Drs. O'Donnell, Brown and Agarwal.
Sister H. Johnson	Attached to Drs. McIlroy and MacKinnon.

(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 45.

In 1972 there were 81 premature live births and 10 premature stillbirths notified, as follows:-

Table 14

	Live	Still
Hospital Cases ..	79	9
Domiciliary Cases	2	1
	81	10

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

Premature Births within the Borough during 1972 were, therefore, 7.0% of the total births. Of the live premature births, 8 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 400 visits to applicants seeking maternity hospital accommodation on social grounds. 337 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 every 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 in hospital				Born at home or in a Nursing home				Transferred to hospital on or before 28th day					
Total births (1)	within 24 hrs. (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)	Total births (5)	within 24 hrs. of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total births (9)	within 24 hrs. of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)	Born		
												in hospital (13)	at home or in a nursing home (14)	
1. 2lb. 3oz. or less	-	-	-	-	-	-	-	-	-	-	-	2	1	
2. Over 2lb. 3oz. up to and including 3lb. 4oz.	12	5	-	1	-	-	-	-	-	-	-	3	-	
3. Over 3lb. 4oz. up to and including 4lb. 6oz.	13	1	1	1	-	-	-	-	-	-	-	-	-	
4. Over 4lb. 6oz. up to and including 4lb. 15oz.	21	1	1	-	-	-	-	-	-	-	-	-	-	
5. Over 4lb. 15oz. up to and including 5lb. 8oz.	35	1	-	1	1	-	-	-	-	-	-	4	-	
6. TOTAL	81	8	2	3	1	-	-	-	-	-	-	9	1	

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

## SECTION 24 - HEALTH VISITING

### STAFF AND SUPERVISION

The full establishment of health visitors was maintained throughout the year.

Miss Austin continued to supervise the staff and the service during the year with the assistance of Miss Alcock.

The table below summarises the work of the Health Visitors during their home visiting for 1972.

Table 16

	Expect- ant Mothers	Children aged		Aged 65+	Ment- ally Dis- ordered	TB	Infec- tious Disea- ses	Other Visits
		-1	1-5					
First Visits	104	1288	2953	2367	103	19	40	257
Total Visits	143	4563	7649	11433	476	60	63	440

### DEFECTS REGISTER

At 31/12/72, 83 males and 54 females were registered in the classification as shown.

Table 17

	M	F		M	F
Blindness	1	-	Haemolytic disease of newborn	4	3
Deafness	-	-	Congenital abnormality	51	36
Mental Defect	1	-	Neonatal Jaundice	6	4
Epilepsy	1	3	Cerebral Palsy	1	-
Anoxia	17	5	History of Virus infection in mother	1	3



#### PAEDIATRIC LIAISON SERVICE

This scheme serving the Borough and surrounding County areas continued during 1972. 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.	)	

#### CHEST CLINIC LIAISON

The clinic liaison continued during 1972 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 infant's sixth and tenth 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 662 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. 1000 children were screen tested in 1972 at clinics and 18 in their own homes. 12 children, representing 1.1% 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, Tucker and Fisher	- Miss Shingler, Mrs. Hough and Mrs. Glanfield
Drs. Rae, Linehan and Turner	- Miss Bowyer and Miss Gibson
Drs. O'Donnell, Brown and Agarwal	- Miss Colton and Mrs. Bateman
Dr. Canter	- Miss Steele
Dr. Wainwright	- Mrs. Bettany
Drs. Childs, Jolly, Bennett, Hollins and Hollins	- Miss Forrester, Mrs. Baker and Mrs. Ruscoe
Drs. Milewski, Thompson and Challinor	- Mrs. Walker and Miss Gibson
Drs. Anderson, Brown, Smith and Boyle Dick and Jafri	- Mrs. Hadgett, Mrs. Stanyer and Miss Palmer
Drs. McIlroy and McKinnon	- Miss Millington and Miss Steele
Dr. Dabrowicki	- Mrs. Bettany
Dr. Franklin	- Mrs. Bettany

The following is a report by the Health Visitors on their work in the Borough during 1972.

### THE HEALTH VISITORS

"During 1972 the role and work of the Health Visitor has been discussed and she is stated in the Briggs Report to be a "Family Visitor". With the 100% General Practitioners attachment in the Borough the Health Visitor should have more opportunity to work with the family.

Although her introduction to the family is through the young child and is recorded as such on our monthly returns, many of these visits are discussions with the family on mental, emotional and social problems. She may be dealing with things as diverse as housing, social security benefit and marital problems. The increase in the number of elderly people in need and living alone who are brought to the attention of the Health Visitor is causing great concern because it is felt that there is a need for an organised voluntary or paid organised service to help these members of the society with decorating, household repairs, gardening and laundering where necessary. Nevertheless, the services which are available at present are warmly appreciated by the recipients.

Every Health Visitor in the Borough has now been on a six day course of training in Paediatric Developmental assessment and screening. Ideally this screening procedure should be carried out in the Clinic but occasionally due to various circumstances it may have to be done in the home. One of the most time consuming parts of the daily work of the Health Visitor is the general clerical work involved in making and sending appointments for the above assessments.



Clerical help would be appreciated and would of course improve our service to the public.

Opportunities to attend lectures and conferences are appreciated and give all a chance to keep our work for the community up-to-date.

In conclusion may we give a warm "Thank-you" to all the people we have worked with during 1972 and to the staff of the Health Department in the Civic Offices.

Health Visitors.

Newcastle Borough.

## SECTION 25. HOME NURSING SERVICE

### STAFF AND SUPERVISION

The establishment of general nurses is 17, of whom 2 are male nurses.

Supervision continued to be Miss Austin's responsibility throughout the year, assisted by Miss Alcock.

The following is a report submitted by the Nursing Sisters on their work in the Borough during 1972:-

"During the past decade the efficiency of Home Nursing has been greatly increased by the use of disposable "Nursing Aids". This modern equipment, so simple in appearance and yet a product of modern technology, has made nursing in the home so much more easy.

Of all the disposables pride of place must surely be given to the wonderful "Hospital Underpads". Not many years ago the laundering of soiled bed linen was an extra strain on relatives caring for long term incontinent patients. Housewives who had a good supply of old sheets had to stretch them to the uttermost and people with no sheets at all, even when helped by supplies from the Red Cross and W.R.V.S. had sometimes to resort to desperate measures, "Sundays Front Page Scoop" occasionally made its final and most lasting impact on the derriere of some unfortunate sufferer.

Now we have plastic syringes, looking for all the world like lollipops with their brightly coloured tops of orange and mauve and coloured plastic bags for the collection of soiled dressings and disposable suture removing kits, the latter as yet not very much in demand, but according to Old Salmons Almanac for 1974, we should soon be snipping and snapping our way through the entire borough.

Occasionally, when we arrive with our goodies and our good intentions, some doubting old "Albert Tatlock" wants to know "oo's paying for all this lot then?" we say briefly "The Rates" and this satisfies the most independent of all - he is only getting his due, something tangible at last!!!

In conclusion may we thank the Home Helps for the many times they make home conditions fit to nurse in and our employers, the Borough Council, for so generously supplying us with all these wonderful things".

District Sisters

Newcastle Borough



## VISITS AND TREATMENT

The Home Nursing Staff performs one of the most vital tasks of the Local Authority Service and does much to reduce the number of applications for hospital beds. In 1972, 729 patients were nursed at home (224 acute cases and 505 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

	Infectious Diseases	T.B.	Medical	Surgical	Totals	Patients included in 2-6 who were	
						65 or over	Under 5
1	2	3	4	5	6	7	8
No. of visits paid	44	25	28,850	11,773	40,692	25,427	444
Total No. of first visits	-	-	-	-	1,975	1,197	49

## DISPOSABLE INCONTINENCE PADS

The total number of disposable incontinence pads issued during 1972 was 65,200.

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

Table 19

General Nursing Care	Dress-ings	Observation of patient	Gynaecological conditions	Post operative	Genito Urinary conditions	Preparation for diagnostic investigation	Inject-ions	Other Treatment
12,662	9,648	1,896	125	229	1,588	157	11,776	2,542

## ATTACHMENT SCHEME

The attachment scheme continued during 1972 and the general nurses and their attachments are shown below:-

Drs. O'Donnell, Brown and Agarwal	-	Sister Price
Drs. Jolly, Childs, Bennett, Hollins (Newcastle Surgery) and Hollins	-	Sister Bernard
Drs. Jolly, Childs, Bennett, Hollins (Silverdale Surgery) and Hollins	-	Sisters Potts and O'Leary
Drs. Milewski, Thompson and Challinor	-	Sister Jones
Dr. Wainwright	-	Sister Bennett
Drs. McIlroy and McKinnon	-	Sister Bentley
Drs. Rae, Linehan and Turner	-	Sister Spooner
Dr. Canter	-	Sister Bennett
Dr. Dabrowicki	-	Sister Hall
Dr. Franklin	-	Sister Hall
Drs. Anderson, Brown, Smith, Boyle, Dick and Jafri	-	Sisters Cheetham, Webb and Bissell
Drs. Ross, Garvie, Tucker and Fisher	-	Sisters Wilburn and Beeston

## BATHING ATTENDANTS

The 2 attendants were fully employed during 1972 and continued to give valuable help to the Home Nursing Service.

## Section 26. VACCINATION AND IMMUNISATION

### (a) SMALLPOX

During 1972, statistics were not kept of the number of persons who received primary vaccination and were re-vaccinated. During 1971 359 persons and 17 persons respectively were vaccinated and re-vaccinated.

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 416 certificates were authenticated.



(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 20 - Tetanus/Diphtheria/Whooping Cough Immunisation

Year of Birth	1972	1971-69	1968-65	Others Under 16	Totals
Primary Injections	14	756	14	-	784
Reinforcing Injections	-	17	38	6	61

Table 21 - Tetanus/Diphtheria Immunisation

Year of Birth	1972	1971-69	1968-65	Others Under 16	Totals
Primary Injections	-	12	9	-	21
Reinforcing Injections	-	1	354	28	383

Table 22 - Tetanus Immunisation

Year of Birth	1972	1971-69	1968-65	Others Under 16	Totals
Primary Injections	2	-	1	6	9
Reinforcing Injections	-	-	5	2	7

Table 23 - Diphtheria Immunisation

Year of Birth	1972	1971-69	1968-65	Others Under 16	Totals
1. Number of children who completed a full course of primary immunisations in the Borough (including temporary residents)	-	-	6	-	6
2. Number of children who received during the year a reinforcing injection, i.e. subsequent to primary immunisation at an earlier age.	-	3	6	-	9

(c) POLIOMYELITIS IMMUNISATION

Table 24

Age Group	Number of persons who have received		
	Primary and Reinforcing Protection	Booster Dose	Total
Children born in 1972	15	-	15
Children born in 1971	541	32	573
Children born in 1970	166	7	173
Children born in 1969	30	3	33
Children born in 1968-1965	287	1533	1820
Young Persons under 16	157	934	1091
Others	-	-	-
Total	1196	2509	3705

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

(d) MEASLES IMMUNISATION

Table 25

Year of Birth	1972	1971-69	1968-65	Others under 16	Total
	1	450	34	-	485

(e) RUBELLA IMMUNISATION

The purpose of rubella immunisation 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 1972, 326 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 1972. 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

Mr. J. Behan was appointed Area Chiropodist on a full-time basis from 14th August, 1972, and he works in conjunction with Mr. Haycock who is employed for ten sessions per week, including an evening session on Mondays. The number of treatments given in 1972 totalled 4,174. The table below summarises the work of the Chiropodists during the year under review.

Table 26

No. of Persons Treated	Aged and Physically Handicapped 1194	Physically Handicapped 56	Expectant Mothers 1	School Children 110
No. of treatments given	At Clinics 1477	In Patients' Homes 1776	-	921

(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 1967/68 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 1972, 847 women were examined and of this number the laboratory result of the smear was positive in 1 case. This patient was referred to the Consultant Gynaecologist for further investigation. 323 of the patients attending were making a routine second visit, 24 were making a third visit, and 2 were making a fourth visit.

Of the 847 patients attending, 126 were receiving hormone therapy. The routine breast examination of all patients revealed 20 with minor abnormalities which required treatment from their family doctors. Examination of the cervix showed that 192 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 27

Cervical Cytology attendance by Age Groups and Social Class

Social Class	Under 35	35-44	45-60	Over 60	Total
1	2	7	18	2	29
2	20	56	35	9	120
3	161	184	175	26	546
4	40	42	53	-	135
5	5	3	9	-	17
Totals	228	292	290	37	847

Table 28

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	-	1
4	-	-	-	-	-
5	-	-	-	-	-
Totals	-	-	1	-	1



(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 29 below shows the number of cases referred for chronic sick accommodation during the year.

Table 29 - Chronic Sick Disposals

Number referred .. .. .	239	Left area .. .. .	-
Number admitted:		Number refused acc. ..	-
Chronic Sick Acc. .. ..	123	Number died .. .. .	26
General Hospital .. ..	9		
Mental Hospital .. .. .	-		
Hostel Accommodation ..	-		
Number on Waiting List ..	81		

79 of the 132 cases admitted during the year were assisted in some way by the domestic or nursing services prior to admission. Of the 81 cases still awaiting chronic sick accommodation at the end of the year, 38 were receiving assistance in the following ways:-

Domestic Help .. .. .	4
District Nursing .. .. .	20
Nursing, and Social Welfare .. ..	-
Social Welfare .. .. .	2
Domestic Help and Social Welfare .. ..	-
Nursing and Domestic Help .. .. .	7
Nursing, Domestic Help and Social Welfare ..	5

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.

### Young Chronic Sick

During the year a Young Chronic Sick register was introduced, this includes persons under retirement age who are considered to be chronically sick. The number on the register totals 90 (20 male and 70 female) and 14 new cases were included during the year.

### Visits to the Elderly

During the year under review the health visitors paid 11,433 visits to the elderly which represents 46.0% of the total visits made by the health visitors. The number of visits paid to this class of patient by the home nurses was 26,624 which is 81.1% of the total visits made by the home nurses.

### 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 130 pairs of waterproof pants were issued and 21,000 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 1972, 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 1971 stood at 3,472. (983 males and 2140 females). During 1972 there were 272 new cases and 621 removals, thus decreasing the total on the Register by 349 to a total of 3,123.

The ratio of females to males is:

Males	31.5%	Females	68.5%
-------	-------	---------	-------



### 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, Thursday morning and afternoon and Friday morning.

The following statistics have been provided by the branch secretary:-

TABLE 30

No. of new patients attended	Referred by			
	Other Branches	Friends of Patients	G.P's	Other Sources
400	86	204	92	18

155 of the patients attending were under 20, 145 between 20 and 30, and 100 over 30 years of age.

### AIDS AND ADAPTATIONS

Aids are purchased by the Department for loan to handicapped persons to facilitate use of bath and toilet. At the end of the year, 13 bath aids and 44 toilet aids were on loan.

MISCELLANEOUS HEALTH SERVICES



# 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 31

Department	Superannuation Scheme			Sick Pay Scheme		
	Total	Passed	Failed	Total	Passed	Failed
Borough Surveyor's	5	5	-	3	3	-
Borough Treasurer's	7	7	-	-	-	-
Cleansing	-	-	-	-	-	-
Housing	6	6	-	3	3	-
Libraries	7	7	-	-	-	-
Parks	-	-	-	-	-	-
Public Baths	1	1	-	1	1	-
Health	-	-	-	-	-	-
Town Clerk's	6	6	-	-	-	-
Weights and Measures	-	-	-	-	-	-
Magistrates Clerk's	2	2	-	-	-	-
Other Local Authorities	-	-	-	-	-	-
Museum and Art Gallery	2	1	1	-	-	-
Manual Services	64	61	3	30	30	-

## COUNTY COUNCIL EMPLOYEES (DELEGATED SERVICES)

During 1972, questionnaires were completed by prospective employees in County Council Services. 7 full examinations were held and all were found fit for employment.

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 women's and old people's groups, including the old people's bungalows. Leaflets were distributed with 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.

Lectures were given to many outside organisations during the year on a variety of subjects. These organisations included Residential Youth Groups, Girls' Brigade, Women's Groups, School Leavers and Students.

POSTER DISPLAY

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

CYTOLOGY

The cervical cytology clinic is promoted in the medical centres of bakeries and factories in the Borough and leaflets and application forms are available 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.

During 1972 Health Education has become accepted in more circles including schools and outside organisations in the Borough. This has permitted the Health Education Officer to become better established and better able to assess requirements and opinions.



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

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

2 cases were removed under the powers contained in the above Acts during 1972.

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".

There were no such burials during the year.

POST MORTEM EXAMINATIONS

During 1972, 134 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 1972, 182 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:-

Last year, I commented on the results of a random survey carried out with regard to date-coded pre-packed foods and reported on the disturbing results found in many shops and stores. This was followed up during 1972 by further checks and visits, advisory talks and discussions with retailers and where necessary contact with the manufacturers. Although it is difficult to measure accurately the success of these measures I can confidently report that some progress appears to have been made.

During the year a Working Party has been in operation to research all aspects of date-coding of pre-packed food stuffs, in particular, the use of open-date coding. This involved reports and opinions from all interested parties, including manufacturers, retailers of all types, consumer groups, local authorities and government bodies. As a result, legislation is planned to make some form of coding compulsory. It is expected to take into account the "shelf-life", keeping quality and contamination risk of the foods concerned. No doubt foods will be divided into groups based on these risk factors and legislated for accordingly. It is likely that open-date coding will be required for high risk foods.

Apart from the concern being shown at National level, I still feel that there is a tremendous amount of work which can be done at "grass-roots" level which would bring about much improvement even with the rather confused position obtaining in 1972.

Much can be done to ensure that retail management and staff are aware of codes where they exist and what they mean. They can be impressed with the importance of stock rotation and of rigidly keeping within the shelf-life indicated by the code. Where found necessary, manufacturers and packers can have illegible, obliterated or meaningless codes drawn to their attention. They can be requested to ensure that their retailers have a code cypher and know how to interpret it. I must say that when, during the year, it has been found necessary to approach the manufacturers or producers of goods where it is felt some improvement could be made, they have invariably been most co-operative and willing to help where possible.

One of the commonest things which came out of the survey was the situation where the control of the stock of certain short life commodities was left to the driver-salesman for the product concerned who was supposed to check the codes, remove out-of-date items, rotate the stock and make up with fresh goods to the requisite level.

This was rarely checked by the shop staff and when out-of-code items were found, management was quick to point out that it was nothing to do with them since it was entirely the responsibility of the salesman. Nothing could be further from the truth! This is usually a local arrangement of convenience and at the most the driver-salesman is only acting as "Agent" for the retailer. I would remind all shop-keepers and management that they are entirely responsible for all goods sold or displayed for sale on their premises and it would be no defence to state that the control of any item had been left to another person in the event of a complaint.

I would also like to draw attention to the further increase in the number of food complaints. It is not easy to understand in these days of improved food hygiene and production methods and the gradual reduction of the careless and untrained human element, why this increase should take place. It does not necessarily mean that there is a higher percentage of unsound food or food containing "foreign bodies" reaching the consumer or that production control is more lax.

I feel that several other factors should be taken into account.

Firstly, the production of pre-packed foods is increasing rapidly so that the actual percentage of defective packages may well be constant or even reducing. The rapid turn-over in the cut-price establishment reduces the amount of possible inspection. Lastly and most important the public are quite rightly becoming more aware and concerned about the foods they eat and are increasingly reporting complaints which in the past would have been ignored. This is highly commendable and should be encouraged and confirms what I said last year about the public having "a growing awareness of the value of clean food".

I am not, by any means, suggesting that we should be complacent about the rising number of food complaints or that there is no need for concern. On the contrary, I think that we should be even more vigilant and welcome the public's co-operation but at the same time maintain a proper balanced view of the overall situation and of each individual complaint.

I would mention, finally, that there is an apparent increase in the number of complaints concerning mould, particularly with regard to bread and similar products. This may well be connected with the type of packaging used, such as polythene bags and more importantly the method of storage before sale. There also appears to be a connection with the coding practice used on these goods. These aspects would warrant further investigation.



Table 32 - 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	No.			
Butchers	67	67	67	67
Grocers	171	167	168	168
Sweets	47	47	37	37
Cakes and Confectionery	20	20	19	19
Licensed Premises	98	98	96	96
Green Grocers	41	41	41	41
Wet Fish	8	8	8	8
Fried Fish	31	31	31	31
Bakehouses	18	18	18	18
Cafe Kitchens, School Kitchens and Snack Bars	92	92	92	92
TOTALS	593	589	577	577

Table 33 - Records of Inspections and Results

	No. of Premises	Inspection	Re-Inspection	No. of Premises Visited	Nuisances or defects	
					Found	Abated
Dairies and Milk-shops	137	155	33	101	-	-
Ice Cream Premises	246	190	26	93	-	-
Food Preparing Premises	151	82	14	111	74	27
Bakehouses	18	16	10	13	1	1
Slaughterhouses	2	33	-	2	-	-
Butcher's Shops	67	33	12	57	7	3
Total Number of Food Shops	488	362	89	353	47	37
Market and Stalls						
Inspections	31	26	1	29	1	4
Mobile Shops	20	14	1	30	19	5

## MILK SUPPLY

Number of Dairy Farms in the Borough 18  
 Number of Retail Purveyors of Milk 150  
 Of these, 121 retail Sterilized and/or U.H.T. milk only  
 29 retail purveyors hold licences for the sale of other grades of milk.

## ICE CREAM

Number of Ice Cream premises registered under Private Act:-

Sale only



# BACTERIOLOGICAL SAMPLES

	<u>Submitted</u>	<u>No. Failed Cleanliness Test</u>
Milk: Heat Treated	68	2
Fresh Cream	22	2
Ice Cream	15	2

## BRUCELLA ABORTUS

There are no retailers of untreated milk within the Borough.

The under-mentioned forty-three samples of food were submitted for Bacteriological examination:-

### FOOD

	<u>No. of Samples</u>
Lamb Chop .. .. .	1
Roast Beef .. .. .	4
Roast Pork .. .. .	8
Cooked Ham .. .. .	6
Meat Pie .. .. .	6
Pie Jelly .. .. .	1
Raw Steak Meat .. .. .	3
Cooked Mince Meat .. .. .	3
Brawn .. .. .	1
Black Pudding .. .. .	1
Corned Beef .. .. .	1
Pressed Hocks .. .. .	1
Pork Loin .. .. .	1
Various Continental Sausages .. .. .	5
Orange Juice .. .. .	1
	<u>43</u>

All were reported satisfactory.

## The Liquid Egg (Pasteurisation) Regulations 1963

There are no egg pasteurisation plants in the Borough.  
However four samples of pasteurised egg were submitted for bacteriological examination and were found satisfactory.

## 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 food (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 2) .. .. .	67
Number of Preserved Food preparing premises registered (including Fish Fryers, 31) .. .. .	151
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 .. .. .	306

### 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:-

Gullies and drainage channels	13
Floors	4
Walls	3
Stunning Pens	3
Knives, choppers, and other utensils	14
Slaughterhouse and lairage fittings and other equipment	13
Dressed carcasses and internal organs	12
Hides and skins	2
Preparation Room	1
Rear yard and slaughter hall	2
Cooling Hall	2
Slaughterhouse Apron	3
Floor of stunning room	1
Surface of towel in Slaughter Hall	1

---

74

All swabs were reported as free from organisms of the Salmonella or Shigella groups.

Table 34 - Carcases and Offal Inspected and  
Condemned in whole or part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	41	-	-	370	123	-
Number inspected .. ..	41	-	-	370	123	-
<u>All Diseases except Tuberculosis and Cysticerci</u>						
Whole carcases condemned ..	-	-	-	-	-	-
Carcases of which some part or organ was condemned ..	9	-	-	19	6	-
Percentage of the number inspected affected with disease other than .. .. Tuberculosis and Cysticerci	21.95%	-	-	5.14%	4.88%	-
<u>Tuberculosis only</u>						
Whole carcases condemned ..	-	-	-	-	-	-
Carcases of which some part or organ was condemned ..	-	-	-	-	3	-
Percentage of the number inspected affected with Tuberculosis .. .. .	-	-	-	-	2.44%	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned ..	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned .. .. .	-	-	-	-	-	-

Total weight condemned: 96 lbs.

There has been 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	1740
Bacon	2
Canned Meat	135
Canned Fruit	26
Assorted Frozen Foods	2332
Cheese	44
Margarine	3
Shell Eggs	13
Fruit (assorted)	152
Vegetables	16
	<hr/>
	4463 lbs.

(19cwts. 95lbs.)

## Food and Drugs

Total Number of Samples Taken - 138

Aspirin Tablets	2	White Pepper	2
Epsom Salts B.P.	1	Ground Ginger	1
Glauber Salts B.P.	1	Flour	1
Expectorant	1	Meat Pies and Puddings	1
Liquid Paraffin	1	Flavouring and Colourings	4
Infant Powder	1	Butter	3
Olive Oil	2	Cream	18
Childrens' Tonic	1	Instant Low Fat Milk	1
Sausages	22	Tea	1
Milk	52	Raising Powder	1
Baking Powder	1	Margarine	1
Soups	1	Cheese	1
Tinned Meats	3	Orange Crush	1
Curry Powder	2	Ginger Wine	1
Dried Fruit	2	Vinegar	3
Indian Brandee	2	Mothers' Friend	1
Glycerine lemon		Gravy Salt	1
- Ipecacuanha	1		

# Food and Drugs (Continued)

<u>Nature of Sample</u>	<u>Formal or Informal</u>	<u>Nature of Deficiency or Contravention</u>	<u>Action Taken</u>
Pork Sausage	Informal	Slight deficiency of meat content	Warning letter sent to Manufacturer
Pork Sausage	Informal	Slight deficiency of meat content	Letter sent to Manufacturer
Chicken breast in Jelly	Informal	Deficient in meat content	Warning letter sent to Manufacturer
Instant Low Fat Milk	Informal	Unsatisfactory statement on label	Warning letter sent to Manufacturer
Orange Crush	Informal	Unsatisfactory statement on label	Warning letter sent to Manufacturer
Vinegar	Informal	Incorrect labelling	Letter to Manufacturer - label rectified.

### Food Complaints

Ninety-six food complaints were received during the year.

Thirty-one were proved to be unfounded or of a very minor nature requiring no further action after investigation.

Ten necessitated verbal warnings only.

Fifty-three, as listed below, resulted in warning letters being sent to the person responsible.

Food	Complaint	To whom Letter sent
Chocolate Brandy	Infestation of Cocoa	Manufacturer
Liqueurs	moth larvae	
Cheese Spread	Mould	Manufacturer
Marmalade	Foreign body	Manufacturer
	(Glass)	
Toast Savouries	Foreign body	Manufacturer
	(Leather)	
Boiled Sweet	Foreign body	Manufacturer
	(Bristle)	
Yogurt	Foreign body	Manufacturer
	(Small fragment of brick)	
Chocolate Drops	Discoloured and	Manufacturer
	Fatty taste	
Ox Tongue	Foreign body	Importer and
	(Epidermal Tissue)	Retailer
Bread	Foreign body	Manufacturer
	(Hessian)	
Sausage	Sour smell	Manufacturer
Packet Cheese	Mould	Manufacturer
Fruit Pie	Foreign body	Manufacturer
	(Bird dropping)	
Bread	Mould	Manufacturer
Bread	Foreign body	Manufacturer
	(Metal)	
Bread	Foreign body	Manufacturer
	(Cardboard)	
Canned Stewed Steak	Foreign Body	Manufacturer
	(Animal hair)	
Milk	Contained Alkaline solution	Producer
Canned Pork	Rancid	Manufacturer
Luncheon Meat	Foreign body	Manufacturer
Biscuit	(Carbon)	
Cereal	Foreign body	Manufacturer
	(Mites)	
Milk	Added Water	Manufacturer
Bacon	Smell (Slight Decomposition)	Manufacturer



## Food Complaints cont.

Food	Complaint	To whom Letter Sent
Fish Cakes	Smell of Ammonia	Manufacturer
Packet Cheese	Mould	Retailer
Black Pudding	Foreign Body (Plastic)	Manufacturer
Bread	Mould	Manufacturer
Pork Pie	Mould	Manufacturer
Bread	Dirty Marks	Manufacturer
Canned Corned Beef	Foreign Body (Hide)	Manufacturer
Bread	Mould	Manufacturer
Bread	Foreign body (String)	Manufacturer
Bread	Mould	Manufacturer
Steak and Kidney Pie	Mould	Retailer
Joint of Lamb	Smell (Slight decomposition)	Retailer
Canned Pineapple Slices	Defective lacquering of can	Retailer
Bread Rolls	Mould	Manufacturer
Milk	Decomposed	Producer
Bread	Mould	Manufacturer
Meat and Potatoe Pie	Foreign body (Glass)	Manufacturer
Bread Rolls	Mould	Manufacturer
Milk	Foreign matter (Cement)	Manufacturer
Bread	Foreign bodies (burnt material)	Manufacturer
Pork Pie	Discolouration (Artificial colouring matter)	Manufacturer
Bread	Foreign body (burnt material)	Manufacturer
Lambs liver	Decomposition	Retailer
Yogurt	Foreign body (Wire)	Producer
Milk	Foreign matter (Cement)	Producer
Milk	Foreign body (Cement)	Producer
Garden peas	Excess liquid	Manufacturer
Light Ale	Foreign body (Dirt)	Manufacturer
Potatoes	Frost damage (Decay)	Dealer
Minced Beef	Foreign body (Fly)	Retailer
Canned Ham	Foreign body (Cotton fibres)	Manufacturer

The two remaining cases were the subject of legal proceedings as follows:-

Food	Complaint	Result of Prosecution
Roast Sliced shoulder of Ham	Fly maggot infestation	Plea of Guilty Fined £25 Costs £12
Sausage rolls	Mouldy condition	Plea of Guilty Fined £30 Costs £20

# 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:-

During 1972 steady progress was made in the Smoke Control Programme; the No.9 Order received confirmation to come into operation on the first of July, 1974 and the survey was started on the No. 9a Area covering the Lower Milehouse, Wilmot Drive and Meadow Lane estates.

The position with regard to solid smokeless fuel supplies continues to be good and ~~there should be~~ no problem in the future.

One thing that became even more evident during the year was the increasing trend towards central heating being installed both in new and existing homes. Systems installed include solid fuel, gas, electricity and oil. Gas still continues to be the most popular but there is an increasing demand for oil. The choice of fuel, of course, is an entirely personal decision and, provided it is an authorised fuel which can be burned smokelessly there is complete freedom of choice.

I commented last year on garden bonfires. There were still some complaints during 1972 but I am happy to report that the general position has improved.

I am not so happy with the burning of industrial and commercial rubbish. Several cases arose during the year which necessitated action. Such thoughtlessness not only creates serious nuisance to neighbours and considerable pollution but in isolated cases can be positively dangerous. I refer to cable-burning which, "if not done in a purpose-built incinerator" can give off poisonous fumes.

I look forward next year to further progress in Domestic Smoke Control and improvement in the industrial smoke problems. Both, of course, are dependent on available finance and rising costs make progress more difficult. It is even more important now than before, that we present our case to show that the accrued benefits and savings from efficient smoke-free combustion and the resulting reduction in atmospheric pollution far outweigh the cost.

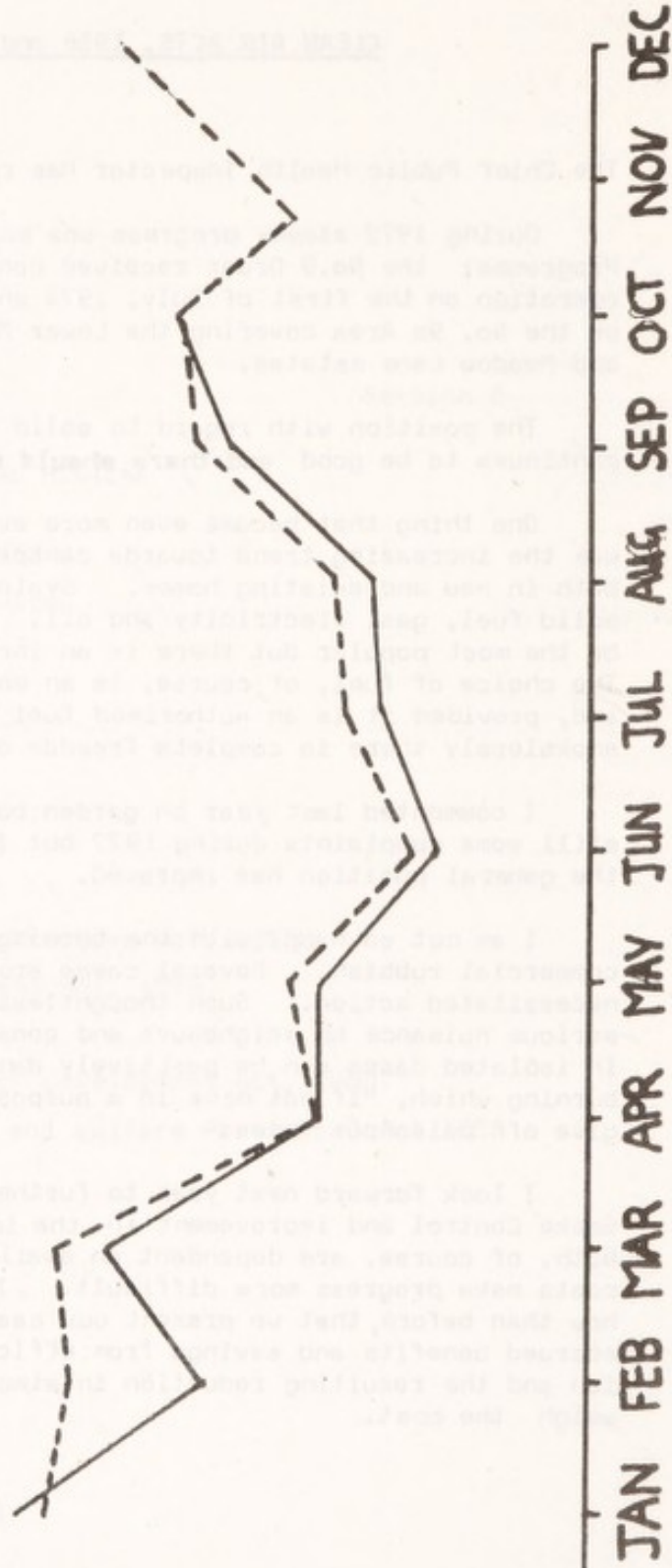
MICROGRAMMES PER CUBIC METRE

0 2 4 6 8 10 12 14 16 18 20 22

SULPHUR DIOXIDE CONC.

--- CHESTERTON COMMUNITY CENTRE

— MUSEUM, THE BRAMPTON



MICROGRAMMES PER CUBIC METRE

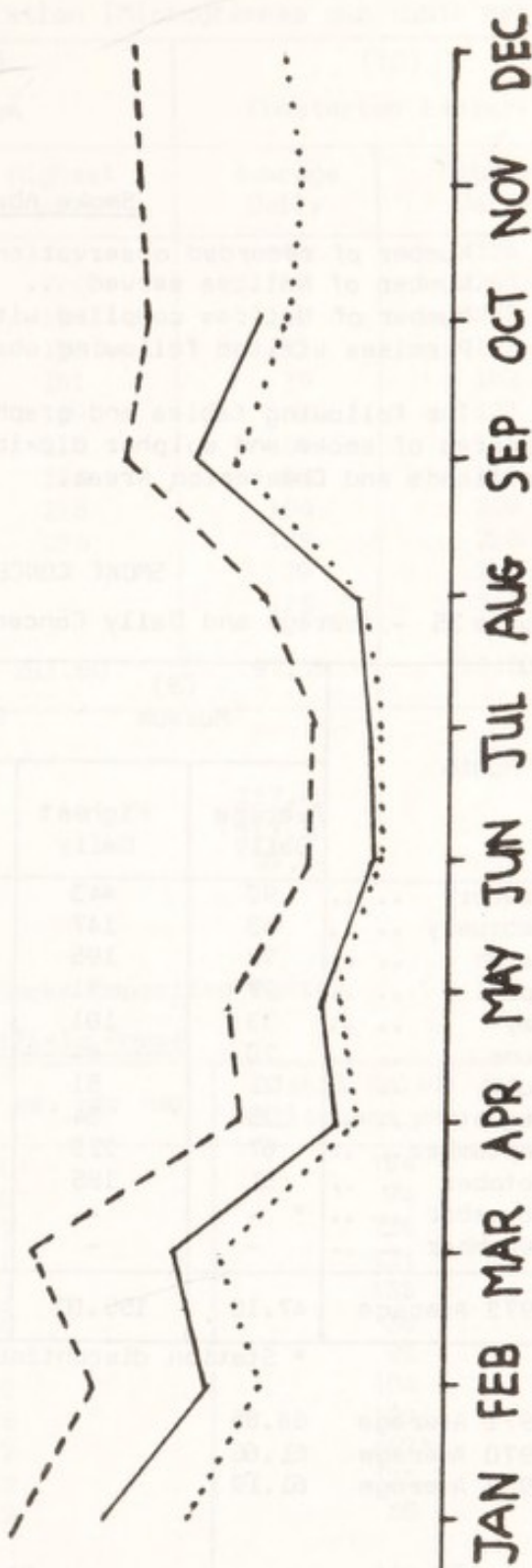
79

SMOKE CONCENTRATION

— CHESTERTON COMMUNITY CENTRE

--- MUSEUM, THE BRAMPTON

..... FRIARSWOOD HOUSE NEWCASTLE





### Smoke Abatement

Number of recorded observations made .. .. .	23
Number of Notices served .. .. .	3
Number of Notices complied with.. .. .	2
Premises visited following observations . .. .	56

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 35 - 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 .. ..	90	443	114	406	67	332
February .. ..	63	147	94	207	49	135
March .. ..	72	195	110	251	60	248
April .. ..	29	81	56	134	24	60
May .. ..	33	101	59	170	29	92
June .. ..	20	64	37	85	18	58
July .. ..	21	51	36	84	19	53
August .. ..	25	54	45	67	23	51
September .. ..	67	229	87	192	57	140
October .. ..	51	185	81	209	44	151
November .. ..	* -	-	84	239	60	125
December .. ..	-	-	84	217	45	130
1972 Average	47.10	155.00	73.92	188.42	39.58	131.25

\* Station discontinued

1971 Average	68.85	99.33	48.92
1970 Average	61.66	103.75	48.92
1969 Average	61.19	75.75	48.26

Table 36 - Sulphur Dioxide Concentration (Microgrammes per cubic metre)

Month	(9) Museum		(10) Chesterton Library	
	Average Daily	Highest Daily	Average Daily	Highest Daily
January	150	412	144	326
February	111	270	137	264
March	127	234	141	257
April	71	173	73	197
May	71	151	79	182
June	40	89	48	122
July	55	113	66	131
August	58	130	68	136
September	95	218	104	209
October	107	226	109	220
November	* -	-	79	226
December	-	-	125	346
1972 Average	88.50	201.60	97.75	218.00

\* Station discontinued.

1971 Average	112.58	117.45
1970 Average	102.83	113.66
1969 Average	86.79	99.48

Table 37 - Smoke Deposited Matter

Pitfield House

Month	Rainfall in mm. per day	Total Solids in milligrams per sq.metre
January	3.0	164
February	1.6	94
March	2.7	136
April	3.0	131
May	2.3	135
June	1.8	38
July	1.8	99
August	0.9	104
September	1.8	198
October	1.2	467*
November	3.2	125
December	2.2	48
1972 Average	2.12	144.92

\* This is an unusually high value and is probably attributable to interference with the equipment.

# SAVITARY 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 38

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	150	214	165	92
Other nuisances	356	81	158	36
Water supply	24	1	12	1
Overcrowding	106	1	180	-
Drains - Inspected	205	133	210	133
Tested	28	1	4	1
Sewers, Street Gullies etc.	61	13	21	13
Sanitary Accommodation	11	1	3	-
Ashes Accommodation	38	1	1	1
Accumulations	146	56	94	31
Swine, Fowl or other animals	18	-	1	-
Rats and Mice Infestations (Visits by Inspectors)	235	-	19	-
Houses in multiple occupation	39	56	7	45

Other visits:-

Infectious Diseases	..	..	..	..	1653
Verminous Conditions	..	..	..	..	174
Schools, Public Buildings, Cinemas etc.					144
Smoke Control Areas	..	..	..	..	213
Miscellaneous Visits	..	..	..	..	2324
Interviews - owners and tradesmen	..				1765

Table 39 - Notices Served and Complied with

	Notices Served		Notices Complied with	
	Prelim.	Statutory	Prelim.	Statutory
Public Health Acts:-				
Housing Defects	71	6	35	6
Nuisances	42	5	17	5
Smoke Nuisance	1	2	-	-
Housing Acts	10	-	10	-
Factories Acts	5	-	3	-
Food and Drugs Act	102	-	69	-
Bye-Laws and Local Acts	-	-	-	-
Prevention of Damage by Pests Acts, 1949	2	-	1	-
Quarry Fencing Act	-	-	-	-
Offices, Shops and Railway Premises Act, 1963	40	-	27	-
Clean Air Act	2	-	1	-
Civic Amenities Act	4	1	4	1



# INSPECTION OF FACTORIES

The following is a summary of the work carried out in the Borough in 1972 under the Factory Acts:-

## (a) Inspections

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections, 1, 2, 3, 4 and 6 are to be enforced by the Local Authority .. .. .	19	17	-	-
Factories not included above in which Section 7 is enforced by the Local Authority .. .. .	209	209	9	1
Other premises in which Section 7 is enforced by the Local Authority (excluding out-worker's premises) ..	58	42	-	-
Total	286	268	9	1

(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	by H.M. Inspector	
Want of cleanliness (S.1)	3	2	-	-	-
Overcrowding (S.2) .. ..	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6) .. .. .	1	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient .. .. .	2	2	-	-	1
(b) Unsuitable or defective	8	7	-	-	1
(c) Not separate for sexes	1	1	-	-	1
Other offences against the Act (not including offences relating to outwork) .. ..	4	3	-	-	-
<b>Total</b>	<b>19</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>3</b>

(c) Outworkers' premises

Business carried on	No. of Premises	No. of Visits
Making of Wearing Apparel .. ..	17	8
Knitting .. .. .	1	-
<b>Total .. .. .</b>	<b>18</b>	<b>8</b>

#### Housing Census:-

(1) Total number of inhabited houses in the Borough - 27,421

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

(a) by Private Enterprise .. .. .	134 houses)
	36 flats )
	273
(b) by Local Authority .. .. .	91 houses)
	12 flats )

The principal work done under the Housing Act, 1957 in the Borough during 1972 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) ..	160
(b) Number of inspections made for the purpose .. ..	325
(c) Number of unfit houses made fit and houses in which defects were remedied .. .. .	120

In addition, 4 individual unfit houses were dealt with as follows:-

Section 17, Housing Act, 1957 - Demolition Orders ..	Nil
Closing Orders .. ..	4



A total of 783 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 Brighton, Silverdale Area No. 198	13	12	26
The Mount Street, Chesterton Area No. 199	3	3	15
The Castle Street, Chesterton (No.3) Area No. 200	6	6	15
The Heath Street (No. 2) Chesterton Area No. 201	11	11	36

At the 31st December, 1972 the following Areas had been Represented but none of these had been confirmed.

Area	No. of houses involved	No. of families	No. of persons
The Newcastle Street, Silverdale Area No. 202	9	8	25
The Old Ashfields, Newcastle Area No. 203	157	159	392
The Dunkirk (No. 4) Newcastle Area No. 204	5	5	11

#### Overcrowding

The number of cases recorded as legally overcrowded at the end of the year was 2. 1 new case was 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  
Housing Finance Act, 1972

There were 253 preliminary applications for improvement grants in the Borough during the year and of these, 49 related to tenanted properties. The total number of applications received up to the 31st December, 1972 was 2,678.

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 253 applications for grant for improvements and conversions received, 193 were recommended as being suitable for grant.

Amount of grants approved during the year on:-

13 Improvement Grant applications	.. .. .	£ 7,576
113 Standard Grant applications	.. .. .	£36,538

Amount of grant paid during the year on:-

23 Improvement Grant applications completed	..	£10,399
105 Standard Grant applications completed	..	£26,231

Of the 126 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)	.. .. .	4
2. No. of certificates of provisional approval issue	.. .. .	3
3. No. of qualification certificates issued under Section 46(3)	.. .. .	15
4. No. of applications withdrawn	.. .. .	1

#### Standard Amenities already provided

5. No. of applications for qualification certificates under Section 44(1)	.. .. .	18
6. No. of qualification certificates issued under Section 45(2) in respect of:-		
(i) dwellings with a rateable value of £60 or more	.. .. .	11
(ii) dwellings with a rateable value of £40 to less than £60	.. .. .	80
(iii) dwellings with a rateable value of less than £40	.. .. .	2

Exemption for low income tenants from Section 54

- |  |   |
|--|---|
| 7. No. of certificates issued under Section 55 .. .. | - |
| 8. No. of applications withdrawn, refused etc. .. .. | 2 |

Certificates of Disrepair

Applications for Certificates of Disrepair

- |  |     |
|--|-----|
| (1) Number of applications for certificates .. ..  | Nil |
| (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 .. .. .  | Nil |
| (4) Number of undertakings given by landlords under paragraph 5 of the First Schedule .. .. .            | Nil |
| (5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule | Nil |
| (6) Number of certificates issued .. .. .  | Nil |

Application for Cancellation of Certificates

- |  |     |
|--|-----|
| (7) Application by landlords to Local Authority for cancellation of certificates . . . . . | Nil |
| (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 1972, bacteriological examinations on 284 samples were made, of which 108 were of untreated waters at the sources, 87 of treated water at Pumping Stations, and 89 of water in supply at distribution points and consumers taps. All were of the highest purity and one hundred per cent free from E. Coli Type I contamination.

50 chemical samples were analysed, of which 32 were of untreated and treated waters at Pumping Stations, and 18 of waters in supply at distribution points and consumers taps. 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 within the Borough, of consumers with lead services, 0.02 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 1972 averaged 40½ 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.

Two samples of water for bacteriological examination and four for chemical examination were taken from the Staffordshire Potteries Water Board supply. A slight excess of ammonia was detected, this was reported to the Board and immediately corrected.

Five samples of water for bacteriological examination were taken from houses deriving their supply from springs. All of these samples were found to be satisfactory. In addition, two chemical samples taken were found to contain excess iron and manganese.

### 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.

82 inspections regarding sewers, street gullies, etc., were made and 10 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	12 Bacteriological	12 Satisfactory
	12 Free Chlorine	10 Satisfactory
		2 Slightly below standard
Newcastle High School	11 Bacteriological	10 Satisfactory
		1 Unsatisfactory
	11 Free Chlorine	6 Satisfactory
		5 Slightly below standard
Blackfriars School	10 Bacteriological	7 Satisfactory
		3 Unsatisfactory
	10 Free Chlorine	6 Satisfactory
		4 Slightly below standard
Clayton Hall Grammar School	8 Bacteriological	7 Satisfactory
		1 Unsatisfactory
	9 Free Chlorine	5 Satisfactory
		4 Slightly below standard
Edward Orme School	6 Bacteriological	5 Satisfactory
		1 Unsatisfactory
	6 Free Chlorine	5 Satisfactory
		1 Slightly below standard
Hempstalls C.P. School	9 Bacteriological	8 Satisfactory
		1 Unsatisfactory
	9 Free Chlorine	4 Satisfactory
		5 Slightly below standard

The Bacteriological samples reported as unsatisfactory were, in most cases, only very slightly below standard. Only two cases

required urgent attention and this was done immediately. The general standard was 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. Once again, 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. Use of the bath was suspended and immediate remedial action taken.



## 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 1972 11 such inspections were carried out. 85 salons (22 gents and 63 ladies) were in operation in the Borough at the end of December 1972.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Seven new premises were registered during the year and ten premises removed from the register giving a net reduction of three. Thus at the end of 1972 the total number of premises registered was 728.

Last year I reported two problems which had arisen, firstly the failure of new premises to register and failure to notify accidents. Both of these criticisms still apply although there has been some improvement noted.

During 1972, 470 visits were made and inspections carried out at premises registered for the purposes of the Offices, Shops and Railway Premises Act 1963. No major contraventions were reported. Many places, however, seem to fall down on the minor items such as failure to maintain the first aid box supplied with the requisite materials, absence of thermometers, lack of seating in shops, missing abstracts of the Act, etc. The management invariably lays some of the blame on the employees saying that unless he checks daily himself he is never informed of these things. He may well be right!

Since the advent of the Act, considerable improvement has been brought about in the premises covered by the legislation particularly with regard to safety and protection from injury whilst using cutting and slicing machines. There is still a long way to go and one wonders whether the time has not come for a revision of the legislation and the mass of orders thereto, in order to obtain some simplification.

During the year seventeen reports of accidents were received, of which two were not actually notifiable, and these are summarised below:-

Struck by falling object .. .. .	2
Lifting or pulling articles and equipment .. .. .	1
Handling goods .. .. .	4
Falls on same level .. .. .	3
Falls on stairs .. .. .	2
Burns and scalds .. .. .	-
Falls from one level to another .. .. .	-
Cutting instruments .. .. .	1
Foreign body in eye .. .. .	-
Injuries from power driven machines .. .. .	-
Not otherwise specified .. .. .	2
Not notifiable .. .. .	2

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 reg- istered premisess receiving a general insp- ection during the year
Offices	2	175	21
Retail Shops	5	454	300
Wholesale shops, warehouses	-	22	22
Catering establishments open to the public, canteens	-	75	75
Fuel storage depots	-	2	2
TOTALS	7	728	420

Number of visits of all kinds by Inspectors to registered premises - 470

### Analysis of Persons Employed in Registered Premises by Workplace

Class of Workplace (1)	Number of persons employed (2)
Offices	1633
Retail Shops	2175
Wholesale Departments, Warehouses	304
Catering Establishment open to the public	701
Canteens	14
Fuel storage depots	4
Total	4331
Total Males	2306
Total Females	2525



PREVENTION OF DAMAGE BY PESTS ACT 1949  
RODENT CONTROL

Two full time operators were employed to undertake treatment on all Council and Private properties and to give advice generally following receipt of complaints. In addition, systematic treatment is carried out in connection with the 78 annual contracts with traders affecting factory and business premises.

During the year, 350 complaints of rats and 101 of mice were received.

Sewer maintenance treatment was carried out during August with an operating squad consisting of one rodent operator, two sewer men and a vehicle with driver. A total of 619 sewer manholes were baited of which 142 were poisoned.

5943 visits were made by the operators during the year, to domestic, commercial and industrial premises.

The refuse disposal tip continues to receive regular attention and gives very little trouble.

Rat and Mice destruction is by poisoning only. 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, alphachloralose, coumatetralyl, tracking dust, 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	30957	81
2(a) Total number of properties (including nearby premises) inspected following notification	5943	3
(b) Number infested by (i) Rats	348	3
(ii) Mice	205	-
3.(a) Total number of properties inspected for rats and/or mice for reasons other than notification	78	2
(b) Number infested by (i) Rats	18	2
(ii) Mice	51	-

The gross expenditure on rodent control during the year was £4,077 with an income from contracts and other chargeable work of £395.



### Vermin Infestation.

During the year the Rodent Control Service was extended to cover the disinfection and destruction of other pests as far as the Operators' available time would allow. The number of infestations treated were as follows:-

	No.
Wasps Nests	28
Bees	5
Bugs	3
Fleas	1
Lice	-
Spider Beetles	3
Cockroaches, etc.	31
Ants	2
Silverfish	1

It was found that the work necessary stretched the resources of this section to the absolute limit, but I am pleased to say that at no time did we have to refuse assistance. It is noticeable that during the year the number of calls for help increased. If this pattern is continued in the future it may well be that I would not be able to undertake all the destruction requests, nevertheless, I hope that this does not materialise.

### 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 eight 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 .. .. .	46
Number of visits and inspections made .. .. .	223

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 40

COUNCIL HOUSES				PRIVATE HOUSES			
Inspection	Infested	Dis-Infected		Inspection	Infested	Dis-Infected	
		HCN	Other Insecticides			HCN	Other Insecticides
62	3	-	3	65	-	-	-

OFFENSIVE TRADES

There is one rag sorter in the Borough.

Number of new offensive trades established	NIL
Number of inspections made	3
Nuisances or defects found	-
Nuisances or defects remedied	-

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	20
Number of houses and premises served by pail-closets	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 -
- Hand-flushed closets provided with cisterns -



## DEPOSIT OF POISONOUS WASTE ACT, 1972

The Deposit of Poisonous Waste Act received Royal Assent on 30th March, 1972. The Act has two main features. It makes it an offence punishable by heavy penalties to deposit on land any poisonous, noxious or polluting waste in circumstances in which it can give rise to an environmental hazard. It also introduces a notification procedure under which those concerned are required to give local authorities and river authorities information about the nature and quantities of certain wastes arising or being deposited in their areas.

This new legislation brought a new responsibility to those concerned with production, transportation or disposal of potentially hazardous waste materials, and although certain classes of waste were exempted from the notification procedures by regulations made under Section 3 of the principal Act, those authorities who had a treatment plant or disposal site within their area, suddenly found themselves with the task of receiving numerous notifications of intent to deposit, and the responsibility for maintaining a careful oversight of the actual wastes deposited or treated. The complexity of the operation and of the myriad combinations of chemical compounds notified under this procedure gave many problems at the outset in assessing the risk potential, particularly having regard to the possible effect of chemical combinations which could arise and cause future environmental problems. In this connection I would wish to express my sincere thanks to Mr. R.S. Hatfull, the Staffordshire County Analyst and his Deputy, Mr. Bee, for their unfailing patience and assistance in helping to cope with this problem. In fact in one case, involving waste from a large pharmaceutical manufacturer, the only way any indication of the composition of the wastes could be obtained, was to study with the manufacturer a computer print-out of the production processes, in order to arrive at some estimate of the types of waste arising from production processes involving some chemical compounds and pharmaceutical products.

The information which has emerged from a study of the notifications received make one wonder just how many environmental time-bombs are being left behind, by using land disposal, and whether now is not the time that all chemical or potentially hazardous wastes should not be incinerated or at least receive some form of pre-treatment before disposal to land.

Several significant factors emerged very early on following introduction of the notification procedures, one being that many manufacturers were woefully ignorant of the actual composition and characteristics of the wastes they produced, and had even less knowledge of the methods previously used for its ultimate disposal.

Another significant factor was the vast quantities of liquid wastes to be disposed of, which upon examination were found to contain only a very small proportion of notifiable materials, the remainder being water. It appears obvious that if industry wishes to reduce its costs, then there is an area which would readily lend itself to closer examination, and could lead to recycling of water used in production processes, thus saving a valuable resource and reducing

production costs, and would also result in a lower volume of waste to be disposed of, in the form of a more conveniently handled sludge or cake.

The following tables illustrate the volumes of waste notified to the authority in the period up to the 31st December, 1972:-

<u>No. of Notifications</u>	<u>Quantities of Wastes involved</u>	
	<u>Solids, Sludges etc.,</u> <u>in tons</u>	<u>Liquids</u> <u>in gallons</u>
158	2,459	924,130



## PUBLIC CLEANSING

The Chief Public Health Inspector reports as follows:-

The work of the Cleansing Section 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.

The Manual Services Department comprising the direct labour services formerly administered by individual technical departments, had become fully established and operational during the previous year.

The work study unit of the Borough Treasurer continued to assess and collate information to develop incentive bonus schemes for all services, including cleansing, and preparatory meetings with union representatives and employees, led to an acceptance of the proposals, with the exception of the employees engaged on refuse collection. In this case, it was found necessary to amend the original proposals, in order that the scheme could be implemented for a trial period of six months.

Absenteeism and sickness continued to play havoc with carefully prepared manning schedules, and again led to an interruption of the gully and street cleansing services. This is a national problem affecting most commercial and service industries, and it seems that no long term solution to the problem is as yet available.

Refuse disposal continued to be undertaken at High Carr by controlled tipping. The original abandoned marlholes have now been completely filled and disposal now consists of a carefully planned sanitary landfill operation, to raise the existing ground levels to agreed final contours. This also involves carefully applied cover material to maintain the appearance of the finished tip layers, whilst at the same time assisting in minimising the risk of wind-blown debris causing problems on the adjoining A.34 trunk road and agricultural pasture lands.

The Council embarked on a new service to provide additional facilities for householders wishing to dispose of unwanted household debris or rubbish, by providing large capacity refuse skips at suitable sites within the area. This service appears to be greatly appreciated by the public generally, and after the expected initial teething troubles, the system is now an accepted part of the facilities available to the general public.

The income from salvage was £4,424 which is closely comparable with the figure for the previous year. At the year end although the recession in the waste paper industry had not abated, there were signs of a recovery which may lead to an increased demand in the near future.



Abandoned vehicles continue to be found by the public health inspectorate or reported by the public, and it was necessary to deal with 101 such vehicles during the year, all of which were removed by the owners, or scrap merchants acting on their behalf, after service of the requisite notices.

I reported last year on the adaptations carried out to the Merrial Street town centre conveniences in order to provide facilities for the handicapped. This work has led to favourable comment by the handicapped persons for whom the facilities are provided, and it is intended that such facilities shall be provided in other locations where circumstances permit. Unfortunately, senseless vandalism still continued to occur sporadically at all conveniences, particularly those where there are no attendants. These acts cause unnecessary costs and have the effect of putting the conveniences out of action until the damage can be made good. Again such vandalism appears to be a national problem to which no complete solution can be found.

Once again, I wish to place on record the thanks of all concerned to the loyal and hard-working employees, who maintain the essential cleansing services in spite of adverse weather and working conditions.

## Staff

The staff engaged in the Public Cleansing Section comprises:

Cleansing Supervisor	1
Deputy Cleansing Supervisor	1
Workmen - (full-time)	109
(part-time)	4

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, 1973.

### (a) Refuse Collection:-

Number of houses and other premises receiving regular refuse collection service .. .. .	27,940
Number of premises receiving regular bulk container refuse collection service.. .. .	77
Number of premises receiving regular salvage collection service .. .. .	335
Average number of dustbins emptied per week.. ..	32,450
Average number of bulk containers emptied per week .. .. .	284
Average number of privies cleansed per week.. ..	15
Average number of pail closets cleansed per week.	21
Number of cesspools cleansed during the year. ..	80
Number of dustbins replaced or provided through the Local Authority (excluding new houses erected) .. .. .	2,513

Total refuse collected - Dry (estimated)	26,800 tons
- Wet (estimated)	160 tons

### (b) Refuse Disposal:-

Total estimated refuse at Tips (excluding wet refuse or covering material)	55,000 tons
--	-------------

The refuse collected in the Borough is disposed of by controlled tipping at disused marlholes at High Carr, Chester ton.

(c) Street Cleansing:-

Mileage:

Trunk Roads	(6.8 miles)	County Roads	(28.34 miles)
District Roads	(95.79 miles)	Unadopted Roads	(8.757 miles)

Total: 139.687 miles

Mileage of Channels Cleansed: 275.46 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	(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, 1973.

Net expenditure:

Refuse Collection	
(including Salvage Collection)	£151,676
Refuse Disposal	£6,974
Street Cleansing	
(including Gully Emptying)	£23,968
Public Conveniences	£28,945
	<u>£ 211,563</u>





BOROUGH OF NEWCASTLE - UNDER - LYME

(Excepted District : Staffordshire County Council)

ANNUAL REPORT

of the

BOROUGH SCHOOL MEDICAL OFFICER

for the year 1972

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.

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., F.R.I.P.H.H.

### Deputy Borough School Medical Officer

Mary Isobel Cooper, M.B., B.S., D.P.H. (from 27.7.72.  
previously Departmental Medical Officer)

### Departmental Medical Officers:

Henrietta Procter, M.B., B.S., M.D.(Lond.)  
Kollappa Nagappa, M.B., B.S. (Mysore India)  
(Part-time) Appointed 1.11.72.  
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	Mrs.D.G.Glanfield	Miss M.Palmer
Mrs.A.J.Bateman	Mrs.H.B.Hadgett	Mrs.M.B.Ruscoe
Mrs.M.Bettany	Mrs.R.M.Hegarty	(Senior Health
Miss D.Colton	(Resigned 30.9.72.)	Visitor)
Mrs.M.Fogg	Mrs.E.Hollinshead	Miss M.Shingler
Miss J.M.Forrester	(Resigned 31.12.72.)	Mrs.N.Stanyer
Miss M.Gibson	Mrs.C.A.Hough	Miss E.Steele
(Appointed 13.11.72.)	Miss E.Millington	Mrs.M.D.Walker

### Area Dental Officer

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

### School Dental Officers:

Mrs. A. V. Hemmant, B.D.S. (Appointed 1.8.72.)  
Mrs. Anne Geldeard, B.D.S. (Part-time)  
Leslie J. Myatt, B.D.S., L.D.S., R.C.S. (Part-time)  
(Resigned 31.12.72.)  
Mr. L. Gillibrand, B.D.S. (Part-time) (Resigned 8.5.72.)  
Mrs. D. J. Gillibrand, B.D.S. (Part-time) (Resigned 8.5.72.)

Dental Anaesthetist (Part-time)

J. Lewis, M.B., B.Ch., F.F.A.R.C.S., D.A. (Resigned 26.10.72.)  
I. Mullock, M.B., Ch.B., F.F.A.R.C.S. (Appointed 1.11.72.)

Dental Surgery Assistants:

Mrs. H. Rowley (Appointed 5.4.72. - Resigned 26.5.72.)  
Mrs. F. Sykes (Resigned 30.4.72.)  
Mrs. L. Heath  
Mrs. S. Shone (Appointed 31.5.72.)  
Mrs. A. Durber (Appointed 1.8.72.)

Area Chiropodist

Mr. J. Behan, M.C.H.S. (Appointed 14.8.72.)

Chiropodist

Mr. K. Haycock, M.C.H.S.

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

Mrs. N. M. Aitken, L.C.S.T. (Appointed 17.7.72.)  
Mrs. J. E. Jones, L.C.S.T. (Part-time) (Left 30.7.72.)

Health Education Officer

Mrs. J. Harrison (nee Stanier)

Clerical Staff:

Chief Admin. Assistant - R. Montague, D.M.A., M.I.L.G.A.  
Deputy Chief Admin. Assistant - Mr. K. Earls (Resigned 30.4.72.)  
Mrs. A. L. Farr (Appointed 1.6.72.)

Section Clerks:

- Miss N. Bentley  
Mrs. J. Garner  
Mrs. J. Leverett (Resigned 15.9.72.)  
Mrs. G. Woodcock (Appointed 18.9.72.)

Clerk/Shorthand-Typists:

- Mrs. J. Gethin  
Miss J. Mountford  
Mrs. J. Ikins  
Miss E. Howe  
Miss Y. Barber (Resigned 30.6.72.)  
Miss H. Walsh (Appointed 3.7.72.)  
Miss P. Matthews (Appointed 8.5.72.)

Clerk:

- Miss J. Hughes



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

June, 1973

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

I have pleasure in submitting my report for 1972 on the health of the schoolchildren in the Excepted District of the Borough of Newcastle-under-Lyme and the facilities available under the School Health Service.

The year started with the Department only partly staffed, as mentioned in detail in my report for last year. Sufficient to say that Dr. Cooper returned triumphant with the Diploma in Public Health on 5th June, 1972 to resume her duties as Departmental Medical Officer, and was appointed Deputy Borough School Medical Officer on 27th July, 1972. Whilst this eased the load considerably, the Department was still lacking one Departmental Medical Officer: a vacancy which was not filled until the arrival of Dr. K. Nagappa, who took up duties on 1st November, 1972 as part time Departmental Medical Officer doing six sessions per week. I am very pleased to welcome him to the Department, where he has proved himself an extremely useful and hard working member of my staff.

The arrival of Mr. Behan, as Area Chiropodist, with effect from 14th August, 1972 enabled me to devote 40% of his time to the School Health Service at the Minor Ailment Clinics, and thus put into his expert hands the treatment of various foot ailments, which lie properly in the province of the Chiropodist.

In my report last year I dealt with the lack of speech therapy and Speech Therapists in the Borough. Happily, Mrs. Aitken was appointed as Speech Therapist and took up duties on 17th July, 1972. A special acoustically treated room was prepared for her in the Health Department suite at the Civic Offices, and she has continued to work wonders in the investigation and treatment of speech defects. Her report is particularly interesting and I would draw the attention of every member of the Education Committee to it, and particularly to the need for a further increase in the speech therapy staff.

On the dental front, the improvement in the dental service upon which I commented last year, and for which again I have to thank Mr. Geldeard, Area Dental Officer, has been further augmented by the arrival of Mrs. A. Hemmant, as full time Dental Officer on 1st August, 1972. On the other hand, I was sorry to receive the resignation of Mr. Leslie Myatt with effect from 31st December, 1972. Mr. Myatt, who gave two sessions a week to the School Dental Service over a long period contributed more than is generally realised with his unstinting hard work and willingness to tackle emergencies at any time,

to the maintenance of the School Dental Service at a time when it was at its nadir.

For a long time I had experienced some disquiet over the inadequate provision of Physiotherapists in the Borough, and the arrival of my Deputy enabled this problem to be surveyed thoroughly. Her report on the physiotherapy staffing in this Borough is included in the main body of this Report, and I would recommend it as particularly interesting reading, and worthy of careful consideration. It is my earnest hope that the County Council will be able to grant the necessary increase in establishment. Continuing on the subject of physiotherapy, I would particularly draw the attention of the members of the Education Committee to the very interesting report of Mrs. Bladen, part time physiotherapist, who looks after the Friarswood Clinic, as well as the Coppice School and Wilmot Annexe.

The statistics dealing with the handicapped pupils of various categories awaiting places at special schools as on the 20th January 1973, is shown on page 43 from which it can be seen that there are 21 educationally subnormal children awaiting places at the Coppice School for educationally subnormal pupils. In addition, there are 2 partially hearing; 2 physically handicapped and 4 delicate pupils awaiting places. There is also a problem in respect of the dually handicapped children, of whom there are 2 awaiting admission to the unit for dually handicapped children at Blackfriars School, together with 3 children presently accommodated at the Coppice School who are suitable for transfer to the Unit. It must be realised that there are 16 children at the Coppice School who have more than educational subnormality as their 'official' handicap. There are 12 epileptics, 1 child with galactosaemia, 1 with a congenital heart defect, 1 child with brain and skull damage following a road traffic accident, 1 child with asthma, and 3 children suffering from spastic diplegia. While I realise that building priorities have to be established, and the provision of extra accommodation for handicapped pupils takes time, it is my duty to point out that the provision of extra accommodation both at Blackfriars School and at the Coppice School should have been given far higher priority.

During the year under review I continued to be the only Medical Officer approved for the ascertainment of educational subnormality in children, and while I personally found this mixture of administrative and clinical work fascinating in the extreme, some delay in the 'processing' of these children was inevitable, so that adequate time could be provided for essential administration. Whilst on this subject, I have an impression, which has become stronger and stronger over the past six years, that Head Teachers refer for psychometric assessment through the School Health Service only those dullest of their pupils who show overall retardation. The intelligence quotients of these children appear to fall in the middle and lower levels of the educationally subnormal range, and as a result I have this strong impression that the children around the upper levels of the



educationally subnormal range are not referred because these long suffering head teachers and their staff, realise that with a long waiting list for places at the Coppice School for E.S.N. pupils those pupils at the higher level of the E.S.N. range will have a low priority, and therefore have to be coped with in their ordinary schools. I understand that my colleagues share these views. Head teachers refer those children with isolated learning difficulties direct to the Assessment Centre. I must acknowledge a great debt of gratitude to Mr. Morris Hope-Stone, Teacher in Charge of the Assessment Centre, and to the Senior Educational Psychologist, Mrs. Pauline Brain, and her Educational Psychologists, Dr. Caroline Lister and Mr. Wilfred Mullings. Their reports have always been interesting and penetrating, and have been of the utmost help. I am also indebted to Dr. William Johnson, the County Psychiatrist, not only for his report on the work of the Child Guidance Clinic for 1972, but also for his unfailing help and support, as also to Mrs. Sheila Cook, the psychiatric social worker.

The standard of health of the children in the Borough, of whom there are nearly 15,000, continues to be reasonably satisfactory, although the concern which I expressed last year over the high prevalence of respiratory infection and asthma and hay fever has not diminished, and I still am unable to understand why parents find it so hard to take their children to see their family physician at the right time.

One of the problems which I have experienced in the years gone by has been the obtaining of detailed and up-to-date medical information on the pupils of this Borough who may be undergoing investigation, and I must record my very deep gratitude to the family doctors who have time and time again given me the information which I have required, and also to Dr. D. C. Thursby-Pelham, Dr. J.G. Dathan, and Dr. C. Craig, the Consultant Paediatricians, who have not only provided information, but willingly provided excellent advice on numerous occasions.

On the subject of dental caries, there is no doubt that the Area Dental Officer and his staff have worked extremely hard, and have provided a magnificent service for the pupils of this Borough. This does not alter the fact that the incidence of dental caries continues to cause concern, and as I said last year, I still consider that the only solution to this is the provision of fluoridated water as a preventive measure.

A survey of the relevant pupils in accordance with Statutory Instrument 1368 of 1971 under the Education (Milk) Act 1971 resulted in one pupil being found to need free milk.

Lastly, but certainly not least, I must thank all my staff, both new and old, for their constant and unstinted help and support during the past year. The information which now follows represents the work which has been done in 1972, and



members are again reminded that these results have been achieved without full staff.

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 am,

Yours faithfully,

JOHN A. SCULLY

Borough School Medical Officer

### NURSING ESTABLISHMENT

The full establishment of Health Visitor/School Nurses was maintained throughout the year.

### SCHOOL POPULATION

The number of pupils on the registers of maintained schools (including nursery schools) at the end of the year was 15,062. This represents a decrease of 85 in comparison with 1971.

#### 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

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

At periodic cleanliness inspections of children a total of 28,081 examinations were made and 411 individual pupils were found to be infested. 124 cleansing notices were issued under Section 54(2) of the Education Act 1944.

No children were compulsorily cleansed at school clinics under Section 54(3) of the Education Act 1944.

No children were referred to the school clinic for treatment.

### Tonsils and Adenoids

At periodical and special examinations, 59 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 65 cases received operative treatment through arrangements made by the School Health Service. In addition there were 156 cases which required only medical treatment and/or observation.

### Skin Diseases

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

### Defective Vision and Squint

62 cases of defective vision and squint were discovered at routine and special medical examinations and were referred for treatment, being 37 cases of defective vision and 25 cases of squint.

The Ophthalmic Clinic is held each Wednesday morning at Friarswood School Clinic. During the year 892 children had refractions carried out and in 110 cases spectacles were prescribed after examination by the Schools Ophthalmic Surgeon.

### Ear Diseases and Defective Hearing

At routine medical inspections during 1972, 22 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 1972, 145 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 1972, 7 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, 263 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. 20 medical examinations were held during the year.

### Education Department Employees

During 1972, 181 questionnaires were completed by prospective employees in the Education Department. 94 of this number had full medical examinations carried out and all were found fit for employment.

## PHYSIOTHERAPY

The Physiotherapists continued to provide treatment at the Clinic at Friarswood House, Priory Road, Newcastle, and at the Wilmot and Blackfriars Schools. During 1972 Mrs. Bladen attended a weekly session at the Coppice School.

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

### " Friarswood Clinic

The number of children referred for treatment has dropped during the last year due no doubt to the acute shortage of medical officers.

There are still, however, a number of children attending for treatment for various respiratory disorders, and a considerably greater number for remedial exercises.

### Wilmot Annexe

A considerable amount of work to be done here. Insufficient accommodation for the number of children and more apparatus needed. The full-time staff do all they possibly can to follow the suggestions of the Physiotherapist and considerable progress has been made where possible.

A further physiotherapy session would, however, be desirable.

### The Coppice

Here again the handicapped children need much more specialised treatment.

The staff do all they can to follow any suggestions made to them, but have very little time to carry them out, as they have a full teaching programme of their own to follow.

The facilities for treating handicapped children are somewhat inadequate. "

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

Tuesday	- 10.00 a.m.	- 12 noon	Friarswood Clinic
Wednesday	- 10.00 a.m.	- 12 noon	Special Care Unit
Thursday	- 10.00 a.m.	- 12 noon	Friarswood Clinic
Thursday	- 1.30 p.m.	- 3.30 p.m.	Coppice School

Attendances during the year were as follows:-

	<u>Breathing Exercises</u>	<u>Remedial Exercises</u>	<u>Sun-Ray Treatment</u>
Children	12	47	8
Attendances	331	829	222

BLACKFRIARS SCHOOL

(Mrs. B. Wain and 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 1972 were as follows:-

	<u>Breathing Exercises</u>	<u>Remedial Exercises (Including Hydrotherapy)</u>	<u>Sun-Ray Treatment</u>
Children	18	54	24
Attendances	804	3489	441

For some considerable time I have been concerned about the inadequate provision of Physiotherapists in the Borough, and below is a report which was submitted to the Education Committee and subsequently approved on 16th November 1972. This recommendation for an increase in the physiotherapist establishment has now been forwarded to the County Council for approval:-

"Proposal to Increase the Physiotherapy Establishment at Blackfriars School"

It is recommended that the School Health Service Physiotherapy establishment in Newcastle be increased by 1.7 from 1.7 to 3.4 the increase being in two stages, an increase of 0.7 immediately and a further 1.0 when the extensions at Blackfriars School come into use.

The Department of Education and Science makes no recommendation concerning the staffing ratio for physiotherapists in schools for the delicate and physically handicapped, because the population of such schools varies from time to time, as do the needs of individual children. The establishment required is a matter for local decision in the light of the school's admission policy and of the number of children needing regular and frequent physiotherapy.

At present the School Health Service in Newcastle-under-Lyme employs the full time equivalent of 1.7 physiotherapists, of whom 1.3 work solely at Blackfriars School with the 88 delicate and physically handicapped pupils, giving a ratio of 1 physiotherapist to 68 pupils. The comparable figures for some other authorities are:

<u>Authority</u>	<u>Physiotherapists</u>	<u>Pupils</u>	<u>Ratio</u>
Liverpool C.B.	8	220 P.H. 130 open air	1.43
Oxford C.B.	0.5	40	1.80 Desc- ribed as sub- standard
Sheffield C.B.	5	235 P.H.	1.47 Estab- lishment will be increased soon
	1	250 open air	1.250 - do
Hertfordshire	2.5	50 P.H.	1.20
Walsall C.B.	2.5	105	1.42
Newcastle-under-Lyme	1.7	88	1.68

The physiotherapists at Blackfriars work the same hours as school teachers, and thus have only 5 hours a day in which to treat the children. Hydrotherapy takes up four sessions of the 13 available. During May and June 1972, the average number of



individual treatments carried out was:

Hydrotherapy	56 per week
Breathing Exercises	21 per week
General physiotherapy	50 per week

15 children have daily treatment of one sort or another. About 10 children receive treatment specifically at the request of hospital consultants, mainly orthopaedic surgeons. If this treatment were not carried out at school the children would have to go to hospital to receive it, thus losing at least half a day's schooling on each occasion. The relief which the school physiotherapists give to the hospital physiotherapists by this arrangement is slight.

The pattern of handicap is changing, becoming more severe, and there is greater emphasis on the handicapped child and less on the delicate. In the two years from July 1960 - June 1962, four times as many delicate as physically handicapped children were recommended for Blackfriars School. In the two years from July 1970 - June 1972 there were equal numbers of physically handicapped and delicate children recommended. At present at Blackfriars there are 58 physically handicapped and 30 delicate children. Most of the delicate children have asthma and bronchitis; some have severely disabling heart conditions. The most common physical handicaps are cerebral palsy and spina bifida. The changing pattern of handicap has the inevitable result of making increasing demands on the physiotherapists.

Unlike the hospital situation where the physiotherapist treats the patient's acute - or at least reasonably short term - problem, the school physiotherapist treats chronic and often progressive conditions. At least one third of her time is spent on what a hospital would not recognise as a physiotherapist's duties: working with parents, teaching them how to treat their own child at home, explaining the need for the treatment, working out means of coping with the problems of everyday living raised by the child's handicap, such as how to manage the combination of calipers and nappies, or how to get on a 'bus with a spastic child. Very often the school physiotherapist is the person to whom the parents turn for an explanation of the child's condition, or for amplification of a remark made by the Consultant. These may not be strictly a physiotherapist's duties, but someone has to do them, and she is frequently the most accessible person.

For physiotherapy to be effective in chronic conditions it must be continuous. It is easy to detect deterioration in a child's condition after even a week's absence, either on holiday or because of illness, although this varies with the ability and willingness of the parents to provide treatment. If a physiotherapist could be found who would be willing to work during school holidays, it would be possible for her to visit those children most in need of physiotherapy, and treat them at home during holidays.

In the 1972/73 school building programme there is provision for an extra 40 places at Blackfriars School, which will increase the number of pupils to 128. If a desirable physiotherapist/pupil ratio is about 1.40 Blackfriars School should then have 3 physiotherapists, an increase of 1.7. It is recommended that the physiotherapy establishment be increased immediately by 0.7 making a full time equivalent of 2.0 at the school and giving a physiotherapist/pupil ratio of 1.44; and that another 1.0 full time equivalent physiotherapist be appointed when the new building comes into use, giving a physiotherapist/pupil ratio of 1.43. "

## SPEECH THERAPY

I was fortunate to obtain the services of Mrs. Aitken, a Speech Therapist, on a full-time basis, and she reports as follows:-

" I began work with the Authority as a full-time Speech Therapist in July, 1972, and was provided with the following new facilities:-

1. A speech therapy clinic anechoically treated (i.e. lead lining, curtaining and carpet to deaden sound);
2. audiometer;
3. sound level meter;
4. speech trainer;
5. tape recorder;
6. assessment equipment;
7. miscellaneous items for speech stimulation.

I am grateful for this provision, which has adequately equipped me for my work.

### The Nature of the Work

To most people, speech therapy implies elocution. In fact, it involves something quite different, and can be divided into three main headings:-

1. Articulation:
  - (a) To teach the subject to distinguish between individual sounds;
  - (b) to teach the subject to produce these individual sounds;
  - (c) to teach the subject to use these correct sounds in single words and eventually in spontaneous speech.

2. Language:

This can briefly be explained as teaching a subject to comprehend and use language (e.g. vocabulary syntax) at a level commensurate with age and environment.

3. Stammering:

Speech therapy is, in fact, the teaching of communicative skills. Because of the complex nature of speech defects, the majority of children need regular treatment over an extended period, often running into years. In practice, therefore, the turnover of children receiving treatment is low, and the waiting list is growing.



As well as those children receiving treatment, there are a large number receiving supervision and parental advice; these fall into three main categories:-

1. Children in need of treatment;
2. children whose speech development needs minimal assistance.
3. children whose progress is monitored periodically after a course of treatment.

Preventive work is also an important part of speech therapy. Treatment of a pre-school child can often prevent years of work at a later stage. It is not surprising, therefore, that a third of children receiving regular treatment fall into this category.

#### Central Clinic

The Central Speech Therapy Clinic is in the Health Department in the Civic Offices. I work three days per week at this clinic, dealing with the pre-school and general school population. In that time I am able to treat 30 - 40 children, do supervision work, and screen new referrals.

The number of referrals are as detailed below:-

No. of referrals at July, 1972	=	108
No. of referrals August - December (Inc.) 1972	=	82
No. of children receiving treatment at December 31st, 1972	=	34
No. of children under supervision:-		
(a) needing treatment	=	20
(b) supervision	=	15
(c) monitoring	=	18
Total	=	53
No. of children awaiting first appointment at December 31st, 1972	=	15

#### The Wilmot School

During the autumn, I visited the Wilmot school on the basis of half a day per week to obtain some idea of the role of speech therapy with severely subnormal children. My conclusion is that every child would benefit from speech therapy.

This being impossible, six children were selected for treatment on the basis of:-

1. Previous speech therapy;
2. Teacher's recommendation.

These children are seen on a weekly basis at the central clinic and receive daily practice under their teacher's supervision.

#### The Coppice School

I hold a clinic at this school one day per week. There is a similar problem to that at the Wilmot School, and children are selected on the basis of:-

1. The severity of their speech defect;
2. Their responsiveness to treatment.

#### The Blackfriars School

I hold a clinic at this school one day per week, and again because of the demands for speech therapy, selection is necessary. In practice the most severely speech-handicapped children receive treatment.

As the establishment has only recently been increased to one full-time Speech Therapist, it is difficult to state the conclusions of my first 5 months; these point clearly to the need for a Speech Therapy establishment of at least five.

At present, only a handful of the children attending special schools and needing speech therapy receive any treatment. Of the 60 - 70 children at the Wilmot School, all needing treatment at least twice a week, only six received treatment of any kind; there is ample work for two speech therapists. The Coppice School presents a different picture. Although 75% of the children could benefit from some form of speech therapy, only eight require intensive individual treatment; most of the remaining therapy would be in the form of language-based small group work. At present, ten children receive weekly treatment at Blackfriars School; nine of these would benefit from daily treatment. A further eight under supervision need some form of treatment. Both the Coppice and Blackfriars School need a full-time Speech Therapist.

From the statistical table, it can be seen that, at 31st December, 1972, 34 children were receiving treatment at the central clinic, and a further 20 children under supervision were in need of treatment. Clearly, this itself is a full-time job.

No mention has been made of two important aspects of speech therapy; contact with the parents of special school children, and with the schools of children attending the central clinic, both almost totally neglected at present.

Despite these continuing unmet needs, it has been rewarding to see progress made by a number of children, some of whom would previously have remained speech-handicapped. "



### 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	9.30 a.m. - 10.30 a.m. (Dr. attends) 9.00 a.m. - 12 noon (Chiropodist attends)
CLAYTON - Kingsbridge Ave.	Wednesday	9.00 a.m. - 10.00 a.m. 9.00 a.m. - 10.00 a.m. (Chiropodist attends)
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	10.00 a.m. - 12 noon (Dr. attends) 10.00 a.m. - 12 noon (Chiropodist attends)
NEWCASTLE - Friarswood	Friday	9.30 a.m. - 11.00 a.m. (Dr. attends) 9.00 a.m. - 12 noon (Chiropodist attends)
SILVERDALE - Crown Street	Tuesday	9.00 a.m. - 10.00 a.m. (Dr. attends when required) (Chiropodist attends)
PORTHILL - Inglewood Drive	Thursday	10.45 a.m. - 11.30 a.m. (Dr. attends) 9.00 a.m. - 12 noon (Chiropodist attends)

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 5,642 which is a decrease of 1,056 on the figure for 1971.

#### CHILD GUIDANCE

During the year under review, 34 children from the Excepted District were referred to the Child Guidance Clinic. At the end of the year, 8 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:-

" On reviewing comment made for the 1971 report I can but say there has been relatively little change in the situation and the difficulties referred to then have continued throughout 1972, and for much of the year the clinic functioned with the services of but one part-time psychiatric social worker.

It is perhaps worthwhile commenting that experience during 1972 would seem to confirm the trend previously noted that there is an increasing number of children with school phobia being referred to the clinic. "

#### CHIROPODY SERVICE

Children found to require chiropody treatment through the School Health Service are treated by the Area Chiropodist, Mr. J. Behan, who attends the Minor Ailment Clinics in accordance with the programme outlined on previous pages.

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:-

" A significant pattern in the school has been the increase in severely handicapped children. The greatest increase has been in the number of Spina Bifida children, many of whom are incontinent. Extra provision for the changing of these children has been made. A disturbing feature is in the number of children being admitted because of road accidents.

We have welcomed extra provisions in the field of Dentistry, Chiropody and Speech Therapy. With the increasing severity of handicaps we need more Speech Therapy sessions.

Mr. H. Wardell of the Engineering Department of the University of Keele has given us a great deal of help in designing and making lifting equipment in the bath and physiotherapy room.

The children have been taken on a wide variety of visits and holidays ranging from the Brownie Cottage at Maer for the 8 year olds to a week in Paris for the seniors. "



### SCHOOL DENTAL SERVICE

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

"! There has been further development of the Dental Service in the Borough over the past year. The dental clinic at Chesterton has been re-equipped to modern standards and a second surgery has been built and equipped at Friarswood House, making it possible to appoint a dental auxillary here to work alongside the dental officer.

There have been several staff changes during the year. Mr. & Mrs. Gillibrand resigned as Dental Officers in May to allow them to concentrate on their N.H.S. practice, and at the end of the year Mr. L. Myatt gave up his tenancy of the Clayton dental wing and at the same time resigned as Dental Officer. I would like to offer a special thank you to Mr. Myatt for all his efforts on behalf of the school service in the Borough.

Despite these resignations, the continuity of the service has been maintained due partly to the increased sessions worked by Mrs. R. B. Geldeard, also to the appointment of Mrs. A. Hemmant as full-time Dental Officer in August.

Two new Dental Surgery Assistants were appointed this year; Mrs. C. Shone and Mrs. T. Durber, the former to replace Mrs. D. Sykes who left at the end of April to start a family. The Dental staff at the end of 1972 consisted of the equivalent of 2.7 Dental Officers and 3 Dental Surgery Assistants. A Consultant Anaesthetist, Dr. I. Mullock, was in attendance for 1 - 2 sessions per week.

The Dental Health campaign which took place during the Spring and Summer terms was well received and, I think, highly successful, thanks largely to the efforts of Miss Stanier the Health Education Officer. We were also grateful to the Mayor and Mayoress, Councillor and Mrs. Mitchell, for judging the painting competition and inviting the winners and their parents to the Mayor's Parlour for the prize-giving.

Dental examinations were given to all the new school entrants during the year and the findings were anything but satisfactory. We must hope that in the new integrated Health Service that will exist after 1973 more attention will be paid to the dental health of the pre-school child, with the emphasis on prevention. It is with this end in mind that I conclude my report by suggesting that now is the time to re-consider the possibility of water fluoridation in the area. There is no more effective way of tackling the very real problem of dental decay that exists in the Borough at present. "

### 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, 24 such inspections were made and a total of 24 defects in 14 schools were reported to the Borough Education Officer for his information and for any action he cared to take. Defects found in 7 schools during 1972 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	8	9
The Edward Orme	6	6
Hempstalls C.P.	9	9
Newcastle High	11	11
TOTAL	44	45

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

Newcastle High	- 1
Blackfriars School	- 3
Clayton Hall Grammar	- 1
The Edward Orme	- 1
Hempstalls C.P.	- 1

These were only 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 Clayton Hall 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 once from Clayton Hall, twice from Blackfriars and three times from Hempstalls C.P. School baths. 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. 36 detailed inspections of kitchens and serving facilities were made during 1972.

### MILK IN SCHOOLS

The milk supplied to schools is sampled from time to time by the Public Health Inspection Staff. During the year, 11 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 1972, 42 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 Mrs. M. Greenwood, the Peripatetic Teacher of the Deaf:-

" Unfortunately, the services for hearing impaired children have been curtailed during the past year because of staff shortages. Last year a second peripatetic teacher, Mrs. Anelay, was appointed to assist with the increasing needs of the area but at the same time we were unable to replace a unit teacher who left at the end of the summer term. Rather than close the unit, which has proved to be so successful, I decided to teach the class myself until a suitably qualified teacher could be found.

Nationally there is a 33% shortage of qualified teachers of the deaf and unfortunately we have not yet been able to procure the services of a teacher with the required qualifications. I am hopeful, however, that a teacher will be available in September, which will then enable the peripatetic service to be resumed in full. I can, in the meantime, only report that during the past year the seventeen children, with impaired hearing, of school age and the three pre-school children in the Newcastle area have been visited as often as time permitted during this restricted period. "

### HEARING TEST SURVEY

The Audiometrist visited the Infant Departments as usual during 1972, and the results of the survey were as follows:-

#### Survey Results:-

No. Examined (1)	No. showing some hearing loss (2)	Percentage of (1) (3)
1,427	115	8.0

#### THE COPPICE SCHOOL

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

" During the year the main provisions of the School Health Service have continued to be very satisfactory; a close person to person liaison with Doctor, Dentist and Nurse leads to speedy and efficient treatment or help and advice.

The provision of Speech Therapy and Physiotherapy in the school has helped to alleviate those problems - at the same time the Speech Therapist has indicated the immensity of her task and the need for extension of her work.

I would personally like to thank the School Health Service personnel for the friendliness, advice and speedy help I have received from them during the last eight years. They have made my job in Newcastle immeasurably easier to perform; thank you! "

#### THE WILMOT SCHOOL AND ANNEXE

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

" May I take this opportunity of putting on record sincere appreciation for the invaluable help and advice given by Dr. Scully and his team during 1972.

The half day weekly visits of the Physiotherapist are now showing very good results particularly with the children at Wilmot Annexe, it is unfortunate this service cannot be extended at the moment.

Speech Therapy even after so short a period of time is also showing signs of success. Children are now no longer afraid 'to go to the Dentist' and in many cases enjoy their visits!

We look forward to a time when Aqua-Therapy can be included as a regular item in the curriculum, and maybe a large Physiotherapy Hall with the necessary equipment for all physically handicapped children particularly those with a low mental age who need lots of space for constant exercise and encouragement from both Physiotherapist and all members of Staff. "



## HEALTH EDUCATION

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

" During 1972 Health Education has become accepted in more circles including schools and outside organisations in the Borough. This has permitted me to become better established and better able to assess requirements and opinions.

The year began with a dental health campaign which was carried out by myself, after having liaised with the dental staff of the Borough, particularly with Mr. R. B. Geldeard who supported the campaign throughout.

The campaign consisted of lectures and films to all the infant children in the Borough on all aspects of dental health and hygiene. A painting competition followed the lectures, which not only promoted interest, but provided a follow-up to the lectures.

The competition entries were displayed, and judged by His Worship the Mayor who presented the prizes to the children later. The children were accompanied by their parents at the presentation and parents and children also attended the judging at the Guildhall.

The campaign promoted interest to all the children and many parents, and prizes and newspaper publicity gave the subject its maximum impact.

During the summer term a 4th year programme was carried out in five secondary modern schools. This included lectures and discussions on eight topics including: smoking, drugs, venereal disease, mental health etc.

The 1st year programme carried out during the autumn term 1971 was extended this year from five secondary schools to every secondary school. This was well accepted and parent teacher association meetings were held in some schools to explain the programme and show parents the film.

The firework safety campaign was again carried out during the autumn term. This year, due to improved liaison with the police, lectures were given in most schools ranging from infant to secondary level.

Lectures were given to many outside organisations in 1972 on a variety of subjects. The organisations included Residential Youth Groups, Girls' Brigade, Womens Groups, School Leavers and Students.

Duke of Edinburgh courses have been carried out at Watlands C.S.M. and the Coppice School, the latter also receiving lectures for senior girls'.

Courses, conferences and lectures which I have attended provided stimulus and valuable information for my own talks. Most of the school programmes, campaigns and lectures have been well received and worthwhile in the promotion of good health in the Borough. "

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY  
SCHOOLS (INCLUDING SPECIAL SCHOOLS)  
YEAR ENDED 31st DECEMBER, 1972

TABLE I PART A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		NO. SATISFACTORY	NO. UNSATISFACTORY
(1)	(2)	No. (3)	No. (4)
1968 and later	128	126	2
1967	540	540	-
1966	798	795	3
1965	109	107	2
1964	45	43	2
1963	186	184	2
1962	95	93	2
1961	30	30	-
1960	90	90	-
1959	115	115	-
1958	138	138	-
1957 and earlier	428	424	4
TOTAL	2,702	2,685	17

Column (3) total as a percentage of Column (2) = 99.38%

Column (4) total as a percentage of Column (2) = 0.62%



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)
1968 and later	5	11	16
1967	2	48	50
1966	5	63	68
1965	3	17	20
1964	1	6	7
1963	5	22	27
1962	2	17	19
1961	-	4	4
1960	2	2	4
1959	4	-	4
1958	-	1	1
1957 and earlier	8	-	8
TOTAL	37	191	228

PART C

OTHER INSPECTIONS

Number of Special Inspections	140
Number of Re-Inspections	-
TOTAL	140

INFESTATION WITH VERMIN

PART D

Total number of individual examinations of pupils in schools by School Nurses or other authorised persons	28,081 examinations
Total number of individual pupils found to be infested	411
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	124
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	0

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR ENDED 31st DECEMBER 1972

TABLE II PART A - PERIODIC INSPECTIONS

Defect Code No. (1)	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	4	19	-	25	-	15	4	59
5	Eyes - a. Vision	24	46	8	39	5	14	37	99
	b. Squint	16	14	3	29	5	10	24	53
	c. Other	16	20	-	4	-	10	16	34
6	Ears - a. Hearing	-	5	-	5	-	5	-	15
	b. Otitis M.	4	7	-	2	1	1	5	10
	c. Other	8	1	1	-	8	2	17	3
7	Nose and Throat	35	107	-	10	23	37	58	154
8	Speech	12	14	-	2	1	1	13	17
9	Lymphatic Glands	1	3	-	1	-	2	1	6
10	Heart	2	4	-	2	1	5	3	11
11	Lungs	6	11	-	2	1	6	7	19
12	Development -								
	a. Hernia	3	-	-	-	-	3	3	3
	b. Other	7	12	-	1	5	3	12	16
13	Orthopaedic -								
	a. Posture	1	-	-	2	-	2	1	4
	b. Feet	18	11	2	12	2	4	22	27
	c. Other	5	8	-	6	3	11	8	25
14	Nervous System -								
	a. Epilepsy	-	3	-	2	-	4	-	9
	b. Other	1	9	-	9	-	6	1	24
15	Psychological -								
	a. Development	-	13	-	12	-	1	-	26
	b. Stability	10	32	-	7	-	3	10	42
16	Abdomen	2	6	-	3	-	1	2	10
17	Other	3	17	-	11	2	6	5	34



# SPECIAL INSPECTIONS

## PART B

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	-	3
5	Eyes - a. Vision b. Squint c. Other	- 1 -	3 2 2
6	Ears - a. Hearing b. Otitis Media c. Other	10 2 1	4 - 1
7	Nose and Throat	1	2
8	Speech	2	5
9	Lymphatic Glands	-	4
10	Heart	-	-
11	Lungs	3	-
12	Development - a. Hernia b. Other	- 1	- 3
13	Orthopaedic - a. Posture b. Feet c. Other	- - -	- 3 3
14	Nervous System - a. Epilepsy b. Other	- -	2 9
15	Psychological - a. Development b. Stability	1 1	22 6
16	Abdomen	-	3
17	Other	1	3

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 ... ..	66
Errors of refraction (including squint)	892
TOTAL	958
Number of pupils for whom spectacles were prescribed ... ..	110

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	5
(b) for adenoids and chronic tonsillitis	65
(c) for other nose and throat conditions	15
Received other forms of treatment -	37
TOTAL	122
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1972	1
(b) in previous years	12

PART C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at school clinics or out-patients department ... ..	67
(b) Pupils treated at school or physiotherapy clinics for postural defects ... ..	96
TOTAL	163

PART D - DISEASES OF THE SKIN

(Excluding uncleanness, for which see Part D of Table I)

	Number of cases known to have been treated
Ringworm - (a) Scalp ... ..	-
(b) Body ... ..	-
Scabies ... ..	10
Impetigo ... ..	23
Other skin diseases ... ..	1261
TOTAL	1294

PART E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinic	30



PART F - SPEECH THERAPY

Pupils treated by Speech Therapists	Number of cases known to have been treated
	233

PART G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	1495
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	-
(d) Other than (a), (b) and (c) above:-	-
Respiratory	18
Injuries	205
TOTAL	1718

DENTAL INSPECTION AND TREATMENT CARRIED OUT  
BY THE AUTHORITY DURING 1972

TABLE IV

The Dental Officers devoted 662 sessions to treatment and 22 to inspections.

Inspections

(a) First inspection at school ... ..	1,208 Pupils
(b) First inspection at clinic ... ..	951 "
Number found to require treatment ... ..	1,743 "
Number offered treatment... ..	1,729 "
(c) Re-inspections at school clinics ... ..	405 "
Number of these found to require treatment... ..	302 "

Attendances and Treatment

First visits ... ..	1,324
Subsequent visits ... ..	3,164
Total visits ... ..	4,488
Additional courses of treatment commenced ... ..	563
Fillings in permanent teeth ... ..	2,873
Fillings in deciduous teeth ... ..	1,835
Permanent teeth filled ....	2,208
Deciduous teeth filled ... ..	1,239
Permanent teeth extracted... ..	480
Deciduous teeth extracted... ..	1,646
General Anaesthetics ... ..	465
Emergencies ... ..	331
Number of Pupils x-rayed ... ..	367
Prophylaxis ... ..	478

## TABLE V

Attendances and Treatment (Continued)

Teeth otherwise conserved	...	...	...	...	616
Number of teeth root filled	...	...	...	...	37
Inlays	...	...	...	...	-
Crowns	...	...	...	...	8
Courses of treatment completed...	...	...	...	...	692

Orthodontics

New cases commenced during year	...	...	...	...	17
Number of removable appliances fitted	...	...	...	...	11
Pupils referred to Hospital Consultant	...	...	...	...	11
Pupils with other dentures	...	...	...	...	6
Number of dentures...	...	...	...	...	7



STAFF OF THE SCHOOL HEALTH SERVICE

TABLE V

	Number of Officers	Number in terms of full-time Officers employed in the School Health Service			
		Officers employed on a Salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time Officers employed in the School Dental 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	4			1.90	
(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			1.00	
Ophthalmologist	1			0.10	
Audiometrician	1			-	
Chiropodist	2			0.40	
(c) (i) School Nurses	18			7.20	
(ii) No. of above who hold a Health Visitor's Certificate	18			-	
(d) Dental Staff					
(i) Principal School Dental Officer	-	-	-	-	
(ii) Dental Officers	2	2	2	0.90	
(iii) Orthodontists (if not already included in (d)(i) or (d)(ii) above)	-	-	-	-	
(iv) Dental Surgery Asst.	3	3	-	-	
(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.

TABLE VI

1. 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)

2. TYPE OF EXAMINATION AND/OR TREATMENT, provided at 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	6	-
f) Ear Nose and Throat	-	-
g) Enuretic	-	-
h) Ophthalmic	1	-
i) Orthoptic	-	-
j) Orthopaedic	-	-
k) Paediatric	-	-
l) Physiotherapy and Remedial Exercises	4	-
m) Speech Therapy	3	-
n) School Medical Officers Special Examination	1	-
o) Others (Specify)		
Sun-Ray (U.V.L.)	2	-
Vaccination and Immunisation	6	-







