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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

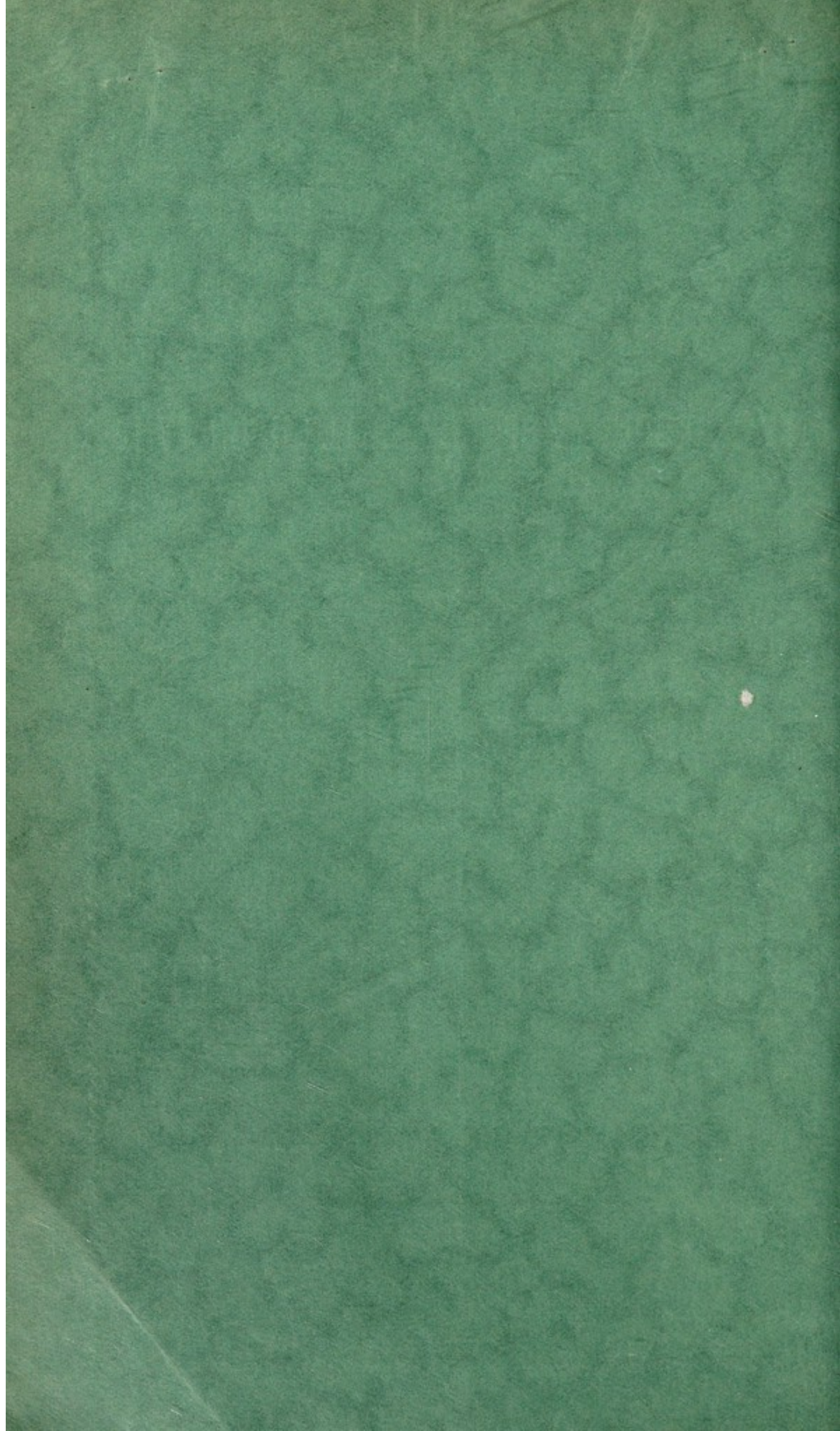
OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1951

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MEDICAL OFFICER





CITY AND COUNTY OF NEWCASTLE UPON TYNE


ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1951



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HEALTH COMMITTEE.

1951.

The Lord Mayor (Ald. W. McKeag).

Coun. Mrs. I. McCambridge (Chairman).

„ Mrs. M. B. Fenwick (Vice-Chairman).

Ald. J. Chapman, M.B.E.

Ald. N. H. Chapman.

„ T. W. Sword.

„ Mrs. V. H. Grantham.

„ L. Telford.

Coun. R. M. Henderson, J.P.

Coun. Mrs. R. A. Dixon.

„ Mrs. C. C. Scott, J.P.

„ Miss M. McGreevy.

„ A. C. Curry, D.C.L., J.P.

„ R. G. Hutton.

„ W. G. Benn.

„ Dr. D. R. Milligan.

SUB-COMMITTEE AS TO NATIONAL HEALTH SERVICE ACTS.

The Sub-Committee as to National Health Service Acts consisted of the above members of the Health Committee, together with the following representatives of other bodies :—

British Medical Association and

Local Executive Council Dr. H. F. Wattsford.

Board of Governors of the Teaching

Hospitals Dr. S. Whateley Davidson.

Durham University Prof. Sir J. C. Spence, M.C.

Voluntary Bodies Miss Teresa Merz, O.B.E., J.P.

Miss F. E. Pybus.

Education Committee Coun. P. H. Edwards.

STAFF.

W. S. WALTON, G.M., M.D., B.Hy., D.P.H.,
Medical Officer of Health and Principal School Medical Officer.

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H.,
Deputy Medical Officer of Health.

<i>General Administration</i>	Chief Clerk, 15 Clerks, 4 Typists.
<i>Sanitary Inspection</i>	Chief Sanitary Inspector, Deputy, 22 Inspectors, 3 Assistant Inspectors, 5 Clerks, 2 Typists.
<i>Food Inspection</i>	Veterinary Officer, 5 Inspectors, 9 Rodent Operators, 2 Clerks.
<i>Maternity and Child Welfare</i> . .	Child Welfare Medical Officer, 22 Clinic Medical Officers (Part-time), Chief Nursing Officer, Assistant Chief Health Visitor, 52 Health Visitors, 2 Almoners, 1 Orthopaedic Nurse, 1 Supervisor of Midwives, 1 Assistant Supervisor, 48 Midwives, 18 Clerks.
<i>District Nursing</i>	1 Supervisor, 1 Assistant Supervisor, 36 Nurses (including 4 males), 1 Clerk.
<i>Domestic Help</i>	1 Organiser, 1 Assistant Organiser, 2 Clerks, 269 Domestic Helps (62 full-time, 207 part-time).
<i>Day Nurseries</i>	Superintendent Matron, Superinten- dent Warden, 2 Clerks, 8 Nurseries with Matrons, Assistant Matrons, Wardens, Nurses and Domestic Staff.
<i>Vaccination and Immunisation</i>	Administrative Officer (part-time), 7 Clinic Medical Officers (part-time), 3 Nurse-Clerks, 1 Clerk.
<i>Ambulance Service</i>	Ambulance Officer, 1 Assistant, 11 Clerks and Typists, 96 Drivers, 4 Foremen, 3 Female Attendants.

Mental Health 1 Medical Director (part-time), 4 Duly
Authorised Officers, 2 Mental Health
Visitors.

*Chest Clinic (Care and After
Care)* Chest Physician (part-time), Clinic
Medical Officer (part-time), 1 Al-
moner, 1 Clerk.

Skin Clinic 4 Attendants.

School Health Service Senior School Medical Officer, 6 Assis-
tant School Medical Officers, Senior
Dental Officer, 7 Assistant Dental
Officers, 5 Physiotherapists, 23
Nurses, 8 Nursing Helpers, 18 Clerks
and Clinic Attendants, 1 Dental
Mechanic.

Medical Director (part-time) 1 full
Assistant Director 1 full

Medical Officers 1 full
Medical Officers 1 full

Medical Officers 1 full
Medical Officers 1 full

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To the Lord Mayor, Aldermen and Councillors of the Newcastle upon Tyne City Council.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting the 79th Annual Report of the Medical Officer of Health. The Report has been prepared on the lines indicated to the Council by the Ministry of Health in Circular 42/51.

The marriage rate of 18.27 was a little higher than in 1950 (17.97). The birth rate of 16.46 showed a further decline and from the rate of 17.14 obtained in 1950. This is in keeping with the experience of the country generally and is having its effect on the distribution of age grouping within the City's population. The death rate was 13.38 per 1,000 of the population, being higher than that for last year and higher than the rest of the country generally. The infantile mortality rate for the year 1951 was returned at 34.56 compared with 33.65 during 1950. This figure shows a slight increase on that for 1950 which was the lowest ever recorded for the City, and the corresponding rate for England and Wales for 1951 was 29.6.

The challenge of Tuberculosis and its ravages amongst the population continues to be of very serious import to the City. There was, however, a decided drop in the mortality rate for Pulmonary Tuberculosis from 0.62 (1950) to 0.377 (1951) per 1,000 of the population, this latter rate being less than half of that returned for the year 1948. There were 110 deaths from Pulmonary Tuberculosis in the City in 1951, which was a reduction from 183 deaths in 1950. New notifications of Tuberculosis dropped from 532 in 1950 to 485 in 1951. The "waiting list" time for admission was considerably reduced through the Regional Hospital Board making available many more sanatorium beds for City residents and the Tuberculosis Dispensary arrangements were considerably strengthened by the Regional Hospital Board and the Health Committee during the year. The downward trend in the incidence and mortality is being continued during 1952. The load of 485 new cases during the year still shows the serious extent of the disease in our midst and the need for continuing effort.

The problems of insufficient housing and overcrowding are very large and especially so is this problem concerned in the spread of Tuberculosis. The Mass X-Ray Unit continued to carry out excellent work during the year when 25,019 persons were examined, from which 259 cases of suspected Tuberculosis were discovered and referred for treatment.

The condition of much of the housing of the City is one to which your Medical Officers of Health have drawn attention for many years. It is an urgent and unsolved problem. Since the end of the war and up to the end of December, 1951, just over 5,300 houses have been built, but the Housing Committee still has a waiting list of over 14,000 applicants and is faced with the difficulty of obtaining suitable sites. As I have said in my last five Annual Reports, the conditions under which many inhabitants of the City are compelled to exist are not conducive to the maintenance of good health or to the basis of a good family life. It is well known from the general practitioners of the City that much of their work is largely concerned with worries, ills and neurotic conditions existing in patients living in bad housing conditions.

In those industrial areas with a legacy of mushroom building growth during the "industrial era," the provision of an adequate number of houses will apparently remain a problem of a very long term nature before it is finally solved. Slow rate of housing progress throughout the country will certainly be a subject for pungent comment when observers of the future review the general conditions of living of large sections of the population during the present decades. When the 20 miles dam across the Zuyder Zee was completed, the commemoration stone placed at the site of the final junction bore the following inscription: "Here the dyke was closed, 28th May, 1932," and on the other side "A Nation that lives, builds for its future." One of our immediate problems is the reclamation of those parts of the City which are now inundated with the stagnant waters of squalor, overcrowding and unhealthy conditions. The "dyke" in the country and in Newcastle will not be closed for many years but if this Nation and the City intend to "live" in the true sense of the word, then they both must plan and build as truly and as adequately as did Dr. Lely and the Dutch engineers in constructing the Zuyder Zee dam between the years 1916 and 1932.

The increasing number of aged people in the population brings within its train many problems. It is estimated that 10 per cent. of the City's population is over the age of 65. The Domestic Help and Home Nursing Services have been considerably extended and the Welfare Committee has been able to provide some hostels for the care of aged persons. The Women's Voluntary Service in the City has visited and provided meals for some of the old people. In addition, a Joint Advisory Council for the Care of the Aged was set up during the year and included representatives of the Statutory Authorities and of the Voluntary Associations and Societies concerned with the

care of the aged in the City. A central register has been compiled and information is now more easily exchanged between the workers of the various sections.

A short synopsis of the work carried out by the School Health Service is given in this Report and gratitude is expressed to the Education Committee and the Director of Education for their help in the extensive refitting of the clinics. With the coming into action of the new Central Clinic and strengthening of staff, particularly in the medical and dental services, the School Health Service is now very efficient and able to meet most of the demands placed upon it. The provision of reports from hospitals and arrangements for close co-operation with the general practitioners added considerably to the efficiency of the Service.

During the year Measles, German Measles and Whooping Cough were fairly prevalent. There was, as is reported on page 78, a sharp but limited outbreak of Diphtheria in the Byker area. This outbreak spoiled the City record of no cases during the last three years and served to show the need for continued publicity in support of diphtheria immunisation. That the outbreak was limited in extent was due to the enthusiasm and work of members of the infectious diseases staff and of the Health Visitors. None of the confirmed cases had been completely immunised. There were two deaths in the series. There were several cases of food poisoning during the year and one child died.

The routine work of the environmental health services and of the inspection of meat, milk, and other foods, and of premises associated with food, continue to give the public an efficient protective service. The work carried out by the Sanitary Inspectors' Department and by the Veterinary Department does not usually attract much public attention except when there has been some case of default by suppliers or by the occurrence of some health nuisance. Routine supervision nevertheless receives day to day attention and perusal of the detailed reports will show the amount of work which has constantly and efficiently been carried out.

The Ambulance Service carried 103,077 patients and covered 765,952 miles. The Committee's policy of development now enables this Service to meet demands under most conditions likely to arise.

During 1951, 40,758 new sickness insurance claims were received from the area by the Ministry of National Insurance, a weekly average of 784 claims, the range being from 398 to 2,424 per week, the latter total occurring in the first week and during an outbreak of Influenza.

There would appear to be in the possession of the Ministry of National Insurance much information which would be of use to Local Health Authorities, and it is hoped that the Ministry will soon be in a position to make available to the City information concerning sickness which would be of great use in planning preventive measures. The Ministry was able to help the Local Authority on a small scale during the Influenza epidemic by reporting on one occasion the percentage of sickness claims due to Influenza as against the total number of claims for sickness.

The excellent relationship which has been established between the Local Authority and the Executive Council was continued during 1951, both authorities serving the same area and the same people, and their agreed general arrangements under the National Health Service Act have considerably developed the medical and nursing services of the City available in the homes of the people. The personal relationships in this joint work have been outstanding and sincere tribute is due to Mr. A. Morris, the Clerk to the Newcastle upon Tyne Executive Council, and to Dr. H. F. Wattsford and Dr. F. J. Robertson, the Chairman and Secretary of the Local Medical Committee.

Tribute is also due to the Regional Hospital Board for making available specialist services to the City, and it is hoped during the next two or three years to establish closer contact with the Regional Hospital Board so far as joint arrangements are concerned.

I would like to express, on behalf of the Health Department staffs, our appreciation for the help and interest of the members of the Health Committee throughout the year. Grateful thanks and acknowledgment of excellent service are due to members of the administrative, clerical, technical, nursing and medical staffs.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. S. WALTON,

Medical Officer of Health.

*Health Department,
Town Hall,
Newcastle upon Tyne, 1,
24th September, 1952.*

SUMMARY OF STATISTICS 1941

I—GENERAL

GENERAL STATISTICS.

POPULATION.—The mid-year population as estimated by the Registrar-General for 1941 was 201,700, and represents an increase of 2,100 on the 1939 estimated population. In the same year the male population was 101,737, and the female population 99,963. The increase in population since 1931 is 40,000.

MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY,
WATER SUPPLY, DISPOSAL OF REFUSE.

SUMMARY OF STATISTICS, 1951.

Population	291,700.
Area	11,401 acres.
Birth Rate	Crude .. 16.46 per 1,000 population.
	Corrected 15.97 ,, ,,
Death Rate	Crude .. 13.38 ,, ,,
	Corrected 14.58 ,, ,,
Infant Mortality Rate	34.56 per 1,000 live births.
Neo-Natal Mortality Rate	20.82 ,, ,,
Maternal Mortality Rate	0.20 per 1,000 live and still births.
Tuberculosis Death Rate :—	
All forms	0.425 per 1,000 population.
Pulmonary	0.377 ,, ,,
Non-pulmonary	0.048 ,, ,,
Infectious Diseases Death Rate	0.07 ,, ,,
Marriage Rate	18.27 ,, ,,
Inhabited Houses	85,756.
Rateable Value	£2,851,971.
Product of 1d. rate	£11,533 14s. 8d.

GENERAL STATISTICS.

POPULATION.—The mid-year population, as estimated by the Registrar General, was 291,700, and represents a decrease of 3,100 on the 1950 estimated population. As this figure is almost the same as the census population (291,723) it emphasises the fact that the census was long overdue and that previous estimates were probably quite erroneous.

BIRTHS.—There were 4,803 live births recorded, representing a crude birth rate of 16.46 per 1,000 population, as compared with a rate of 17.14 for the year 1950. The City birth rate is higher than that for

England and Wales—15·5, but is slightly lower than the rate for the 126 large towns, viz., 17·3 per 1,000 population.

In addition to the above, there were 121 still-births, representing a still-birth rate of 24·57 per 1,000 live and still births.

LIVE BIRTHS.				STILL BIRTHS.		
SEX.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ..	2,375	97	2,472	64	3	67
Female	2,237	94	2,331	48	6	54
Totals .	4,612	191	4,803	112	9	121

DEATHS.—The net deaths amounted to 3,900, equivalent to a crude rate of 13·38 per 1,000 population. This is an increase of 0·07 over the rate for 1950. The death rate for England and Wales in 1951 was 12·5 whilst the rate for the 126 large towns was 13·4.

INFANTILE MORTALITY.—166 infants died before completing the first year of life, representing a rate of 34·56 deaths per 1,000 live births, compared with the England and Wales figure of 29·6 and 33·9 for the 126 great towns.

Of the 166 infant deaths, 100 occurred before attaining the age of one month, making a neo-natal mortality rate of 20·82 per 1,000 live births. Once again prematurity accounted for the greatest number of deaths in this group.

MATERNAL MORTALITY.—Only 1 maternal death occurred during the year, producing a mortality rate of 0·20 per 1,000 live and still births, a considerable decrease from the figure for 1950, viz., 1·34. The England and Wales maternal mortality rate for 1951 was 0·79.

TUBERCULOSIS.—124 persons died from various forms of tuberculosis during the year, 110 being from pulmonary and 14 from non-pulmonary tuberculosis. The equivalent death rates are as follows: All forms 0·425, Pulmonary 0·377, and Non-pulmonary 0·048 per 1,000 population.

These rates, whilst considerably lower than last year, are still much higher than the England and Wales figure of 0·31 per 1,000 population for all forms of tuberculosis, and they are also higher than the rate for the 126 large towns, viz., 0·37.

INFECTIOUS DISEASES.—This group now forms only a very small proportion of the total deaths in the City. There were only 22 deaths during the year (excluding diarrhoea, pneumonia and tuberculosis), representing a rate of 0·07 per 1,000 population, as compared with 0·07 for 1950.

MARRIAGES.—2,664 marriages took place during the year, representing a marriage rate of 18·27 per 1,000 population. For comparison purposes, the rates for the past 10 years are set out below:—

Year.	Population.	No. of Marriages	Marriage Rate.
1951.....	291,700	2,664	18·27
1950.....	294,800	2,648	17·97
1949.....	294,540	2,807	19·06
1948.....	293,600	2,880	19·6
1947.....	290,470	2,771	19·1
1946.....	283,740	2,832	19·9
1945.....	265,990	2,935	22·1
1944.....	262,920	2,479	18·8
1943.....	254,890	2,367	18·6
1942.....	254,100	2,768	21·8

ACCIDENTS.—The Chief Constable reports an increase in the number of street accidents which took place during the year, viz., 1,650 as against 1,411 in 1950, and it is of some concern to note that there was a considerable increase in the number of children under the age of 15 years who were killed and injured, as shown in the following table:—

	Under 5 years.		5-10 years.		11-15 years.		Total.	
	1951	1950	1951	1950	1951	1950	1951	1950
Killed	9	2	3	1	1	1	13	4
Injured	62	52	86	85	60	31	208	168

NURSING HOMES.—There are 8 Nursing Homes registered in the City, with a total bed accommodation of 137. 30 of these beds are for maternity cases. All homes were inspected during the year.

CREMATION.—The following table shows how cremations have increased every year since the City Crematorium opened in October, 1934. Column 6 shows that the proportion of non-City cases has exceeded City cases by three times, the highest ratio.

The 8·2 per cent. increase in cremations over 1950 is smaller than the corresponding increase of 19·64 per cent. for the previous year,

which is to be expected as the crematorium is working almost to capacity.

Yr.	Newcastle Residents.		Non-N/c. Residents Cremated.	Total. Cremations.	% annual increase in Cremations.	% of N/c. to non-N'castle Cremations.	% of N/c. to total Cremations.
	Nett Deaths. 1	Cremations. 2					
1934 *	3,646	11	15	26	..	73.33	42.30
1935	3,672	84	104	188	44.61 †	80.76	44.09
1936	3,878	109	161	270	43.61	67.70	40.37
1937	3,864	142	235	377	39.62	60.42	37.66
1938	3,621	206	279	485	28.64	73.83	42.67
1939	3,661	261	376	637	31.34	69.41	40.98
1940	3,733	304	412	716	12.40	73.48	42.45
1941	3,951	340	583	923	28.91	58.31	37.92
1942	3,480	354	643	997	8.01	55.05	35.50
1943	3,709	403	784	1,187	19.05	51.40	33.95
1944	3,508	512	1,027	1,539	29.64	49.85	33.26
1945	3,435	566	1,152	1,718	11.69	49.13	32.95
1946	3,515	645	1,414	2,059	19.84	45.61	31.32
1947	3,747	830	1,747	2,577	25.15	48.09	32.20
1948	3,475	824	1,973	2,797	8.53	42.26	29.46
1949	3,757	970	2,446	3,416	22.13	39.65	28.39
1950	3,925	1,136	2,951	4,087	19.64	38.49	27.79
1951	3,900	1,121	3,306	4,427	8.20	33.90	25.32

*Part year.

†Estimated.

The Medical Referee required 46 post mortem examinations (50 in 1950), largely because of the time elapsing between death and the deceased person being last seen by a doctor. Copies of the findings are sent to the doctors concerned. Only 3 (1 in 1950) post mortems required further investigation involving analyses. Cremation was refused on one occasion.

HEALTH CONTROL OF AIRPORT.

The duties imposed by the Public Health (Aircraft) Regulations, 1950, at the Municipal Airport, Woolsington, necessitated the attendance of the Medical Officer of Health or his deputies on 19 occasions. 17 of the aircraft came from Oslo, 1 from Hongkong and 1 from Germany.

The Regulations exempt passengers from certain countries from the requirement of medical inspection, but duties as Medical Inspector of Aliens under the Aliens Order, 1920, make the attendance of a Medical Officer necessary whenever aircraft carrying alien passengers land. 9 such aircraft landed during the year.

The work carried out is summarised as follows :—

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1950.

No. of Aircraft	19
No. of passengers medically inspected	370
(Nationalities : British 120, Norwegian 218, Chinese 26, Danish 3, Polish 2, French 1.)	

ALIENS ORDER, 1920.

No. of aircraft from "excepted" countries	9
Special examinations required	Nil.

NATURAL AND SOCIAL CONDITIONS.

GEOLOGY.—The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

CLIMATOLOGY.—The weather during 1951 was, if anything, a little worse than in the previous year. There was less sunshine, slightly less rain, and mean maximum and minimum temperatures were lower than in 1950. The following table summarises the recordings taken at Leazes Park, King's College and Cockle Park (Morpeth).

METEOROLOGICAL RECORDS, 1951.

Month.	SUNSHINE HOURS.			LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Rainfall (inches).	Temperature.	
					Mean Max.	Mean Min.
January ..	27.3	44.8	54.4	1.03	43.9	32.0
February ..	48.6	62.0	74.3	2.11	45.4	31.7
March ...	67.3	81.0	97.8	3.58	48.2	31.5
April	142.2	144.0	168.7	1.45	54.7	35.5
May	120.2	110.7	140.1	3.59	60.7	40.1
June	171.4	158.8	176.6	2.21	66.1	45.5
July	141.9	138.7	156.1	1.55	75.5	52.3
August ...	116.7	86.8	145.4	4.87	69.3	49.0
September	94.0	112.7	124.7	0.98	65.3	45.5
October ..	69.7	96.3	102.8	0.77	55.1	40.7
November	35.9	50.8	57.1	5.26	48.9	38.8
December.	4.7	49.2	63.0	1.51	44.6	32.3
Total...	1,039.9	1135.8	1,361.0	28.91	..	..
Average	86.7	94.6	113.4	2.41	56.5	39.6

WATER SUPPLY.—Details relating to the City's water supply are shown in the Chief Sanitary Inspector's section of this report (see page 119).

SEWERAGE.—There are 438·30 miles of sewers in the City, discharging directly into the Tyne, which is tidal, at various points along the 8½ miles of river frontage.

CLEANSING AND SCAVENGING.—A weekly collection of refuse is made from the whole of the domestic premises, and twice weekly from certain business premises.

SOCIAL CONDITIONS.—The principal trades and occupations are of a healthy nature, and include extensive heavy and light engineering and ancillary industries; shipbuilding and repair, etc., with related seafaring and harbour work; machine making; coal mining; food and tobacco factories; brewing, hotels, etc. The City is a large commercial and business centre.

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Ministry of Labour and National Service.

Date.	Males (aged 15 and over).	Females (aged 15 and over).	TOTAL.
15th January, 1951	4,280	1,341	5,621
10th December, 1951	3,013	1,344	4,357

NOTE:—Persons classified as not suitable for ordinary employment are excluded.

INHABITED HOUSES.—There are 85,756 inhabited houses, which, on the estimated population, shows an average of 3·402 persons per dwelling.

RATEABLE VALUE.—A penny rate produced £11,533 14s. 8d., the gross rateable value being £2,851,971, as against £2,808,182 in 1950.

Vital Statistics of Whole City during 1951, and previous years.

YEAR.	Population estimated to Middle of each Year.	LIVE BIRTHS.			TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE CITY.			
		Uncor- rected Number	Net.		Number	Rate.	of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age.		At all Ages.	
			Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
915	278,107	7,575	7,545	27.8	5,257	18.9	693	207	1,007	133	4,771	17.2
916	278,107	7,332	7,248	26.2	4,875	17.5	680	232	899	123	4,427	15.9
917	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
918	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
919	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
920	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
921	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
922	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
923	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
924	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	13.5
925	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	13.6
926	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
927	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
928	281,500	6,360	5,429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
929	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
930	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
931	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
932	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
933	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
934	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
935	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
936	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
937	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
938	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
939	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9†
940	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6 [
941	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5 [
942	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7 [
943	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6 [
944	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3 [
945	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0 [
946	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
947	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
948	293,600	7,414	5,705	19.4	4,504	15.3	1,215	186	217	38	3,475	11.8
949	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
950	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3
951	291,700	6,053	4,803	16.5	4,535	15.5	976	341	166	34	3,900	13.4

* Calculated on a population of 282,200.
 Civilians only.

† Rates calculated on a population of 291,025.
 ‡ Death-rate calculated on a population of 283,200.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1951.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex	All Ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory	M.	69	..	..	..	3	16	38	10	2
	F.	41	..	..	2	12	20	6	1	..
2—Tuberculosis, other	M.	8	1	2	..	1	2	1	1	..
	F.	6	..	1	..	..	3	1	..	1
3—Syphilitic disease	M.	13	..	..	..	..	1	8	4	..
	F.	4	..	..	..	..	..	3	1	..
4—Diphtheria	M.	1	..	..	1	..	..	..	..	..
	F.	1	..	..	1	..	..	..	..	..
5—Whooping cough	M.	3	3	..	..	..	..	..	..	..
	F.	3	2	1	..	..	..	..	..	..
6—Meningococcal infections	M.	3	..	1	..	1	..	1	..	..
	F.	..	..	..	..	..	..	..	..	..
7—Acute poliomyelitis	M.	1	..	..	1	..	..	..	..	..
	F.	1	..	1	..	..	..	..	..	..
8—Measles	M.	1	1	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
9—Other infective and parasitic diseases	M.	2	..	..	..	..	1	1	..	..
	F.	6	..	1	..	2	2	1	..	..
10—Malignant neoplasm, stomach	M.	61	..	..	..	..	3	26	18	14
	F.	49	..	..	..	..	..	13	17	19
11—Malignant neoplasm, lung, bronchus	M.	85	..	..	..	..	6	52	23	4
	F.	18	..	..	..	..	2	8	6	2
12—Malignant neoplasm, breast	M.	..	..	..	..	..	..	..	..	..
	F.	43	..	..	..	..	8	18	7	10
13—Malignant neoplasm, uterus	F.	31	..	..	..	..	2	14	10	5
14—Other malignant and lymphatic neoplasms	M.	171	..	..	..	4	8	52	56	51
	F.	127	..	..	..	..	5	52	42	28
15—Leukæmia, aleukæmia	M.	10	..	2	..	1	3	2	2	..
	F.	8	..	1	1	1	1	2	2	..
16—Diabetes	M.	4	..	..	..	..	1	2	..	1
	F.	27	..	..	..	1	2	7	8	9
17—Vascular lesions of nervous system	M.	260	..	..	1	..	4	53	102	100
	F.	293	..	..	..	1	1	55	86	150
18—Coronary disease, angina	M.	334	..	..	..	..	14	136	120	64
	F.	156	..	..	..	..	1	41	69	45
19—Hypertension with heart disease	M.	78	..	..	..	..	..	23	35	20
	F.	75	..	..	..	..	..	11	33	31

Causes of Death at different periods of life for 1951—*continued*.

CAUSES OF DEATH.	Sex	All Ages.	0-	1-	5-	15-	25-	45-	65-	75-
20—Other heart disease	M.	233	..	..	..	2	8	35	64	124
	F.	332	..	..	1	2	11	42	72	204
21—Other circulatory disease	M.	87	..	1	..	..	2	10	32	42
	F.	61	..	..	..	1	2	5	15	38
22—Influenza	M.	45	2	..	..	..	5	4	9	25
	F.	51	3	..	..	..	2	6	15	25
23—Pneumonia	M.	92	12	3	1	..	8	21	22	25
	F.	72	13	..	..	..	1	7	25	26
24—Bronchitis	M.	161	3	..	1	..	5	54	54	44
	F.	90	4	1	..	..	1	12	28	44
25—Other diseases of respiratory system	M.	14	..	..	..	..	..	7	3	4
	F.	6	..	..	..	..	2	1	..	3
26—Ulcer of stomach and duodenum	M.	33	..	..	..	3	5	10	10	5
	F.	8	..	..	..	..	1	1	2	4
27—Gastritis, enteritis and diarrhoea	M.	8	3	..	..	..	..	..	2	3
	F.	9	1	..	..	..	1	2	4	1
28—Nephritis and nephrosis	M.	16	..	..	1	..	4	4	3	4
	F.	27	..	..	1	..	1	6	8	11
29—Hyperplasia of prostate	M.	32	..	..	..	..	..	1	10	21
30—Pregnancy, childbirth, abortion	F.	1	..	..	..	..	1	..	..	..
31—Congenital malformations	M.	14	7	..	1	2	1	3	..	..
	F.	14	10	..	..	..	..	4	..	..
32—Other defined and ill-defined diseases	M.	175	60	3	1	1	10	36	30	34
	F.	187	32	1	1	4	12	32	37	68
33—Motor vehicle accidents	M.	20	..	5	2	5	5	3	..	..
	F.	9	..	3	1	..	..	..	3	2
34—All other accidents	M.	35	2	1	2	2	13	4	3	8
	F.	29	7	..	..	..	3	3	5	11
35—Suicide	M.	27	..	..	..	..	5	13	9	..
	F.	14	..	..	..	..	5	7	2	..
36—Homicide and operations of war	M.	3	..	..	..	..	..	3	..	..
	F.	2	..	1	..	..	..	..	1	..
All causes	M.	2099	94	18	12	25	130	603	622	595
	F.	1801	72	11	8	24	90	360	499	737

CANCER DEATHS AND DEATH RATES FROM 1933
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.

	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY									
			Males.				Total	Females.				Total
			Under 25	25-45	45-65	Over 65		Under 25	25-45	45-65	Over 65	
1933	404	1.41	..	3	8	5	16	..	..	5	1	6
1934	442	1.54	1	2	16	8	27	..	2	3	3	8
1935	433	1.49	..	1	13	7	21	..	1	6	2	9
1936	413	1.39	..	4	10	5	19	..	..	5	3	8
1937	389	1.34	1	4	15	4	24	..	..	3	..	3
1938	444	1.52	..	7	20	10	37	1	..	7	2	10
1939	457	1.61	..	4	20	9	33	..	1	2	5	8
1940	474	1.85	..	5	37	6	48	..	1	6	4	11
1941	510	2.00	..	4	24	6	34	..	..	2	4	6
1942	510	2.01	..	5	33	12	50	1	2	7	6	16
1943	533	2.09	..	4	43	11	58	..	3	7	7	17
1944	519	1.97	..	3	30	19	52	..	1	4	4	9
1945	510	1.92	1	2	30	13	46	..	2	15	6	23
1946	538	1.90	1	5	37	19	62	..	..	12	5	17
1947	514	1.77	..	4	43	21	68	..	..	10	9	19
1948	590	2.01	..	7	56	22	85	..	1	7	9	17
1949	558	1.89	..	6	44	21	71	..	..	9	13	22
1950	644	2.18	..	3	55	34	92	..	..	10	7	17
1951	585	2.01	..	6	52	27	85	..	2	8	8	18

CANCER DEATHS IN AGES (MALE AND FEMALE)—1951.

24A

SITE.			Under 1 year		1 year & under 2 years		2 years & under 5 years		5 years & under 15 years		15 years & under 25 years		25 years & under 45 years		45 years & under 65 years		Over 65 years		TOTAL	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
141	Malignant neoplasm of tongue .....		..	..	..	..	..	..	..	..	..	..	..	..	1	1	5	..	6	1
142	Do. salivary gland .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
144	Do. other parts of mouth and mouth un- specified .....		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
146	Do. nasopharynx .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
148	Do. pharynx unspecified .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	2
150	Do. oesophagus .....		..	..	..	..	..	..	..	..	..	..	..	..	2	3	11	4	13	7
151	Do. stomach .....		..	..	..	..	..	..	..	..	..	..	2	..	26	13	29	34	57	47
152	Do. small intestine in- cluding duodenum .....		..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	2	1
153	Do. large intestine except rectum .....		..	..	..	..	..	..	..	..	..	..	2	1	7	15	20	22	29	38
154	Do. rectum .....		..	..	..	..	..	..	..	..	..	..	1	1	5	4	19	7	25	12
155	Do. biliary passages and of liver (stated to be primary site) ..		..	..	..	..	..	..	..	..	..	..	1	1	4	1	4	2	9	4
156	Do. liver (secondary and unspecified) .....		..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	4	1	7
157	Do. pancreas .....		..	..	..	..	..	..	..	..	..	..	1	..	3	10	1	3	5	13
158	Do. peritoneum .....		..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	2	1	4
161	Do. larynx .....		..	..	..	..	..	..	..	..	..	..	..	..	3	..	1	1	4	1
162	Do. trachea & of bronchus & lung specified as primary .....		..	..	..	..	..	..	..	..	..	..	4	1	30	5	14	5	48	11
163	Do. lung and bronchus unspecified as to whether primary or secondary .....		..	..	..	..	..	..	..	..	..	..	2	1	23	3	11	2	36	6
170	Do. breast .....		..	..	..	..	..	..	..	..	..	..	..	7	..	16	..	17	..	40
171	Do. cervix uteri .....		..	..	..	..	..	..	..	..	..	..	..	3	..	9	..	7	..	19
172	Do. corpus uteri .....		..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
173	Do. other parts of uterus ..		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
174	Do. uterus, unspecified ..		..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	7	..	8
175	Do. ovary, Fallopian tube and broad ligament .....		..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	4	..	11
177	Do. prostate .....		..	..	..	..	..	..	..	..	..	..	..	..	3	..	20	..	23	..
180	Do. kidney .....		..	..	..	..	..	..	..	..	..	..	..	..	3	1	3	3	6	4
181	Do. bladder and other urinary organs .....		..	..	..	..	..	..	..	..	..	..	..	..	3	2	9	2	12	4
190	Malignant melanoma of skin .....		..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
191	Malignant neoplasm of skin .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1
193	Do. brain and other parts of nervous system ..		..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	1	3	1
194	Do. thyroid gland .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	4
196	Do. bone including jaw bone .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
197	Do. connective tissue .....		..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	1	3
198	Secondary and unspecified malignant neo- plasm of lymphnodes .....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
199	Malignant neoplasm of other and unspecified sites .....		..	..	..	..	..	..	..	..	1	..	..	1	8	1	7	5	16	7
200	Lymphosarcoma and reticulosarcoma .....		..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
201	Hodgkins disease .....		..	..	..	..	..	..	..	..	1	..	2	..	..	..	1	..	4	..
202	Other forms of lymphoma (reticulosis) .....		..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
203	Multiple myeloma .....		..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2
204	Leukæmia and aleukæmia .....		..	..	..	..	2	1	..	1	1	1	3	1	2	2	2	1	10	7
TOTALS			..	..	..	..	2	1	..	1	4	1	21	19	127	106	165	145	319	273
COMBINED TOTALS			..	..	..	..	3	1	..	1	5	..	40	..	233	..	310	..	592	..

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respira- tory.	Digestive.	Violent Causes.
1928 ...	331	796	480	247	153
1929 ...	311	893	577	226	148
1930 ...	256	874	469	227	137
1931 ...	250	991	509	195	158
1932 ...	232	976	413	201	161
1933 ...	237	1,003	362	213	151
1934 ...	266	935	405	215	134
1935 ...	243	1,107	391	223	130
1936 ...	276	1,283	408	266	154
1937 ...	231	1,316	470	207	139
1938 ...	233	1,216	388	205	157
1939 ...	289	1,278	307	171	189
1940 ...	420	1,115	405	154	211
1941 ...	496	972	530	157	302
1942 ...	474	847	444	130	177
1943 ...	475	915	572	138	150
1944 ...	446	987	418	136	128
1945 ...	476	994	416	115	208
1946 ...	511	996	461	105	106
1947 ...	544	983	505	139	151
1948 ...	500	990	398	153	123
1949 ...	538	1,131	549	146	127
1950 ...	502	1,285	507	110	135
1951 ...	553	1,256	531	115	141

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, 1951.

WARD.	Estimated Population.	Average Area (Less River Area and Open Spaces)	Density of Population per Acre.	Births.	Birth Rate.	Deaths.	Death Rate.	Deaths under 1 year.	Infant Mortality Rate.	PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.				OTHER RE- SPIRATORY DISEASES.	
										New Cases	Attack Rate.	Deaths.	Death Rate.	New Cases	Attack Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
Armstrong	14,980	239.6	62.53	379	25.29	250	16.68	17	44.85	25	1.67	8	0.53	4	0.27	..	0.00	36	2.40
Arthur's Hill	15,700	318.1	49.37	202	12.86	274	17.46	3	14.85	22	1.40	3	0.19	3	0.19	2	0.13	29	1.85
Benwell	15,170	246.8	61.48	281	18.52	192	12.66	9	32.03	28	1.85	5	0.33	1	0.07	2	0.13	29	1.91
Byker	14,450	245.4	58.88	285	19.72	234	16.19	16	56.14	37	2.56	5	0.35	7	0.48	2	0.14	41	2.84
Dene	13,050	865.4	15.08	117	8.97	164	12.40	1	8.56	12	0.92	3	0.23	2	0.15	..	0.00	21	1.61
Elswick	14,460	215.0	67.26	219	15.15	186	12.86	8	36.54	23	1.59	6	0.42	3	0.21	1	0.07	25	1.73
Fenham	14,300	650.5	21.99	155	10.84	173	12.10	4	25.81	24	1.68	3	0.21	2	0.14	..	0.00	18	1.26
Heaton	15,400	315.3	48.84	167	10.84	185	12.01	1	59.88	23	1.49	3	0.19	4	0.26	..	0.00	20	1.30
Jesmond	17,000	416.6	40.81	186	10.94	225	13.23	3	16.13	13	0.76	1	0.06	2	0.12	..	0.00	25	1.47
Kenton	20,900	1938.0	10.78	351	16.80	212	10.14	8	22.79	33	1.58	11	0.53	4	0.19	..	0.00	25	1.20
St. Anthony's	14,580	240.9	60.53	245	16.81	187	12.82	8	32.65	35	2.40	5	0.34	4	0.27	2	0.14	31	2.13
St. Lawrence	15,740	315.3	49.92	285	18.10	186	11.81	14	49.12	26	1.65	8	0.51	4	0.25	..	0.00	24	1.53
St. Nicholas	11,480	438.2	26.19	201	17.51	166	14.46	1	4.97	29	2.53	8	0.70	2	0.17	..	0.00	28	2.44
Sandyford	14,760	245.9	60.24	182	12.33	225	15.24	9	49.44	16	1.08	2	0.14	2	0.14	..	0.00	30	2.03
Scotswood	15,420	395.5	38.99	261	16.92	181	11.74	7	26.82	25	1.62	5	0.32	4	0.25	..	0.00	23	1.49
Stephenson	17,600	310.2	56.72	490	27.84	295	16.76	28	57.15	47	2.67	17	0.97	9	0.51	3	0.17	42	2.39
Walker	17,550	499.9	35.10	367	20.91	204	11.62	14	38.15	29	1.65	9	0.51	6	0.34	1	0.06	34	1.94
Walkergate	15,390	525.2	29.31	210	13.65	156	10.14	6	28.58	16	1.04	2	0.13	3	0.19	1	0.06	10	0.65
Westgate	13,770	293.6	46.90	220	15.97	205	14.89	9	40.91	22	1.60	6	0.44	5	0.36	..	0.00	30	2.18
CITY	291,700	8705.4	33.52	4,803	16.46	3,900	13.38	166	34.56	485	1.66	110	0.38	71	0.24	14	0.05	521	1.79

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1951.

26a

	Birmingham.	Bradford.	Bristol.	Cardiff.	Coventry.	Croydon.	Kingston upon Hull.	Leeds.	Leicester.	Liverpool.	Manchester.	Newcastle upon Tyne.	Nottingham.	Plymouth.	Portsmouth.	Salford.	Sheffield.	Southampton.	Stoke-on-Trent.	Sunderland.
R.G.'s ESTIMATED POPULATION FOR 1951—																				
Total	1,110,900	289,800	442,700	243,500	238,100	250,300	298,100	503,030	284,700	784,800	699,900	291,700	306,600	219,700	244,400	176,800	510,000	177,300	272,600	179,900
COMPARABILITY FACTOR:—																				
(a) births	0.96	1.01	0.99	0.97	0.94	0.96	1.00	0.96	0.98	0.96	0.95	0.97	0.97	1.05	1.05	0.95	0.99	0.99	0.96	1.01
(b) deaths	1.12	0.97	0.97	1.06	1.26	0.93	1.14	1.07	1.01	1.19	1.11	1.09	1.08	1.06	1.04	1.14	1.07	1.02	1.21	1.13
CRUDE BIRTH RATE PER 1,000 POPU- LATION	16.52	16.46	15.32	17.77	16.7	14.5	19.00	16.0	16.2	19.9	17.77	16.46	16.97	16.49	15.05	17.48	14.18	17.22	15.839	19.4
BIRTH RATE AS ADJUSTED BY FACTOR	15.86	16.62	15.37	17.24	15.7	13.9	19.00	15.4	15.9	18.1	16.88	15.97	16.46	17.31	15.80	16.606	14.04	17.05	15.168	19.39
CRUDE DEATH RATE PER 1,000 POPU- LATION	11.43	15.37	12.70	13.06	10.4	11.9	12.03	13.5	12.4	13.6	13.82	13.38	11.98	12.16	11.87	14.00	13.01	12.01	12.861	12.5
DEATH RATE AS ADJUSTED BY FACTOR	12.80	14.91	12.32	13.85	13.1	11.1	13.71	14.5	12.5	16.2	15.34	14.58	12.94	12.88	12.34	15.96	13.92	12.25	14.561	14.12
INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS	29.69	43.6	20.37	32	35.6	19	46	31	25.2	35.1	35.29	34.56	32.6	33.41	29.64	34.62	30.55	24.89	33	38.1
NON-MATERNAL MORTALITY RATE PER 1,000 LIVE BIRTHS	19.2	22.2	13.39	18.95	26.8	13	24	17.5	15.625	20.3	20.18	20.82	20.5	21.26	17.98	22.32	19.08	18.34	20.38	21.8
Stillbirths Rate per 1,000 Total Births	22.2	23.9	22.06	28.51	22.0	21.1	23.1	23.5	22.28	24.8	25.01	24.57	22.7	23.98	18.68	31.03	23.23	20.22	28.134	27.1
MATERNAL MORTALITY RATE PER 1,000 TOTAL BIRTHS FROM—																				
(a) Sepsis	0.26	0.41	0.14	..	..	..	..	0.12	0.000	0.125	0.39	..	0.19	..	..	..	0.135	..	..	..
(b) Other Causes	0.48	0.82	0.85	1.57	0.68	0.81	1.38	0.49	0.848	0.500	1.10	0.203	0.37	0.54	0.80	0.94	0.270	0.96	0.900	0.56
Total	0.74	1.23	0.99	1.57	0.68	0.81	1.38	0.61	0.848	0.625	1.49	0.203	0.56	0.54	0.80	0.94	0.405	0.96	0.900	0.56
TUBERCULOSIS RATES PER 100,000 TOTAL POPULATION—																				
(a) Primary notifications:																				
Respiratory	106.5	79	135.1	145	138.8	73	107.0	94.6	121	195	101	165.3	160	114	140.75	125.00	134.5	108.29	103.45	154.5
Non-Respiratory	12.8	20	15.8	23	16.7	12	14.4	20.7	13	20	15	24.34	4.9	20	14.32	16.4	14.7	5.64	8.80	28.9
(b) Deaths:																				
Respiratory	34.4	29.67	33.9	43.1	29.1	20	31.2	33.0	35	52	45	37.71	27.7	42	24.55	49.21	29.4	36.1	43.65	46.7
Non-Respiratory	3.2	6.55	3.2	4.9	3.8	5	2.3	3.18	2.5	5	6	4.80	3.6	4	2.455	3.39	4.9	4.5	4.76	6.6
DEATH RATES PER 1,000 POPULATION FROM:—																				
*Cancer (all forms)	1.78	2.27	1.997	2.05	1.57	1.92	1.90	1.96	2.00	1.94	2.10	2.005	1.9	1.65	2.05	2.15	2.009	2.059	1.966	1.98
Typhoid and Paratyphoid Fever .....	..	0.00	0.002	..	..	..	..	..	0.00	..	..	0.000	..	..	..	..	..	..	0.0036	0.00
Meningococcal Infections	0.00	0.00	..	0.004	0.01	..	0.01	0.01	0.007	0.01	0.007	0.010	0.01	0.009	0.06	..	0.002	0.006	0.011	0.03
Scarlet Fever	0.00	0.00	0.002	..	0.004	..	..	..	0.00	0.00	..	0.000	..	..	..	..	..	..	0.0	0.00
Whooping Cough	0.01	0.10	0.005	0.02	..	0.012	0.03	0.008	0.007	0.02	0.004	0.020	0.02	0.01	0.00	0.011	0.006	0.011	0.018	0.17
Diphtheria	0.00	0.003	..	..	..	..	..	0.0035	..	..	..	0.007	..	..	0.00	..	..	..	0.0	0.00
Influenza	0.26	0.32	0.416	0.28	0.29	0.25	0.18	0.29	0.41	0.66	0.37	0.329	0.32	0.136	0.14	0.28	0.237	0.259	0.491	0.26
Measles	0.01	0.017	0.007	0.008	0.004	0.008	0.00	0.006	0.007	0.00	0.001	0.003	0.01	0.01	0.01	0.011	0.008	..	0.0036	0.005
Acute Poliomyelitis and Encephalitis	0.00	0.007	0.009	..	..	0.008	..	..	0.0035	0.01	0.003	0.007	0.007	0.009	0.00	..	0.008	..	0.0072	0.00
Acute Infectious Encephalitis ..	0.00	0.014	..	..	..	0.00	..	..	0.00	0.00	0.003	0.007	..	..	..	0.006	0.002	0.017	0.0036	0.00
Smallpox	0.00	0.00	..	..	..	..	..	..	0.00	..	..	0.000	..	..	..	..	..	..	0.00	0.00
Diarrhoea (under 2 years)	0.03	0.055	0.009	0.01	0.008	0.008	0.07	0.14	0.018	0.04	0.047	0.017	0.01	0.045	0.04	0.09	0.018	0.017	0.11	0.022

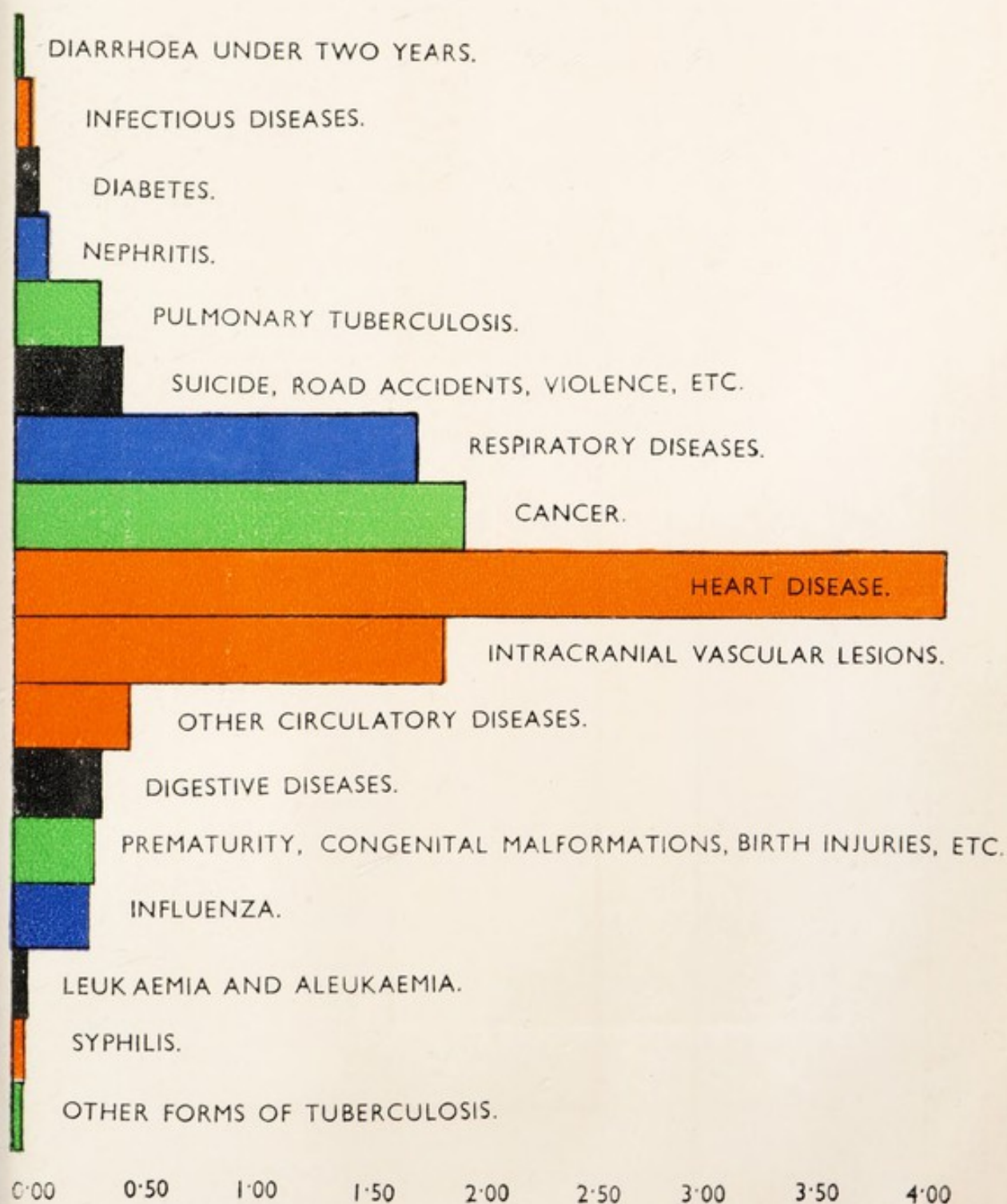
* excluding Leukemia and Aleukemia.

† 1 death.

CHIEF CAUSES OF DEATH AT ALL AGES

RATES PER 1000 POPULATION

1951



II. NATIONAL HEALTH
SERVICE ACTS

NATIONAL HEALTH SERVICE—DOMICILIARY SERVICES.

The progress made with the domiciliary services in the past four years, although not dramatic, has nevertheless been appreciable and has closed the gaps which previously existed. With perhaps the exception of the domestic help service the domiciliary staffs are now more or less adequate to meet the needs of the city. There is no doubt that the needs have increased in these four years. As a result of the shortage of hospital nurses, and the consequent reduction in the number of available hospital beds, it has become increasingly necessary to carry the nursing services into the homes. Because of the changing world with its altered standards of family responsibility, and increasing number of women going out to work, there is a greater demand on the domestic help service to provide help in the home. The co-operation between these services and the hospitals on the one hand and the general practitioner on the other is very good.

The premature baby district nursing service continues to do good work, and the trained "prem. nurses" have had additional responsibility throughout the year demonstrating the service to midwives from other areas who have come to Newcastle to observe the scheme, either prior to starting similar work in their own districts or to obtain additional experience.

The problem of the care of old people continues to exercise the minds of practically all those engaged in public health, social and welfare work. With our ageing population this problem is not likely to fade but rather will it grow. It is this group that is responsible for the majority of the work of the district nursing and domestic help services. There is no doubt that the old people are happier and better while being nursed in their own homes, however poor these may be, as is shown by the fact that in so many cases an old person who has to be removed to hospital because he is entirely alone dies within a few days: everything possible should be done to keep them occupied and happy at home. With the compilation of a register of old people and the setting up of an Advisory Committee and a Voluntary Services Committee to deal with the problem, the help available will become more widely known, and we hope that the time will come when no old person in need of help will be missed.

A special effort is being made to tackle the "problem" families in the city. These families are given special attention by the Health Visitors and the Almoner as well as other statutory and voluntary bodies who may be called in. A Cases' Committee has been set up to deal with the problem of "children neglected in their own homes" which is so intimately linked with "problem" families. This has the advantage of bringing together all the people who are concerned with the cases, from whatever angle, and giving an opportunity for discussion and pooling of knowledge. Although there will always be some families for whom no amount of help will do any good it will be encouraging if even a small proportion are set on the right road to living a better and more useful life. One must not think only of the mess these parents make of their own lives but they are giving their children a background which it will be hard to rise above, and the probability is that this state will be perpetuated through further generations. We must also think of the demoralising effect they may have on their neighbours, or at least the "nuisance value."

There is still cause for dissatisfaction over the maternity services and the admission of patients to hospital. One feels there are still patients having their babies in hospital who may have adequate accommodation for home confinement, and on medical grounds it seems wrong that many Newcastle mothers whose home circumstances are quite unsuitable to home confinement have either to go to a hospital outside the city or submit to delivery under sometimes appalling conditions, and perhaps at greater cost than the mothers who are delivered in hospital. It is time that some steps were taken to wipe out the anomalies of expenditure which occur between home and hospital confinements.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

Perhaps the fact which stands out most in the vital statistics for 1951 is the very great fall in the number of births, and with this population problem it is even more essential that every effort should be made to avoid unnecessary loss of young lives. Although the infant mortality rate has changed very little since the 1950 figure there were at least some infant deaths which should not have occurred—the nine deaths due to accidents. The number over the year was not large, but on the other hand all might have been prevented. We know that the two age groups most liable to fatal accidents are the

very old and the very young, and in the latter group the accidental deaths were nearly all due to suffocation in one way or another. There is still a need for education of the mothers in this respect.

The attendances at ante-natal clinics have decreased steadily since the inception of the National Health Service Act in 1948, and the decrease has been much more than could be accounted for by the drop in the number of births. There is no doubt that it is far better that ante-natal care should be undertaken by the doctor or midwife who is going to be responsible for the confinement, but is the amount of ante-natal care which is laid down as necessary under the Health Service Act enough? The number of ante-natal clinics has been reduced during the year because of the small attendances, but one feels they can still serve a very useful purpose in educating expectant mothers and so building up their confidence by allaying fears, as well as by offering other services such as the taking of bloods for examination and ante-natal exercises. An effort has been made to make the clinics more attractive to mothers by arranging films and other exhibitions. Though most of the premises leave a lot to be desired, these added interests have been appreciated and have been of real value.

As will be seen from the special report on the priority dental service, it has again been possible to organise this service on satisfactory lines, and routine examinations as well as treatment are again being carried out.

By referring children in need of ear, nose and throat treatment direct to the consultants at the hospitals, this work is being carried out without undue delay. We are grateful for this consideration and co-operation from the hospital medical staff.

The orthopædic work continues to be done by the Consultant Orthopædic Surgeon to the School Medical Department. This arrangement is now well established and works very well.

Speech defects are referred to the Speech Therapist at the University Department of Child Health, and it is hoped that with additional staff and in co-operation with the Ear, Nose and Throat Surgeon that Department will be able to build up a special clinic for the speech education of deaf children from an early age.

Although immunology is mentioned in detail in its own section, it does not seem inappropriate to point out the dangers of complacency in this field and give a word of warning. Since vaccination became

no longer compulsory the percentage of babies vaccinated in their first year of life has definitely fallen. It is often difficult to make parents understand that vaccination is a protection for their baby as well as for the community, and that if the percentage of protected people continues to fall there is a real danger of spread of infection should smallpox be introduced into this country. In these days of easy and rapid transport from one country to another, protection is even more necessary than previously, but unfortunately the very fact that it has now been made non-compulsory rather gives the opposite impression.

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS DURING 1951.

(1)	Number of Women who attended during the year.		Number of New Patients who attended during the year.		Total Number of Attendances made by women included in Col. (2) during year.		Average Sessional Attendance.
	(2)	(3)	(4)	(5)	(6)	(7)	
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.
1951.....	2,341	146	1,804	146	8,394	146	11
1950.....	2,557	43	2,038	43	9,121	43	13

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES DURING 1951.

(1)	No. of Children who attended during the year.	No. of Children who first attended centres during the year.		No. of Children in attendance at the end of the year.		Total No. of Attendances made by children included in Col. (2) during the year.		Average Sessional Attendances—0-5 years.
		Under 1 Year.	Over 1 Year.	Under 1 Year.	Between the ages of 1 & 5 years.	Under 1 Year.	Over 1 Year.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1951..	9,050	3,118	611	2,586	5,935	35,949	19,583	31
1950..	8,939	3,110	637	2,647	5,936	35,511	20,016	32

Births.

2,436 live births in families belonging to Newcastle occurred in institutions as shown in the following table :—

Nursing Homes.....	18
Princess Mary Maternity Hospital	397
Hopedene Maternity Home	182
Newcastle General Hospital	1,274
Other outside Hospitals	565
Total number of live Births	4,803
Proportion of Live Births taking place in Institutions	50·72%
Proportion in Newcastle Hospitals	38·59%

DEATHS OF INFANTS.

INFANTS	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Deaths of Infants during first week of life	105	101	98	102	96	118	103	86	79	91	87
Deaths of Infants aged one to four weeks	45	28	37	50	21	17	27	21	18	12	18
Deaths of Infants aged one to twelve months..	162	129	154	122	73	101	153	105	104	67	57
Deaths from Prematurity	86	71	63	64	56	84	59	64	52	39	42
Deaths of Twins and Triplets....	30	29	23	29	20	29	25	27	20	24	9
INFANT MORTALITY RATE		59	64	50	39·7	41	44·3	38	40	33·6	34·56
Total Live Births for corresponding years	4,176	4,289	4,548	5,359	4,836	6,079	6,449	5,705	5,377	5,051	4,803

Care of Illegitimate Children.

Total number of illegitimate births	191
Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility :—	
Brettargh Holt	4
Coledale Hall	5
St. Faith's	3
Elswick Lodge	15

Dried Milk and Vitamins.

The following table shows the “ take-up ” of Vitamins in the City as compared with the country as a whole :—

	Cod Liver Oil.	Orange Juice.	A. & D.
Newcastle	28·4	33·9	34·2
England and Wales	27·6	30·2	33·4

Ear, Nose and Throat Treatment.

There were 64 children seen and treated by the ear, nose and throat surgeons at the hospitals.

Orthopædic Treatment.

There were 98 children referred to the consultant orthopædic surgeon attached to the school medical department, and all were seen and advised and treatment arranged where necessary.

Ultra-Violet Ray.

	Sun-Ray Clinic.	Newcastle Gen. Hospital.	Total.
Number of Patients treated .	35	32	67
Number of Treatments given	203	137	340

Sewing Classes.

A total of 255 classes were held at 5 centres. The number of attendances was 1,793—an average of 7 mothers at each class.

Nurseries.

No. of Nurseries.	Total Capacity.	Children on Register at end of year.	No. of Attendances 0-2 years.	No. of Attendances 2-5 years.	Total Attendances.	Average Daily Attendance (Monday-Friday).	Admissions during year.	Discharges during year.	Average Saturday Attendance.
8	388	435	16,170	56,827	72,997	277	534	474	34*

* These figures apply only from 6/10/51

Because of the small Saturday attendances at the day nurseries it was decided to close all but two on Saturday mornings. Gosforth Street and West Parade Nurseries being most central for the East and West ends of the city were kept open and are available for any children for whom their mothers cannot make other arrangements. This change took place at the beginning of October.

Apart from the 534 admissions shown in the table there were 152 places offered which were not taken. Many more applications were made, but when sent for interview prior to admission, the mothers failed to attend.

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1951.

34A

CAUSE OF DEATH.	AGE PERIODS—NET.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis of Meninges .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
Whooping Cough .....	..	..	..	..	..	..	..	..	..	..	2	1	..	1	1	..	..	..	3	2
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Disease of Adrenal Glands .....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Mental deficiency	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Meningitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Erythroedema Polyneuritica .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Otitis Media .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Influenza with Pneumonia .....	..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	1	..	1	1	3
Influenza with other respiratory manifesta- tions .....	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Bronchopneumonia .....	..	..	..	..	..	..	..	..	..	..	2	7	6	..	4	2	..	..	12	11
Pneumonia other and unspecified .....	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	2
Acute Bronchitis .....	..	..	..	..	..	..	..	..	..	..	1	1	..	2	..	1	..	..	1	4
Bronchitis (Unqualified) .....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Chronic Bronchitis .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Other Diseases of Lung	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Gastro-enteritis and colitis except ulcerative Age 4 weeks and over .....	..	..	..	..	..	..	..	..	..	..	1	1	2	1	..	..	..	..	3	2
Yellow Atrophy of Liver .....	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Infection of Kidney .....	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Spina bifida and meningocele	1	1	..	..	1	..	2	1	4	..	..	..	..	..	..	..	..	..	1	4
Congenital hydrocephalus	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	1	1
Congenital malformations of circulatory system	2	2	..	..	..	..	..	2	2	..	1	..	..	..	..	1	..	3	3	3
Congenital malformations of digestive system .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Intracranial and spinal injury at birth	7	4	..	..	..	..	..	7	4	..	..	..	..	..	..	..	..	7	4	4
Other birth injury	2	1	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	2	1	1
Postnatal asphyxia and atelectasis	8	1	..	..	..	..	..	8	1	..	..	..	..	..	..	..	..	8	1	1
Pneumonia of newborn	3	3	..	1	1	..	..	4	4	..	..	..	..	..	..	..	..	4	4	4
Hemolytic disease of newborn	2	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	3	..	..
Hemorrhagic disease of newborn	2	4	..	..	..	..	..	2	4	..	..	..	..	..	..	..	..	2	4	4
Illdefined diseases peculiar to early infancy .....	..	2	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	2
Immaturity with mention of any other subsidiary conditions .....	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	2
Immaturity unqualified	27	11	1	..	..	..	..	28	11	1	..	..	..	..	..	..	..	29	11	11
Certain symptoms referable to nervous system and special senses .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Certain symptoms referable to cardiovascu- lar system .....	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Inhalation and ingestion of food causing obstruction or suffocation .....	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	1	1	2
Accidental mechanical suffocation in bed and cradle .....	..	..	1	..	..	..	..	..	1	..	..	1	2	..	..	..	1	1	4	4
Accidental Fall .....	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
	57	33	2	2	2	2	..	2	61	39	10	15	12	12	7	4	4	2	94	72

In September, 22 nursery students sat the National Nursery Examination Board Certificate Examination and 21 were successful. In November, one other student took the examination and failed, but was later successful at a subsequent examination.

New Bridge Street Nursery and Newcastle Playrooms.

Apart from the eight day nurseries administered by the Local Health Authority, excellent work is being done in New Bridge Street Day Nursery and the nursery playrooms which are purely voluntary organisations. New Bridge Street caters for 30-36 children from 3-5 years of age, and their admission policy is on the same lines as the Health Committee Nurseries, only priority classes being considered. The attendances are high and there is very little infection. Because it is a non-training nursery it can be run much more economically than those under the Local Health Authority. The committee receive a grant from the Local Health Authority, but otherwise the nursery is maintained by voluntary subscriptions.

There are in addition three nursery playrooms—one in Park Road and one in Wharnccliffe Street—which are both run by the "Save the Children Fund," and one at the top of Welbeck Road which is run by Miss Hand, who not only maintains it financially but also looks after the children herself. These nurseries fill a great need, helping not only mothers who are sick or who are working full-time, but also those who would rather take part-time than full-time work in order that they can give more time to their children.

There is no doubt that voluntary organisations can make a big contribution in this way to fill the needs of mothers of young children. By limiting the numbers of children to small groups for short hours, the risk of infection is very much reduced and elaborate premises and equipment are not required.

Report on the Priority Dental Service for Nursing and Expectant Mothers and Children under School Age for the year 1951.

Throughout the year, owing to the more attractive conditions of remuneration available in private practice, the Priority Dental Scheme was without the services of a full time dental officer. It was therefore necessary to suspend the arrangements made for the provision of dental inspection and treatment at the inception of the Health Act, and to improvise measures to maintain a service capable of dealing with urgent and necessitous cases.

It was not possible to obtain even part-time help over the greater part of the year, and from January to August the assistance of the School Dental Service was obtained to operate the Priority Scheme. Over this period, for the eastern area of the city the dental clinic at St. Anthony's Welfare Centre was staffed by one of the school dental officers on three half-days each week, while the provision of treatment for mothers and children residing in the central and western areas of the city was undertaken, as occasion arose, in the school clinics in those areas.

In August, however, we were able to obtain the part-time services of a dental surgeon, and with the continued assistance of the school dental officers, we were able to increase the scope of our work.

Also, towards the end of the year, Dr. Anderson was appointed as anæsthetist, lessening the assistance necessary from the school dental officers, and by November we were in a position to provide treatment for most of the patients referred to us by the Welfare clinics.

Owing to staffing difficulties, it was not possible to maintain the written offer of a dental examination followed by any necessary treatment to every mother and child attending the Welfare Centres, and our efforts had to be confined largely to those patients referred to us by the medical staffs of the Centres as being in urgent need of dental attention. In addition, however, we were able to provide treatment for a considerable number of patients attending the clinic of their own accord.

It was with reluctance that the offer of dental inspection and treatment was suspended, for our "inspection sessions" were well attended and were doing much to further the popularity of the scheme.

While the work of the service generally had to be curtailed, our facilities for X-ray examination were not interfered with, and, due to the installation of our own laboratory in February of the year, we were able to undertake the provision of some 120 artificial dentures.

Inability to obtain full-time professional staff over the year has undoubtedly caused the Priority Service to suffer a severe setback so soon after its inception. It is anticipated that the adoption of the Whitley scale for Public Dental Officers by the Local Authority in the near future will remove this obstruction to the scheme's well-being, and that the curtailment of the work of the service enforced during the year will prove to have been only of a temporary nature.

NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	165	162	151	96
Children under five	1072	803	797	790

FORMS OF DENTAL TREATMENT PROVIDED.

	Ex-trac-tions.	Anæsthetics.		Fill-ings.	Scalings or Scaling and gum treat-ment.	Silver Nitrate treat-ment.	Dress-ings.	Radio-graphs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers	761	48	82	157	37	1	16	8	75	42
Children under five	1911	1	749	76	..	165	59	..	..	..

SECTION 23—MIDWIVES' SERVICE.

During 1951 there was an increase in the births booked and delivered in hospital, and because of this demand on hospital beds it was necessary to discharge 775 cases from hospital before the 14th day to be nursed at home by the municipal midwives. Many of these cases had normal deliveries and resided in homes which appeared to be suitable for home confinement, yet 177 Newcastle mothers had to travel out of the city by ambulance to Dilston Hall Maternity Hospital for their confinement, the majority because their home conditions were such that home confinement was impossible. Even emergencies have occasionally had to be taken to a county hospital.

Although the births attended by midwives decreased, their work increased due to having to accompany midwifery cases to hospital by ambulance, and visiting cases discharged from hospital before the 14th day.

Approximately 90 per cent. of the midwifery cases booked a doctor, but in the majority of normal cases the doctor left the actual delivery to the midwife engaged for the case. An excellent team spirit exists between the general practitioner and the midwife.

The majority of mothers delivered on the district have had the benefit of gas air analgesia and pethidine. Ante-natal exercises have been held at four clinics, two at the East End and two at the West End of the City. These were conducted by the Newcastle General Hospital Physiotherapy staff acting for the Local Authority. Talks have been given by the Health Visitors and Midwives at the ante-natal clinics in the City.

There was only one maternal death during the year, giving a maternal mortality rate of 0.203, the lowest on record for the City.

There were 38 Pupil Midwives trained in Part II District Midwifery on the district. It is pleasing to report that all passed their examination. Medical students have attended many cases with the midwives, thus gaining practical experience on the district.

Premature Infant Scheme.

The special nursing of Premature Infants in their own homes has continued to produce good results. The widespread interest in the scheme has continued. Three Midwives from Leeds and two from Sheffield have attended a course in Newcastle for one month on "The Care of the Premature Infant."

The number of premature infants notified on the district during 1951 was :—

119 Living Births.

7 Still Births.

Of the 119 living births 107 were “specialled” by a Premature Baby Nurse, 12 premature babies being transferred to hospital within 14 days. No premature babies were entirely nursed by their own midwife.

Result of 107 “Specialled” Cases :

Birth Weight.	Survived 28 days.	Died.
2 lbs. 3 ozs. and under	Nil.	7
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	4	4
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	25	2
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	25	2
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	38	..
TOTAL	92	15

Of the 92 surviving babies “specialled” by a Premature Baby Nurse :

64 were entirely breast fed at the end of one month.

15 were receiving complementary feeds at the end of one month.

13 were artificially fed at the end of one month.

Visits :—The total number of visits made by the Premature Infant Nurses during 1951 was 3,107, plus 28 nights on duty.

Eleven sets of premature twins were nursed on the district.

Equipment :—The premature nursing equipment issued during 1951 was as follows :—

107 Full equipment.

6 Part equipment.

Details of the 12 Premature Babies Admitted to Hospital.

Birth Weight.	Total.	Lived.	Died.
2 lbs. 3 ozs. and under	1	..	1
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	1	1	..
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	4	4	..
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	4	1	3
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	2	1	1

Age groups of deaths of "specialled" Premature Babies.

Under 24 hours.....	11
Under 1 week	—
Under 2 weeks	—
Under 1 month	4
Total	15

Weight Groups of Deaths of "Specialled" Premature Infants.

Birth Weight.	Under 24 hours.	Under 1 month.
2 lbs. 3 ozs. and under	7	..
2 lbs. 3 ozs. to 3 lbs. 4 ozs.....	4	..
3 lbs. 4 ozs. to 4 lbs. 6 ozs. ....	..	2
4 lbs. 6 ozs. to 4 lbs. 15 ozs.....	..	2
4 lbs. 15 ozs. to 5 lbs. 8 ozs.....	..	..
Total	11	4

Attendances at Confinement.

Number of maternity cases in the area of the Local Supervising Authority attended by Midwives during the year.

	Domiciliary Cases.		Cases in Institutions.		TOTAL.	
	As Mid-wives.	As Matern-ity Nurses.	As Mid-wives.	As Matern-ity Nurses.	As Mid-wives.	As Matern-ity Nurses.
Midwives employed by the Authority..	1,586	605	..	..	1,586	605
Midwives employed by Hospital Management Committees or Boards of Governors under National Health Service Act.....	76	..	2,323	483	2,399	483
Midwives in Private Practice (including Midwives employed in Nursing Homes)	6	14	169	231	175	245
Number of cases which should be included in columns (1) or (2) attended by domiciliary midwives after discharge from Hospital or Institution and before the 14th day			From 1.6.51 656	From 1.6.51 119	656	119
TOTALS ...	1,668	619	3,148	833	4,816	1,452

Summary of Municipal Midwives' Work.

No. of Ante-Natal Visits.	No. of Clinic Visits by Midwives.	No. of Deliveries.		No. of Nursings.
		As Mat. Nurses Doctor engaged.	As Midwives.	
20,859	2,690	605	1,586	53,552

Still-Births.

Among the 1,592 births attended by the municipal and private midwives 12 still-births occurred. In the 619 cases where midwives attended in the capacity of maternity nurse, 19 still-births occurred.

Of the 4,924 City births registered, 121 related to still-births, which gives a rate of 24.57 per 1,000 total births.

Suggested Cause of Still-births.

	Cases.
Ante-Partum Hæmorrhage	21
Placental Insufficiency	8
Fœtal Defects	3
Malpresentation	24
Inertia and Prolonged Labour	9
Toxæmia of Pregnancy	10
Prematurity	5
Rh. Negative	9
Asphyxia	6
Intra Uterine Infection	3
Other Causes	23
	<hr/> 121

Notices for Medical Aid sent by Midwives.

During Pregnancy—

Ante-Partum Hæmorrhage ..	17
Miscarriages	5
Illness (Miscellaneous)	13
	<hr/> 35

During Puerperium—

Rise of Temperature	26
Other Illness of Mother	21
	<hr/> 47

During Labour—

Prolonged Labour	23
Uterine Inertia }	38
Malpresentation }	
Retained Placenta	13
Post-Partum Hæmorrhage ..	13
Ruptured Perineum	171
	<hr/> 258

For Child—

Prematurity	17
Discharging Eyes	65
Congenital Defects	—
Illness of Baby	35
Still-Births	3
Rashes	2
	<hr/> 122

Total calls for mother and child—462.

Claims for fees from doctors in respect of calls from Midwives :—

	1948	1949	1950	1951
For prolonged labour—malpresentation	218	80	50	24
For post-partum hæmorrhage	27	18	14	8
For ante-partum hæmorrhage	60	18	10	10
For illness of mother	172	94	43	20
For illness of child	116	71	34	15
For premature birth	71	43	13	9
For discharging eyes	211	115	43	38
Ruptured perineum	429	211	117	66
Other	72	44	17	11
Specialists called in	6	..	..	..
	<u>1,382</u>	<u>694</u>	<u>341</u>	<u>201</u>

SECTION 24—HEALTH VISITORS.

The year 1951 has been an active and progressive one in the Health Visiting Section, and the Health Visitors are endeavouring to do much more selective visiting.

The case load of the Health Visitor is now a much more representative one of the family as a whole and here advice covers the complete family, very often the school child is included, although this section of the community is not yet embraced by the Health Visitor.

During the past year frequent and sometimes daily visits for a time have been paid to the premature baby and to the family needing continual help and advice. Unfortunately, with her present heavy case load this cannot be expanded as much as we would like, particularly with the mother who is a poor manager and has little idea of child care. The Health Visitor is the family friend and adviser and it is hoped that soon we may increase our staff so that those families needing extra help, advice and demonstrations can be given this constant attention.

During the year some of the Health Visitors worked exceptionally hard on the follow-up of all contacts of diphtheria cases, and were very alert in contacting the general practitioner in any suspicious cases, and at all times continued to stress the need for immunisation against diphtheria. The follow-up of infectious diseases has at times been very heavy (so often the patient has returned to school or work owing to late notification), but this does give an opportunity for simple health teaching and home nursing care to be stressed to the family.

The liaison with the general practitioner and the hospital has increased a little over the past year, but as yet the Health Visitors are not satisfied as an even closer link is needed. The referral of cases

from the hospital to the department on discharge by the Ward Sisters and the Hospital Almoner is giving the patients a much more satisfactory service insofar as the hospital and the domiciliary field are each aware of their difficulties and needs.

The tuberculosis visiting has increased for now the City is divided into East and West both for Chest Clinics and Contact Clinics and the work of interpreting instructions of the Chest Physician, advising and teaching as to care of both patients and contacts, continues with an increasing tempo.

The Health Visitor is becoming known as a visitor to the aged and is now often stopped and contacted for advice on their care, and she is a vital link between the aged of our community and the variety of services available. Here again her link with the general practitioner needs to be strengthened. The Health Visitor is constantly high in her praise of the work carried out by the Home Helps in the service of the City in the care of the aged.

The aftercare of cases discharged from hospital is not yet satisfactory. Here there is still a field for a closer liaison between hospital and the general practitioner and the Health Visitors.

The work in the welfare centre and the ante-natal centre is greatly appreciated by the mothers attending: the Health Visitors are making a constant effort by increasing health talks, films and demonstrations to attract more to our centres, particularly our young mothers. A supply of suitable demonstration materials, a play corner and toys for the toddlers, are all efforts to be realised yet.

The City Library Service has co-operated during the year in giving displays of suitable childrens' and mothers' books at some of our centres, and this has been much appreciated.

An introduction to the homes and centres has been given to the student nurses from the Newcastle General Hospital throughout the year. This was welcomed by the staff, as it is so important for them to realise the environmental background and difficulties of their patients. A number of social science students have been introduced to the family visits carried out by the Health Visitors and few realised the extensive and comprehensive training carried out by our Health Visitors.

The general progress of the department depends so much on the help and co-operation which has been so readily given by the clerical staff of this section.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births	4,860	30,566	35,426
Measles	3,720	3,122	6,842
Pneumonia	416	568	984
Whooping Cough	1,019	1,324	2,343
Poliomyelitis	20	16	36
Children over One Year .....	..	68,286	68,286
Hospital Cases .....	..	138	138
Expectant Mothers	814	486	1,300
Special Visits .....	..	1,807	1,807
Housing .....	..	248	248
Aged Persons .....	..	2,467	2,467
Unsuccessful Visits (Out and Removals) .....	..	18,993	18,993
Orthopaedic Work (including Treatments)	162	{ 530 3,321 treatments	692
Tuberculosis Visits	653		3,321
Tuberculosis Contacts	887		10,169
Diphtheria Visits .....	..	745	1,632
Venereal Diseases—Contacts .....	..	1,357	1,357
		1,296	1,296
	12,551	144,786	157,337

NOTE.—It has not been possible to show in the above table the actual number of households visited, but it should be noted that where the Health Visitors have visited more than one type of case in the same household, *e.g.*, an expectant mother, a toddler and an aged person, this would be counted as three visits.

Infants on Visiting List :

Of 4,807 children under one year who were visited in 1951, 4,334 completed their first year, and of the remainder :—

162 died.

238 left the city.

47 could not be traced.

20 were visited only once.

6 were put in institutions.

The following figures are therefore based on the 4,334 who completed the first year plus 162 who died, making in all a total of 4,496, and of that total 3,151 or 72·7 per cent. attended the welfare centres.

Illness among the children visited—139 or 3·1 per cent. contracted measles ; 202 or 4·5 per cent. contracted whooping cough ; 85 or 1·9 per cent. contracted diarrhoea ; 497 or 11·1 per cent. contracted bronchitis or pneumonia.

Details as to children who should have attained the age of five years during 1951 :—

Well and attending school	3,539
Ill and not attending school	14
Left City or failed to trace	1,616
Died in 2nd year	6
Died in 3rd year	9
Died in 4th year	1
Died in 5th year	10
Total surviving whose whereabouts are known.....	3,553
Total deaths	26
Total reported upon	5,195

The addresses of 814 children who left the City in 1951 were sent to the Medical Officers of Health for the districts to which they had gone.

Training School for Health Visitors.

The period of the commencement of training for Health Visitors changed from September to June in 1951. The Tutor, Miss Sanderson, returned to join the course in September 1951, having completed successfully the Health Visitor Tutor Course at the Royal College of Nursing, London, 1951.

Two officials of the Ministry of Health visited the school during the year and were very satisfied at the standard and variety of lectures and field work available.

Each Student Health Visitor during the year has carried a small family case load and has worked closely with the Health Visitor responsible for the area who has given constant guidance and advice on the families and discussed her problems with her. The strengthening of the work in the field undoubtedly gives the student a greater knowledge of family work and of the necessity for building up a teaching and advisory programme in each home.

The aim of the Health Visitor's work is to promote good health and the student Health Visitor has every opportunity during her year to realise how much yet has to be done to guide and assist our families to complete health, both mental and physical.

SECTION 25—HOME NURSING SERVICE.

The extension of the home nursing service continues, and in April, 1951, we increased our visiting nurses to thirty-six full-time nurses of which four were male nurses. For all we have increased our Home Nurses by four this still leaves each nurse with an all too heavy case load, for the calls for home nursing care increase. The hospital is discharging a number of post-operative cases and chronic cases earlier, and the lack of hospital beds means more and more visiting for the Home Nurse.

The science and art of nursing changes, yet although the Home Nurse's case load of daily injections rises her bedside nursing care does not decrease, for the care of our elderly continues to grow and this is very time-consuming and necessary work.

An arrangement was made whereby some of the student nurses from the Newcastle General Hospital were taken round the various districts. This step towards progress in the nursing world seems to be of mutual benefit to Home Nurse, Student Nurse and patient, and the Student Health Visitor during her training has been given the opportunity to visit with the Home Nurse and this tends to strengthen the link between these two vital services.

The Cathedral Nurses' Voluntary Fund has continued to provide extra comforts over and above what our Loan Department can provide for many of the cases visited by the Home Nurses.

SUMMARY OF NEW CASES VISITED BY HOME NURSES DURING 1951.

DISEASES.	Total Number of New Cases.	SEX.		AGE GROUPS.							RESULT.				Total Visits.
		M.	F.	Under 1 year.	1-5 years.	5-15 years.	15-25 years.	25-45 years.	45-65 years.	Over 65 years.	Ill.	Dis- charged.	Referred to Hospital.	Died.	
Cardiac	264	128	136	..	..	..	2	11	74	177	116	53	25	70	
Respiratory	561	293	268	64	95	19	26	62	126	169	78	404	39	40	
Hemiplegia	293	122	171	..	..	..	2	12	79	200	118	44	34	97	
Senile	236	70	166	..	..	..	..	..	2	234	97	35	20	84	
Tubercle	122	64	58	2	..	..	20	63	35	2	48	43	21	10	
Diabetes	46	12	34	..	1	..	..	3	17	25	27	10	5	4	
Accidents	119	56	63	4	17	16	6	23	18	35	34	75	9	1	
Fractures	69	20	49	..	..	..	3	7	15	44	43	15	5	6	
Carcinoma	208	79	129	..	..	..	2	16	88	102	83	28	13	84	
Post-Operative ..	454	227	227	31	31	22	35	86	148	101	148	271	21	14	
Gynaecological ..	70	..	70	..	..	..	10	20	20	20	24	43	2	1	
Post Obstetric ..	80	..	80	..	..	7	23	46	2	2	14	63	3	..	
Neonatal	23	16	7	23	..	..	..	..	..	..	3	19	1	..	
Stomach & Intes- tinal Complaints	324	124	200	6	37	23	21	47	67	123	59	228	21	16	
Sepsis	792	298	494	21	72	87	85	182	190	155	208	548	31	5	
Rheumatism ...	50	13	37	..	..	..	2	7	15	26	34	10	4	2	
Nervous Com- plaints	20	6	14	..	..	..	..	9	8	3	6	11	2	1	
Miscellaneous ..	8	3	5	..	1	..	1	..	3	3	3	3	2	..	
TOTALS	3,739	1,531	2,208	151	254	174	238	594	907	1,421	1,143	1,903	258	435	111,884
1950 Totals ...	3,612	1,390	2,222	561				788				1,848	258	473	104,997

<i>Cases referred by—</i>	<i>Number.</i>
General Practitioners.....	3,210
Maternity and Child Welfare Department	56
Newcastle Hospitals—	
Newcastle General Hospital	201
Royal Victoria Infirmary	130
Walker Gate Hospital	4
Fleming Memorial Hospital	43
Other hospitals	68
Miscellaneous	27
Total.....	<u>3,739</u>

HOME NURSING RECORDS.

In April, 1951, the Local Health Authority, having already taken over four other Voluntary Nursing Societies, assumed the control of the Cathedral Nursing Society, and thus became responsible for the administration of the entire home nursing service in the City. It was felt that some attempt should be made to gather statistical information which might prove of considerable social value. Consequently, record cards were drawn up which could easily be completed by the District Nurses and which would give information about the patients' domestic circumstances and housing conditions in addition to certain nursing particulars.

These record cards were brought into use on 1st July, 1951, and arrangements were made with the City Treasurer for the punching of cards and extraction of information on the "Hollerith" machines. Only record cards of cases completed by the end of December, 1951, were used, and these totalled 1,341. The various items on the cards were coded in the Health Department, and as far as the "nature of illness" was concerned, the diseases were coded in three different classifications, using (a) the Special List of 50 causes for tabulation of morbidity, (b) the Intermediate List of 150 causes, and (c) the Detailed List, thus C20/A70/330 would be the code assigned to "Vascular lesions affecting the central nervous system." By using this triple code it is possible to break down the records and extract information in almost any combination. In the first instance, however, the extractions have been made in accordance with the "Special List of 50 Causes."

Of the 1,341 cases recorded, it was found that 1,137, *i.e.*, almost 85 per cent., were referred to the Nursing Service by the patient's family doctor, and 115 or 11.5 per cent., were referred direct from the hospitals, the remainder being from Health Visitors, Midwives, etc.

Visits to patients ranged from 1 to 113, the total being 14,820, and the average number of visits per patient was 11, although the most frequently recurring number of visits was 4, 5 and 6, accounting for 115, 146 and 105 patients respectively.

The age and sex distribution of cases in the various disease classifications shows that whilst females predominated as a whole, there were more males than females in the age groups up to 9 years. Circumcision and skin infections, however, mainly account for this difference. 426 patients (almost one-third of the total) were aged 65 years or over. The diseases which occurred most frequently were Respiratory Diseases 198 (groups 28-34), Digestive Diseases 179 (groups 35-40), Boils, Abscesses and other Skin Diseases 132 (groups 44 and 45) and Malignant Neoplasms 102.

The Ward distribution of the cases shows heavy concentration in the riverside wards, namely, Stephenson, Armstrong, Byker, St. Anthony's, St. Lawrence and Walker.

The summary of nursing particulars indicates, amongst other things, that 789 patients were bedfast and 168 were incontinent, but this latter figure will include a proportion of the babies under one year. 209 patients died, 147 were transferred to hospital and 935 were convalescent when nursing ceased.

The housing conditions have been tabulated, and here we see, as could be expected, that the majority of cases were nursed in upper and lower flats and terrace houses. The fact that 209 or over 15 per cent. were living in overcrowded conditions is significant, and it is not surprising to find that more than half the houses were without baths. (N.B.—According to the 1 per cent. sample tables of the 1951 Census issued by the Registrar-General, 38 per cent. of all households in Newcastle are without exclusive use of fixed baths, whilst for the whole of England and Wales, the figure is 45 per cent.). 72 of the households visited were in a dirty condition.

To save space, the detailed tabulations are not reproduced here, but they can be made available if required.

SECTION 26—VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

The Section of Immunology has functioned very satisfactorily throughout the year. For the first time since 1948 an outbreak of diphtheria occurred in the City. The course of this outbreak is detailed in the section of this report which deals with infectious diseases, but the resulting demand for immunisation placed considerable strain on the resources of the Section of Immunology. Emergency clinics were held at various schools and additional sessions were arranged at the normal clinics to cope with the rush. Advantage was taken of the outbreak to publish statements in the Press regarding the importance of immunisation, advertisements were issued indicating the times and location of the various clinics, and posters giving similar information were displayed on public notice boards throughout the City and in the various Maternity and Child Welfare Centres.

During the emergency period, which lasted from the 9th October until the 24th November, a total of 7 weeks, 1,672 children attended the clinics for primary immunisation and 2,551 attended for re-immunisation, and of these, 1,079 and 442 respectively were under the age of 5 years. During the same period a number of children were immunised by their own doctors.

Two deaths from diphtheria occurred out of a total of 14 cases notified, and it is very sad to record that not one of these cases had been fully immunised, which is proof indeed of the value of immunisation. Whilst the percentage of children immunised is fairly high, it is nothing like the 100 per cent. at which we aim, despite continued efforts to bring the facilities available to the notice of all parents. There is always a hard core of apathetic parents, and it is a matter of considerable regret that such parents are only stimulated to take action when diphtheria actually occurs in their midst. Then, of course, they are galvanised almost to the extent of panic. Furthermore, many parents seem to think that inoculation provides immediate immunity, but this is entirely wrong as it takes several weeks for the antigen to become effective. Immunisation of a child who has been in contact with diphtheria could in fact be dangerous, and it cannot be too strongly emphasised that all children should be immunised before their first birthday, with a further injection just before starting school.

The following tables show the number of children who have been immunised during the year (Table I), and immunisation in relation to the child population (Table II).

TABLE I.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION, OR WHO WERE RE-INOCULATED, DIVIDED INTO TWO AGE GROUPS.

(1950 figures in brackets.)

1951.	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics	3,216 (2,121)	571 (128)	3,787 (2,249)
Private Practitioners	1,782 (1,316)	292 (59)	2,074 (1,375)
<i>Re-inoculation—</i>			
Clinics	2,353 (1,135)	2,255 (469)	4,608 (1,604)
Private Practitioners	552 (231)	824 (200)	1,376 (431)
Totals—			
Primary Immunisation ...	4,998 (3,437)	863 (187)	5,861 (3,624)
Re-inoculation	2,905 (1,366)	3,079 (669)	5,984 (2,035)

TABLE II.

IMMUNISATION IN RELATION TO THE CHILD POPULATION.

Year of Birth	1951	1950	1949	1948	1947	1942-46	1937-41	Total under 15 yrs.
Number immunised	172	2,902	3,411	3,788	4,006	17,318	15,639	47,236
	14,279					32,957		
Est. mid-year population, 1951.	25,970					39,918		65,888
% Immunised 1951.	Under 5 years.		54.98		5-14 years.		82.56	71.69
" 1950.....	"		51.25		"		80.28	68.93
" 1949.....	"		49.74		"		80.38	68.47
" 1948.....	"		47.31		"		79.94	67.66
" 1947.....	"		42.70		"		79.40	65.78

Vaccination.

During the year a total of 138 vaccination clinics was held with an average attendance for vaccinations and inspections of 17.0, as against 186 and 11.2 respectively for the previous year, but it will be seen from the following table that there has been a drop in the attendances for primary vaccination. This drop is largely due to the lower birth rate. Continued efforts are made to notify parents of the facilities available for vaccination and it is pleasing to notice that whilst attendances at the clinics are poor, the number done by general practitioners is almost the same as last year.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY VACCINATION AND
RE-VACCINATION IN 1951 DIVIDED INTO AGE GROUPS.

(1950 figures in brackets.)

Born:—	1950-51 Under 1 yr.	1947-50 1-4 yrs.	1937-46 5-14 yrs.	Before 1937 15 yrs. and over.	Total.
<i>Clinics—</i>					
Primary	760 (898)	32 (40)	3 (10)	74 (24)	869 (972)
Re- vaccination.	..	3 (9)	4 (11)	391 (106)	398 (126)
<i>Private</i>					
<i>Practitioners—</i>					
Primary . . .	1,670 (1,711)	70 (134)	75 (104)	229 (145)	2,044 (2,094)
Re- vaccination.	..	5 (21)	33 (81)	409 (543)	447 (645)
Total Primary Vaccinations	2,430 (2,609)	102 (174)	78 (114)	303 (169)	2,913 (3,066)
Total Re- vaccinations	..	8 (30)	37 (92)	800 (649)	845 (771)

Enteric Fevers and Cholera.

During the year 15 persons were inoculated at the clinics against Enteric Fever, and 4 against Cholera, whilst 13 persons were inoculated against both diseases, using the combined vaccine. In addition, 2 persons were inoculated against Typhus.

Whooping Cough.

As yet, no arrangements have been made at the clinics for the mass immunisation of children against Whooping Cough, but a small supply of antigen is kept in stock and is inoculated on special request of parents. During the year, only one child was immunised at the clinics, but it is known that quite a number of children have been inoculated by private practitioners.

SECTION 27—AMBULANCE SERVICE.

Work carried out by the service.

The attached tables show the figures for the running of the Service during the year 1951. It will be seen in comparison with the figures for the previous year that while there is an increase of some 1,846 patients conveyed, there is a decrease of 64,749 miles run. This, no doubt, is partly due to the agreement which the Committee entered into with the Northumberland County Council whereby they convey a large proportion of their own cases out of the City Hospitals. There is also a significant drop in the work we have done on behalf of the

Durham County Council, and whilst we have no agreement with this authority they are now endeavouring to carry as many of their own patients back as possible, and in particular they are concentrating on the out-patient problem, on which in previous years it has been necessary for us to give them extensive assistance. It may be of interest to the Committee to note that while we are not now transporting out-patients on behalf of these authorities, and consequently they are not shown in our figures of cases, it is still necessary for the initial co-ordination and administrative work for dealing with these patients to be handled by our staff at the bureaux, both at the Royal Victoria Infirmary and the Newcastle General Hospital, and it is submitted that it is only through their being able to get closer co-ordination with these authorities and patients that it has been possible to organise the despatch of them in this manner.

While it is appreciated that the policy of co-ordination so that a visiting authority's ambulances do not return to their base empty is one that must have a bearing on national economy, experience is showing that the trend on this line is that authorities are giving more consideration to local economies rather than the national aspect, and vehicles are being used uneconomically solely for the purpose of reducing reimbursement between authorities.

Table II. gives a break-down of the cases and classifies them into the recognised types. Here it may be noted that for Ministry returns emergency and maternity cases come under one heading.

It will be seen from Table I, that 250,653 miles were travelled in conveying 12,877 patients who, though receiving medical attention within our administrative area resided outside our boundaries and, as a consequence, were cases that came under the terms of Section 24 of the Amendment Act which authorises our authority to make a charge against the local authority in whose area they reside. As a result of this, invoices have been issued in respect of these cases amounting to £13,920 13s. 9d.

Vehicles.

During the year the Health Committee authorised the purchase, and delivery has been taken, of two new Utecon sitting-case type vehicles, one Morris Commercial 30 cwt. Van, and one new Bedford Special Ambulance chassis on which it is proposed to have a body fitted during the next financial year. These vehicles are replacements

in respect of cars and a van which have reached the end of their economical life and, as a consequence, have been transferred to the reserve strength for use in Civil Defence training.

Four surplus vehicles which were taken over by the Committee from the hospitals have been disposed of.

Consideration will have to be given to the larger picture of a replacement programme within the near future, the position being somewhat unique in that within twelve months of the inauguration of the Service in 1948, the Health Committee purchased some 29 new vehicles. In accordance with the normal practice the economical life of a vehicle is based on a time cycle and accordingly this number of vehicles would all come up for replacement within a twelve months period. It is thought that this would be bad planning from a financial aspect and that untold difficulties would arise both from the supply and intake angle, and it is suggested that the Committee give consideration to replacement being spread over a longer period and rather than base the life of a vehicle on years give more consideration to miles travelled ; here it is suggested that 250,000 miles should constitute a useful and economical usage of any of the modern mass produced vehicles.

Premises.

It is regretted that we are still not able to report that the setting up of a new permanent East End station has been achieved, and another winter has gone by wherein the vehicles have not been garaged as efficiently as is desirable. The non-existence of an East station is putting a continual strain upon the operation of the Service and is not giving the Central Control Station a fair chance to operate due to the necessity of continual congestion through the parking of the vehicles at this station.

The West Station, the site of which was purchased outright during the year, is proving that the scheme of wing stations working in conjunction with a main station is both economical and efficient and the results obtained are most satisfying.

Communications.

During the year, due to circumstances out of the control of the Service, the pressure on the Control Room switchboard has persistently increased, and although the number of exchange lines and direct lines is sufficient to deal with these calls the fact that the switchboard is so designed that only one operator can work at a time often causes

embarrassment and delay in picking up the call. It is felt here that it would be beneficial, both to the efficiency of the Service and to overcome the need to keep outside callers occasionally waiting for their call to be answered, if a two-position switchboard was installed as a replacement for the existing one.

The two-way radio continues to be a most effective part of the communications equipment and has again proved itself a most useful asset to the Service, particularly on the late shifts when the number of personnel operating is at a minimum and also when our immediate neighbours—who are also operating on a similar wavelength—are not in evidence on the air. Unfortunately, due to their geographical position, they are able—during the normal working hours—to overpower any transmissions of our Service and during the normal day time work the effectiveness of our radio is greatly impaired by interference from this authority. Every effort has been made to overcome these difficulties but other than changing the wavelength, or re-siting the station, the manufacturers feel that there is little they can do to help.

Maintenance.

Due to the age of the fleet and the amount of work that our vehicles have been called upon to carry out, this section of the Service is taking on far more significance in the day to day operation. We are fortunately able to report that during the year there have only been three occasions where a vehicle has broken down while on service and these were of a minor nature. However, it is now becoming increasingly necessary to intensify the routine service checks that the vehicles are receiving and the fitting of replacement component parts is greatly on the increase. Figures during the year show that there have been 351 service checks carried out on the vehicles ; 7 vehicles have been fitted with re-conditioned engines ; and 4 vehicles were completely repainted. Here it is brought to the Committee's attention that the inclusion of a painter/coachbuilder on the maintenance staff has proved itself most economical in that the interiors of the vehicles, even though they have been in daily service now for three/four years, are generally in an excellent state of repair.

The internal costing kept within the Service shows that during the year the cost of maintenance of the fleet amounted to some £4,379, this figure being made up from the cost of component parts (including tyres) of £3,184 and the wage sheet for the personnel employed on this work amounted to £1,195, and it will be seen, when these figures are taken into consideration against the mileage travelled that maintenance costs were again below 1½d. per mile.

Staff.

It will be seen from Table I, that there is a reduction of 17,103 working hours in comparison with last year's figures, no doubt this being due to the fact that we have been called upon to do some 64,000 less miles.

Due to sickness and other reasons there has been a 15 per cent. wastage of personnel and the strength of the Service has fluctuated between 105 and 107 personnel.

In September a wage award was granted by the National Joint Council which increased the rate of pay by 7s. 4d. per week.

It is reported with satisfaction that throughout the year the relationship between the department's staff and the Union representatives has been cordial.

First Aid.

In accordance with the conditions laid down by the Committee that all personnel in receipt of the 6s. 0d. extra payment should take a refresher course on this subject every two years, personnel affected have complied with this instruction and it can be reported that they are now up to date.

New members joining the Service during the year have taken the necessary course of lectures and have obtained their certificates of proficiency.

Vaccination.

In accordance with the policy laid down on this subject, a further 50 personnel have been re-vaccinated, thus keeping the standard that all members of the Service have been vaccinated within the period of three years.

Safe Driving Awards.

During the year it was possible to arrange a function at which the Chief Constable presented the Safe Driving Awards to the members of our Staff who gained this recognition during the year 1950. Again during the year 1951 there are another 75 members of the staff who have been awarded a Diploma of Safe Driving.

Sickness.

During the year there was a total number of 9,240 operational hours lost due to sickness, this unfortunately being a slight increase over the previous year, and again on the administrative and clerical workers side there were 141 days lost, this being an increase of 50 days over the previous year.

Accidents.

It is satisfactory to be able to report that during the year there has been a reduction in the actual number of accidents in which vehicles of the Service have been involved, this amounting to 15 as against 20 in the previous year. Of these 15 accidents, 11 necessitated claims for damage repairs amounting to a total cost of £1,113.

Unfortunately, one of these claims was of a major nature due to one of our vehicles being involved in a collision with a Corporation Omnibus and, as a result of the accident, extensive damage was done to our vehicle.

Civil Defence.

Due to the 1949 Act of Parliament on this subject, in which the responsibility for training and building up the Ambulance Service in the event of enemy hostilities was placed upon the peace time service, work under this heading is now rapidly becoming part of the daily life of the Service.

During the year necessary steps were taken to carry out these duties and the Ambulance Officer and two members of the staff were detailed to attend special courses and, as a result, the training of both volunteers and permanent staff is well under way.

ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE DURING THE TWELVE MONTHS
FROM THE 1ST JANUARY, 1951, TO THE 31ST DECEMBER, 1951.

TABLE I.

Year	City.		Northumberland		Durham.		Other Authorities		Co-ordinated Cases.	Ancillary Mileage.	Midwives' Service	Chargeable Mileage.	Totals.		Working Hours.
	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.					Cases.	Mileage.	
1951	90,200	442,949	3,360	72,741	6,838	124,593	2,679	53,319	5,839	36,143	13,787	22,420	103,077	765,952	218,610
1950	82,812	397,625	6,911	132,018	9,819	174,370	1,689	57,858	3,624	41,745	13,855	13,230	101,231	830,701	235,713
Difference	+7,388	+45,324	-3,551	-59,277	-2,981	-49,777	+990	-4,539	+2,215	-5,602	-68	+9,190	+1,846	-64,749	-17,103

TABLE II.

Total No. of Patients.	A D M I S S I O N S .				Treatment Cases.	Discharges.	Mental Cases.
	Emergency.	Infectious.	Maternity.	Other.			
103,077	5,177	376	1,583	8,337	59,144	27,858	602

SECTION 28—PREVENTION OF ILLNESS— CARE AND AFTER-CARE.

Health Education.

Whilst it will never be possible to estimate accurately the effect of health education on the public, that is, whether or not more and more people are "learning the rules," or, what is more to the point, practising them, it is nevertheless the duty of the Public Health Department to promote and to foster any method of health education which is likely to make people understand the main facts.

Believing that films and film strips, accompanied by an explanatory talk, are amongst the most useful media for health education, full use has been made throughout the year of the facilities offered by the Films Division of the Central Office of Information. The development of a rear projection cabinet made it possible to show films in daylight without the necessity of blacking out, and a programme of monthly shows at the Welfare Centres was introduced. The films selected were all concerned with child care and the shows were greatly appreciated by the mothers.

Activities were not confined to the clinics however. Talks and film shows were given to various organisations in the City and to the staffs of several of the catering establishments, and posters were again displayed on public notice boards and in some of the shops. This work involves the attendance of members of the Health Department staff, often after normal hours of duty.

A short course on Health Education was held in the County Hall by the Central Council for Health Education. This course was attended by as many of the Health Visiting staff as could be spared from their duties and as a result several new ideas have been tried out at the clinics for the education of the mothers.

The following table briefly summarises the year's activities :—

	No.	Total Attendance.	Average Attendance.
Film shows at Clinics	64	1,962	31
Film shows to Parents' Associations	9	310	34
Film shows to Student Nurses, etc.	16	498	31
Film strips and talks at Clinics	8	245	31
Film strips and talks to various organisations.....	18	955	53
Talks only to organisations	4	310	77
Totals	119	4,280	36

MATERNITY AND CHILD WELFARE ALMONER'S REPORT.

The number of new patients in 1951 showed very little increase over 1950, but it is interesting to note that this year they have been divided almost equally into two groups: (1) Mothers and young families; (2) The elderly, infirm and chronic. In both groups the usual problems have been dealt with; in the first, domestic problems, arrangements for children during the mothers' absence, non-medical advice on arrangements for confinements, material and financial assistance. As usual many have come to see the Almoner about housing, but as it has not, except in exceptional cases, been possible to help, these interviews have not been recorded. In the second group, help with permanent bedding, clothing, or financial difficulties has been obtained through the National Assistance Board and Voluntary Societies, and friendly services such as Meals on Wheels, visitors, an occasional outing in a car, arranged through the Voluntary Societies, have helped greatly to brighten the lives of the elderly and sick patients. Night help has not often been requested, nor has the need been apparent working on the present standards of care, but where it has been needed it has been very difficult to arrange.

For other patients in this group, arrangements for admission to home or hospital, either permanently or for a short period have been necessary, and although this has remained as difficult as in previous years, it has been achieved in the most urgent cases. Working among this group of patients two needs, apart from the obvious one of more hospital beds, have been apparent:—

1. An extended Home Help Service: the Almoners have spent much time looking for a neighbour to help where the Home Help Department were not able to, and in obtaining financial help from the National Assistance Board to pay her.

2. A pleasant home where the chronic sick (too ill for a convalescent home) could spend a short time, to relieve the strain on their families. There are few such homes in the whole area and vacancies are very difficult to obtain.

Invalid Loan Scheme.

The total number of loans was 2,565 in 1951, compared with 1,458 in 1950. As in 1950 the stock has proved adequate with the exception of invalid chairs. Applicants for chairs have been referred

elsewhere, or when eligible for a permanent chair through the National Health Service the Almoner has arranged for the application to be made. It is hoped to increase the stock of chairs in 1952.

The help given by this service to the sick and to the Home Nurses in their work is very great. The loan of the equipment does much to improve the conditions of all sick people, but in the case of a really neglected patient, where a bed and complete bedding are supplied, a transformation is achieved.

For the greater part of the year most of the stock was stored in the Almoner's Department, and in a small room in the Health Department, but much relief was afforded in October when new premises at 7, Saville Place were ready for occupation. These premises are eminently suited for the purpose. They are central, easily found by patients and the offices are light and well equipped and heated. The basement is useful for storage of the larger articles, and vans for collection and delivery can drive into it and right up to the lift.

ARTICLES ISSUED DURING 1951.

Blankets	93	Mattress covers	12
Sheets	260	Air beds	40
Draw-sheets	270	Feeding cups	29
Pillow-cases	147	Bed cage	50
Pillows	36	Invalid chairs	15
Bedrests	281	Dunlopillo mattress	32
Air rings	311	Plastic covers	9
Bedpans	317	Towels	26
" enamel	6	Bed tables	6
" rubber	7	Sorbo rings	5
Urinals, male	133	Commodore	12
" female	12	Hot water bottles	13
Rubber sheets	400	Sorbo squares	6
Bedsteads	27	Pulleys	4
Mattresses	29	Book rest	1

Convalescence.

No new facilities have been provided for convalescence in the Newcastle region, and the Local Health Authority has maintained 219 patients in Convalescent Homes. Of these 85 were referred by Hospitals and the Chest Clinic, and the convalescence was arranged by their Almoners, whilst the remaining 134 were arranged by this department.

The position regarding convalescence for mothers and young children is still very difficult, especially where the mother needs complete rest, but three mothers with babies under six months and urgently in need of convalescence were admitted to the Durham County Council Convalescent Home at Shotley Bridge, where there

is adequate nursery care. This year only one convalescence has been cancelled through lack of accommodation for children in the Residential Nurseries.

223 patients were referred by their doctors for convalescence to this Department. Arrangements were made for 195 patients (39 men, 110 women, and 46 children). The remaining 28 patients cancelled their applications for various reasons.

The table below shows the diagnosis of the adult patients :

General and nervous debility, anæmia, loss of weight, etc. ...	64	Various diseases	14
Chronic chest conditions	17	Heart conditions	8
Neuroses	10	Gastric and duodenal ulcers.....	9
Post operative	12	Rheumatic conditions	6
		Pleurisy and pneumonia	9

Payment was arranged as follows :

Local Health Authority (patient contributing)	134	City Welfare Department	1
Voluntary funds	23	Regional Hospital Board.....	30
		Patient paid full cost	7

Analysis of Work.

Total number of interviews	2,113
New Applicants	1,447
Home Visits.....	745

Services—

Admission to home or hospital, hospital or medical treatment	124	Domestic Help arranged	71
Arrangements for care of child- ren.....	102	Home Nurse arranged	30
Employment or training	12	Night Nurse arranged	1
Arrangements for care of un- married mothers	35	Voluntary Visitor	42
		Clubs.....	1
		Miscellaneous services and advice	1026

Material Help obtained—

Convalescence	195	Financial	64
Clothing	233	Grants for cancer patients	11
Permanent bedding, cots, prams, etc.	109		

Statutory and Voluntary Agencies Assisting.

Statutory—

National Assistance Board	194	Ministry of National Insurance	2
Ministry of Labour	7	Ministry of Pensions	5

City Departments—

Health Authority (for con- valescence).....	134	Home Help Department	64
Education Authority	41	Children's Officer	33
Day Nursery	63	Social Welfare Department....	32
		Chief Sanitary Inspector	2

Voluntary—

Newcastle Council of Social Service	19	Cathedral Nursing Association .	35
Soldiers', Sailors' and Airmen's Families Association	51	National Society for Cancer Relief	11
Women's Voluntary Service....	88	British Legion	5
Red Cross Society.....	6	Johr. Routledge Hunter Memorial Fund	11
Moral Welfare Workers	35	Works Welfare	3
Meals on Wheels	11	Miscellaneous.....	82

TUBERCULOSIS ALMONER'S REPORT.

The figures show how during the year the work of the Department has taken its usual form. The appointment of a second Almoner in December will make it possible to give a better service, and the establishment of a second Chest Clinic in the West End will enable each Almoner to limit her activities to patients drawn from a specific area.

The maximum use has been made of the various facilities offered by the Local Health Authority under Sec. 28 of the National Health Service Act. Home Helps, Home Nurses, loan equipment and recuperative holidays have all proved beneficial in their several ways, but it is unfortunate that owing to the tremendous demand Home Helps have not been available in sufficient numbers to meet the full needs of all our patients. The demand for holidays has always exceeded the available facilities and the four beds in Doxford Hall Convalescent Home could not accommodate all the patients able to benefit from rest and environmental change. The handicraft classes have continued to meet a real need and now include woodwork among the activities.

There are still a number of problems for which adequate solutions have not been possible ; *e.g.*

(a) The shortage of housing is an important factor but there are examples of families who, in spite of rehousing, have failed to isolate the infected person.

(b) It is increasingly difficult to find lodgings for single persons and, though there is some improvement, the care of young children during their mother's hospital and sanatorium treatment often presents a very serious difficulty.

(c) It is to be regretted that in the matter of employment, owing to shortage of suitable openings in the district, the record for 1951 is even less satisfactory than in the past. It should be noted that for this reason patients have been taking up work for which they were not fit rather than remain unemployed.

The thanks of the Department are due to many Agencies, Statutory and Voluntary, whose friendly co-operation has been enjoyed during 1951 as in the past. In particular the Almoner would wish to record her appreciation of the help and co-operation she receives from individual Health Visitors and members of the Clinic Staff.

Total number of interviews	4,051
New patients seen	718
Home visits	142
Patients assisted.....	1,581

SOME FORMS OF ASSISTANCE ARRANGED.

Clothing	340
Extra nourishment	87
Convalescent treatment	251
Fares	110
Transport	52
Housing conditions	60
Training for/or suitable work.....	201
Home Visits	90
Domestic help	54
Pocket money	14
Nursing comforts	196
District Nurse	6
Beds	33
Bedding	128
Arrangements for children	71
Financial Assistance	18

OTHER FORMS OF ASSISTANCE INCLUDED.

Instruments, Instrument repairs, Night Nurse, Spectacles, Furnishings, Funeral expenses, Meals on wheels, Lodgings, Food parcels, Priority Fuel, Corset, Visitors, Blind pension, Art therapy, Escort, Home handwork, Handicraft Teacher, Solicitor, Lip Reading Teacher, Open Air School, Pram, Swiss Sanatoria, Admission to colony, Invalid chair, Clothing clubs, Furniture payments, Correspondence course, Civil Service Sanatorium, Compassionate Posting, Fire Guard, Hearing aid, Typewriter, Removal costs, Shopping service, Interpreter, Day nursery, Dentures, Advice.

AGENCIES AND DEPARTMENTS ASSISTING.

Voluntary Tuberculosis Care Council	140
Soldiers', Sailors' & Airmen's Families Association	72
British Legion.....	7
Red Cross Society (all branches)	58
National Assistance Board	374
Ministry of Labour	188
Ministry of Pensions	17
Ministry of National Insurance	11
Regional Hospital Board	137
Women's Voluntary Service	23
Children's Officer	38
John Routledge Hunter Memorial Fund	47
Education Authority	41

OTHER AGENCIES AND DEPARTMENTS INCLUDED.

Poor Children's Holiday Association.	Earl Haig Fund.
Social Welfare Department.	Hospital Saturday Fund.
Invalid Loan Society.	Royal Alfred Society.
Moral Welfare Worker.	Blind Welfare.
Maternity & Child Welfare Department	National Institute of Blind.
Works Welfare Fund.	Merchant Navy Welfare.
Works Welfare Officer.	Fuel Officer.
Citizens' Advice Bureau.	National Association for the Preven-
Outside Doctor.	tion of Tuberculosis.
Newcastle Council of Social Service.	Travellers' Aid Society.
Sanitary Inspector.	R.A.F. Benevolent Association.
Housing Department.	British Council.
John Routledge Hunter Memorial Fund	Seamen's Welfare Officer.
Health Visitor.	Pakistan Welfare Officer.
Probation Officer.	National Society for Cancer Relief.
Women's Welfare Clinic.	Royal Naval Benevolent Trust.
Housing Improvement Trust.	Wingate Trust.
Forces Aid Society.	Housing Agents.

SECTION 29—DOMESTIC HELP SERVICE.

The domestic help service is fast establishing its place as one of the most vital of the Public Health Services. The general public have become more aware of its existence and the calls on the service are far more than can be met with the present staff. The staff of workers increased from 173 at the beginning of the year to 269 at the end of the year, but even so, the waiting list had doubled by the end of the year.

The greatest problem of our scheme is bound up with our policy to care for the aged in their homes. The domestic help supplied to these old people, and other chronic long-term cases, has now reached such proportions that there are very few of our Helps who are not tied up on this work. There are usually only about 25 workers who are available for maternity and short-term cases, all the others being engaged with the chronic sick, or aged and infirm. These latter workers are only released for the most part when their patients die or are admitted to hospital. Everything possible has been done to try to reduce the hours of help in each case to the bare minimum, but the problem still increases, and many of the old people simply cannot be left alone. If a home help is required for a patient being discharged from hospital after an acute surgical operation it either means removing a help from another case for a few weeks, and possibly precipitating a crisis in that household, or failing to meet the request of the hospital patient, and thus necessitating either a longer stay in hospital occupying an acute surgical bed, or a period in a convalescent home—both at much greater expense to the community than nursing at home with a district nurse and a home help would entail.

There is another point to be considered. The hospital beds for aged and infirm are very limited and it is very essential that the greatest use should be made of them. Unfortunately, this is not the case, because it so often happens that when an old person is fit enough to be discharged home there is no one to look after him and no home help free to send. The patient has then to remain in hospital occupying a much needed bed in the geriatric unit.

It has been found from experience that the service can be more economically run with part-time helps because so many of the cases require only a few hours help each day or on one or two days a week. It is heavy for the workers to go to more than one case a day each day of the week, so a reduction has been made in the number of full-time

helps employed, these workers being offered work on a part-time basis, and the reduction in their working hours being effected so as to create the least possible financial hardship. When more home helps have been taken on to the staff this has been on a part-time basis. This has proved a much more satisfactory arrangement for the patients as well as the workers, as morning assistance is much more advantageous than assistance after noon.

In October, a refresher course was arranged in co-operation with the National Institute of Houseworkers for some of our part-time home helps. This consisted of 50 hours of lectures and practical teaching in subjects covering all aspects of their work—public health, hygiene and home nursing—as well as all branches of housecraft. There were to be 14 home helps taking the course, but only 11 actually finished it. All were volunteers taking it in their own free time. They found it very enjoyable and stimulating.

The home helps continue to do a magnificent job of work, accepting cheerfully many unpleasant tasks which fall to their lot. There is no doubt that a real sense of service to others and love for their fellow man is necessary in this work, as well as a sense of humour. Our workers are building up a service which is a very vital link with our Health and Social Services, and an ever-growing necessity to the community.

Number of Workers Employed in the Service :—

January, 1951.	December, 1951.
Full-time 96	Full-time 62
Part-time 77	Part-time 207
<hr/> 173 <hr/>	<hr/> 269 <hr/>

Cases attended during year 1951 :—

Maternity	387
Chronic Sick (including aged and infirm).....	581
Short-term cases	194
Cancer	34
Tuberculosis	71
Child Care	37
	<hr/> 1,304 <hr/>

SECTION 51—MENTAL HEALTH SERVICES.

1. ADMINISTRATION.

The arrangements for the administration of the Mental Health Service and the personnel employed remained as set out in the Annual Report for 1950 (pages 81—82) except in respect of :—

(a) CONSTITUTION AND MEETING OF THE MENTAL HEALTH SUB-COMMITTEE.

This sub-committee has been reduced to 5 Council members, with one co-opted member. The authorised officer in charge of the Lunacy section attended.

(b) NUMBER AND QUALIFICATIONS OF THE STAFF EMPLOYED IN THE MENTAL HEALTH SERVICE.

A clinical part-time medical officer experienced in mental deficiency is employed to examine cases.

With reference to the following heading :—

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARD AND HOSPITAL MANAGEMENT COMMITTEES.

This remains as already described, the clinical adviser forming an efficient link with the authorised officers who attended and co-operated with the hospitals and rendered reports, etc., as before.

The City is very fortunate in having the University Department of Psychological Medicine available for consultation and also for purposes of co-ordination. The University staff, under Professor Kennedy, have been very helpful indeed to the officers of the Local Health Authority, both in matters relating to mental deficiency and to mental treatment of City patients. It is hoped to develop this relationship further during the next few years.

Particulars of attendance of Newcastle patients at the St. Thomas' Clinic and the special mental deficiency clinic are given in Part III (a) and (b) respectively of this report. The latter clinic run by this authority operates on the first and third Thursday each month.

(d) DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

There is no formal delegation, the authorised officers referring cases to such bodies when it is thought they might be able to help.

(e) ARRANGEMENTS FOR THE TRAINING OF MENTAL HEALTH WORKERS.

The mental health department staff attended a brief residential course provided by the Department of Psychological Medicine, King's College, Durham University.

II. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Under Section 28, National Health Service Act, 1946 ; Prevention, Care and After-Care.

The general remarks made under this section in last year's report remain applicable. Close co-operation continues between the mental health department staff and the general practitioners as well as with the police and magistrates' courts, probation officers, the National Assistance Board, etc., and not least with the local authority's domiciliary services.

As before in cases not necessarily of mental disorder, arrangements for the care of the patient have been made with the Welfare Department, the Geriatric Unit at the Newcastle General Hospital, the District Nursing and Home Help Services, etc. The Lunacy Section staff have been increasingly able to advise in the Magistrates' Courts on cases coming under the Criminal Justice Act on various charges where suspected of suffering from mental illness.

The Mental Deficiency Officer has given evidence in respect of 15 persons (14 males) whose conduct brought them into conflict with the law. He also arranged for the admission of 8 (4) to appropriate wards for short periods to give urgent respite to certain mothers. One was an adult male, the rest girls and 1 boy.

Many enquirers to the lunacy and mental deficiency sections received general advice towards solving particular problems.

The need to provide more hospital accommodation remains as urgent as ever, the more so as this part of England is less well provided for than others. At the end of the year there was a waiting list of 79 mental defectives as against 69 in 1950. One serious effect of this lack of accommodation is that in no case was it possible for the magistrates to exercise their powers under Section 8 of the Mental Deficiency Act, although fortunately other action was later able to obtain the required admissions. An unfortunate effect is that the principle of admitting according to the waiting list has often to be waived as urgent cases (sometimes unknown) suddenly arising, as on the death of the last surviving relative, demand the use of the next vacant bed.

The fact that despite this great shortage, 45 hospital vacancies were obtained is a very favourable figure for any local authority and particularly those in this area, and indicates the unremitting efforts

in this direction which the Mental Deficiency Officer has made but for which the waiting list would have been even longer. Even so it must be noted that the waiting list is increasing for a group which is vulnerable to delay apart from the effect on the family.

There is a no less urgent need for further hospital provision for persons of unsound mind, for of the cases awaiting admission, which have been as many as 15, some have been difficult and urgent and should have been able to be removed to hospital much sooner than they were.

This difficulty in obtaining hospital accommodation together with the presence of such waiting lists clearly must seriously affect care and after-care as well as militate against what preventive action can do by achieving immediate hospital treatment. The Regional Hospital Board is aware of this urgent need for beds and whilst it is making efforts and co-operates where it can it is a serious problem to resolve.

To conclude this portion of the report, a summary is given of 35 mental deficiency cases who have appeared before Newcastle Magistrates on various charges during 1949, 1950 and 1951. Several of these cases had had to attend Court up to 4 or 5 times and accommodation was found for only 11 cases.

Year	Males.	Females.	Accommodation found for	
			Males.	Females.
1949.....	3	1	3	1
1950.....	12	5	4	1
1951.....	13	1	2	—
TOTALS ..	28	7	9	2

Of those not dealt with by the Courts, 2 males and 1 female were eventually dealt with on Petition and sent to Mental Deficiency Hospitals. Two females were accommodated in non-certified Homes attached to a local Roman Catholic Convent. One male case was sent to a Borstal Institution ; one male to a term of Corrective Training and one to a term of imprisonment.

**(b) Under the Lunacy and Mental Treatment Acts, 1890—1930,
by Duly Authorised Officers.**

The observations made under this heading in last year's report continue to apply and the authorised officers assist in the most important work of following up cases discharged from hospital, which apart from the value to the patients reduces the number of those who would otherwise relapse and add to the demand for beds.

The following particulars show the high proportion of cases dealt with by the Duly Authorised Officers together with category and disposal.

Analysis of the 703 Admissions to Mental Hospital or Clinic.

	Psychia- tric Unit.	St. Nicholas Hospital.	Other Hospitals.	Totals.
Under Section 20—				
(a) By Duly Authorised Officers	386 (485)	41 (72)	4 (1)	431 (558)
(b) By the Police	— (7)	— —	— —	— (7)
Under Section 21—				
on Magistrate's Order	1 (8)	2 —	— —	3 (8)
Certified at home before admis- sion	— —	91 (14)	8 (2)	99 (16)
Under Criminal Justice Act, 1948—				
Certified	— —	2 (4)	1 —	3 (4)
Voluntary	— —	1 (5)	— —	1 (5)
Voluntary Cases	— —	166 (221)	— —	166 (221)
Totals	387 (500)	303 (316)	12 (3)	703 (819)

It will be seen that there were fewer admissions than in 1950. The admissions to the Psychiatric Unit at the Newcastle General Hospital (formerly the observation ward) were 55 per cent. of all hospital admissions, compared with 61 per cent. in 1950. All Section 20 cases were dealt with by the authorised officers and all voluntary cases were admitted to St. Nicholas Hospital. The Duly Authorised Officers dealt with 434 cases under order (566 in 1950) and the six-fold increase in domiciliary certification before admission is a desirable development.

(Figures for 1950 are given in brackets throughout this report.)

Summary of Disposal of Hospital Cases in 1951.

	Psychiatric Unit.	St. Nicholas Hospital.	Totals.
To Mental Hospital—			
(a) Certified cases removed	77 (83)	94 —	171 (83)
(b) Transfers from Section 20 to Voluntary Class	12 (27)	13 (45)	25 (72)
(c) Transfers from Section 20 to Temporary Class	1 (2)	— —	1 (2)
Totals	90 (112)	107 (45)	197 (157)

To Home or Otherwise—

(a) Home (160 from Psychiatric Unit) (197 in 1950)	165	(199)
(b) Died in the Psychiatric Unit	20	(35)
(c) Discharges from Section 20 to General Wards—		
Newcastle General Hospital	95	(131)
Royal Victoria Infirmary	1	(2)
Birney Hill Convalescent Hospital	4	(—)
Ancillary Services Club	3	(—)
The Retreat, York	1	(—)
To the Police	3	(1)
Creighton Royal, Dumfries	1	(—)
Other Hospitals, etc.	—	(4)
(d) Discharges from St. Nicholas Hospital	320	(330)
(e) Deaths at St. Nicholas Hospital	95	(86)
Total	708	(788)

In addition to the above, a considerable number of after-care, welfare investigations and other visits were made, not only in connection with City cases, but also on behalf of other Local Authorities, whilst 22 removals to hospitals outside the Newcastle area were effected, compared with 26 in 1950.

(c) Under the Mental Deficiency Acts, 1913–1938.

(i) Ascertainment, including the number of defectives awaiting vacancies in institutions at the end of the year.

Number of cases awaiting vacancies in institutions	38 (31)	41 (38)	79 (69)
Number of cases removed to hospital	25 (15)	20 (17)	45 (32)
Total number of cases ascertained	26 (49)	29 (40)	55 (89)
Total number of cases reported	34 (55)	39 (45)	73 (100)

Percentage of ascertained to reported cases—75·3 (73·5).

The fewer cases ascertained in 1951, compared with the totals of 89 and 73 for the years 1950 and 1949 respectively, are regarded as reflecting the success of the efforts made in the last year or so to achieve maximum ascertainment.

The source of cases reported to the Mental Deficiency Section in 1951 is set out below :—

	M	F	Total
City Education Department.....	10 (16)	18 (22)	28 (38)
Hospital Staffs	5 (17)	7 (1)	12 (18)
Health Department (Health Visitors).....	4 (5)	4 (2)	8 (7)
Courts	6 (3)	1 (1)	7 (4)
Health Department (Mental Health Staff)	3 (2)	2 (2)	5 (4)
General Practitioners.....	1 (2)	2 (4)	3 (6)
Home Office	1 (—)	1 (1)	2 (1)
Other Local Authorities	— (—)	2 (—)	2 (—)
Probation Service.....	2 (5)	— (2)	2 (7)
Others	1 (—)	1 (2)	2 (2)
Medical Officer of Health	— (—)	1 (—)	1 (—)
National Assistance Board	1 (—)	— (2)	1 (2)
Parents	— (2)	— (1)	— (3)
Social Workers	— (3)	— (5)	— (8)
Totals	34 (55)	39 (45)	73 (100)

The disposal of these cases is given below :—

Places under Statutory Supervision	17 (28)	24 (34)	41 (62)
To Hospitals.....	7 (19)	3 (6)	10 (25)
Referred to Director of Education	3 (—)	4 (—)	7 (—)
Died or removed	3 (—)	3 (—)	6 (—)
Found not to be defective	2 (8)	3 (5)	5 (13)
Action not yet taken	2 (—)	2 (—)	4 (—)
Totals	34 (55)	39 (45)	73 (100)

During the year 45 hospital vacancies were secured, but despite this the waiting list of 69 at the end of 1950 had risen to 79 by the end of 1951.

(ii) Guardianship and Supervision.

The observations made in last year's report continue to apply. In addition a number of patients on licence from various hospitals are under the supervision of members of the mental deficiency section who co-operated in furnishing home reports in 142 cases whose orders were due to be reviewed under Section II of the Mental Deficiency Acts, 1913.

Particulars of Visiting and Reporting on Defectives under Local Authority Supervision (and associated data).

	Males.	Females.	Totals.
Total cases under Statutory Supervision ..	214 (222)	233 (257)	447 (479)
Total cases under Guardianship	5 (3)	3 (3)	8 (6)
Cases placed under Statutory Supervision			
Under 16 years	9 (—)	12 (—)	} 41 (61)
Over 16 years	8 (—)	12 (—)	
Number of Statutory Visits paid	544 (268)	783 (329)	1327 (597)
Number of Home Reports made	77 (68)	65 (59)	142 (127)
Petitions Presented	25 (15)	19 (17)	44 (32)
City cases in Mental Deficiency Hospitals ..	303 (292)	233 (220)	536 (512)
City cases in places of safety	— (1)	1 (—)	1 (1)
Reports on cases on licence under Local Health Authority supervision			142

(iii) Occupation and Training.

(a) Adult Girl's Club.

This club for adult girls under Statutory Supervision was started in October, 1950, by the Mental Deficiency Section, assisted by two female members of a local mental deficiency hospital unit, and has proved markedly successful. It was open on Monday evenings during the winter months, the average attendance being 16. Apart from dancing and singing, several outings were arranged, including competitive sports with patients in a mental deficiency hospital. The girls attending have become much more confident and self-reliant.

(b) One-day Occupation Centre and Nursery.

Commencing on the 3rd December, 1951, and operating on each Monday at Diana Street Maternity and Child Welfare Centre, children between 6 and 12 years of age have attended, being conveyed from their homes by the city ambulance service. A mid-day meal at a cost of 7d. per child was provided by the School Meal Service.

The training given, although brief, has been of benefit to the children and is of an interim character until the fully equipped and full-time Occupation Centre already planned starts up.

(c) Full-time Occupation Centre.

After several disappointments in connection with endeavours of the Local Health Authority to purchase property for conversion, the Health Committee has been able to acquire the buildings used by the Princess Mary Maternity Hospital Authorities. The site and buildings originally had been leased on long term by the Council to the Princess Mary Maternity Hospital but after negotiation the trustees have

agreed to vacate most of the property. Plans for conversion have been approved by the Ministry and building will commence in 1952. A temporary scheme involving the use of one of the day nurseries will come into action early in 1952 pending the building alterations on the old Princess Mary Maternity Hospital site.

III. OUT-PATIENTS' CLINICS.

(a) St. Thomas' Psychiatric Clinic.

This clinic is central and accessible, serving St. Nicholas Hospital, Gosforth, St. George's Hospital, Morpeth, and St. Mary's Hospital, Stannington. Newcastle patients attending in 1951 totalled 649 and made 1,133 further attendances. In 1950 and 1949 (part year) the totals were 652 and 157 (part year).

Source of 649 City patients (with % of annual total).	1951	%	1950	%	1949 part year.	%
*Own Doctor	484	74.6	462	70.8	109	69.4
Probation Officers	60	9.3	64	9.8	29	18.5
Ministry of Labour	43	6.6	33	4.9	5	3.2
School Health Service	37	5.7	60	9.2	10	6.4
Ex Hospital in-patients	13	2.0	..	..	..	..
Duly Authorised Officers	7	1.0	8	1.2	3	1.9
Ministry of Pensions	3	0.5	10	1.5	..	..
D.R.O. Ministry of Labour	2	0.3	..	..	..	..

*The authorised officers have been associated with many of the cases which became referred by their own doctor.

(b) Special Mental Deficiency Clinic—Wharncliffe Street.

Source of persons referred.	Male	Female	Total
Newcastle Mental Deficiency Section	24 (7)	19 (13)	43 (20)
Northumberland Health Authority	13 (2)	3 (1)	16 (3)
Consultant in Mental Deficiency	1 (—)	3 (1)	4 (1)
General Practitioners	— (1)	3 (—)	3 (1)
Education Department	2 (—)	— (—)	2 (—)
Probation Service	1 (1)	— (—)	1 (1)
Department of Psychological Medicine ...	— (2)	— (—)	— (2)
Totals	41 (13)	28 (15)	69 (28)

Attendances have more than doubled compared with those for 1950 when the clinic had only been open 8 months.

NATIONAL ASSISTANCE ACT, 1948—SECTION 47.

National Assistance (Amendment) Act, 1951.

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

It was not necessary to exercise powers in connection with the above during the year.

PREVALENCE, PREVENTION AND CONTROL.

III—INFECTIOUS DISEASE

**FEVERS, FOOD POISONING
DISINFECTION, etc.**

PARASITIC INFESTATION AND CONTROL

The following information is intended to assist the public in the control of parasitic infestation. It is not intended to replace the advice of a physician or a veterinarian. The information is based on the latest available data and is subject to change without notice.

GENERAL INFORMATION

Parasitic infestation is a common problem in many areas. It is caused by the presence of parasites in the environment. The most common parasites are the following:

- 1. Roundworms
- 2. Tapeworms
- 3. Pinworms
- 4. Fleas
- 5. Ticks

The following are the most common signs and symptoms of parasitic infestation:

- 1. Itching
- 2. Redness
- 3. Swelling
- 4. Pain
- 5. Discomfort

PREVENTION AND CONTROL

III- INFECTIOUS DISEASE

The following information is intended to assist the public in the control of infectious disease. It is not intended to replace the advice of a physician or a veterinarian. The information is based on the latest available data and is subject to change without notice.

GENERAL INFORMATION

Infectious disease is a common problem in many areas. It is caused by the presence of infectious agents in the environment. The most common infectious agents are the following:

1. Bacteria

2. Viruses

3. Fungi

4. Protozoa

5. Parasites

6. Toxins

7. Allergens

8. Hormones

9. Enzymes

10. Nutrients

11. Vitamins

12. Minerals

13. Water

14. Air

15. Food

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

There were 9,741 (7,613)* notified cases of infectious disease during 1951, the increase over last year being largely due to an even heavier incidence of measles and chicken pox. Of this total, 264 (347) or 2·7 (4·6) per cent. went to hospital.

There were 453 cases of pneumonia, with 164 deaths (36·2 per cent.). Although pneumonia formed only 4·7 per cent. of all notifiable diseases reported in the year, it formed 91 per cent. of the 181 deaths resulting.

Diarrhoea from gastro-enteritis (non-notifiable) again came second as a cause of death with 17 deaths of which 9 were under 2 years, this latter figure exceeding the 6 deaths in the 1,131 notified cases of whooping cough which amongst the common notifiable infectious diseases has the highest mortality. The 17 deaths from diarrhoea may also be compared with 17 from all notified infectious disease other than pneumonia and, for the sake of more dramatic comparison, the 13 road deaths which occurred in 1951 in the City under 15 years and the 16 deaths under 25 years.

It is with disappointment that we have to record an occurrence of diphtheria in the City after 3 years' freedom. An account is given elsewhere in this section. Particulars of immunisation are given in the part dealing with vaccination and immunisation on page 50.

The remarks made in the first paragraph on page 94 of last year's report as to the routine visiting of cases of notifiable and non-notifiable disease, with opportunity of giving advice and instruction in prevention, continue to apply. Requisite surveillance was made, inclusive of cases notified to the Health Department, of 14 contacts of smallpox, 11 of scarlet fever, 5 of poliomyelitis, 1 of typhoid fever and of 1 person who had passed through a typhus infected area. No school was closed in 1951 because of infectious disease.

Chicken Pox.

2,963 cases were notified, showing a big increase over last year, of which 8 were admitted to hospital. The diagnosis was confirmed in 28 adult cases by Medical Officers visiting all that were apparently primary cases, special inspectors visiting the rest. The incidence was largely over the first 8 months of the year, an increase of which began in October, 1950, with minor peaks in late November and early January and bigger peaks in March, the biggest being in July with a maximum weekly notification of 134.

* Figures in parenthesis refer to 1950.

Diphtheria.

After a freedom from cases for 3 years and from deaths for 4 years, 44 notifications of this disease were received but 14 only were confirmed, of which 2 died. The first 2 cases occurred in the first week of September. The next 10 occurred nearly 3 weeks later within a period of 15 days, the onset of the last case being on the 21st November. The infection was a virulent one, being of "gravis" type probably brought to the City by residents who had been in contact with diphtheria on the Continent.

Strong efforts were made to stamp out this outbreak as will be seen by the following particulars :—

Carriers identified.....	25
Observation Visits to contacts.....	345
Families observed (in 70 City Streets)	114
Children examined in school	141
Individuals swabbed	660
Swabs taken (including 139 in school)	1,232

All the cases and carriers were connected and except for 2 in the west end of the City, the cases occurred in several streets in Byker between 2 main roads, 8 cases (occurring over 11 days) living within 80 feet of each other. Contact was possible for most, both at school and at play. 3 households had 2 cases and 1 had 3 cases.

Press publicity was given at once. There was a rush to be immunised. Special additional clinics were opened and over 4,000 children under 15 years were immunised or received booster doses during September and October in the City clinics.

Extensive swabbing was done, suddenly reaching a peak in mid-October, when in over 3 days between 50 and 90 swabs daily were taken, because apart from the threat of a considerable outbreak it was soon realised that the families concerned and at risk showed an immunisation state below that for the rest of the City. Of 14 cases only 2 had been partly immunised with 3 more claimed as immunised ; whilst of 25 carriers only 5 had been immunised and 1 partly so, with 4 more uncertain as to the immunisation state. Thus only about a quarter of the carriers were partly or fully immunised and three-fifths were definitely not immunised, though of the 15 in the latter group, 6 only were under 12 years, the rest being of ages ranging between 22 and 49 years.

Of the total of 39 persons, cases or carriers, only 8 (or one-fifth) were immunised in part or fully and about five-eighths were given as not immunised at all. Of 28 individuals under 17 years, only 4 were fully immunised, 3 partly so, with 7 uncertain, thus only 14 per cent. of these had been fully immunised, 25 per cent. had received immunising injections (or 50 per cent. if all uncertain cases are included). This is a much lower finding albeit in a limited non-representative sample than the average Diphtheria Immunisation figures for the City of 50 per cent. for children under 5 years and 80 per cent. for all school-children. Except for the one adult case (mild) the 13 other cases were under 9 years, of which 7 were 5 years or under. Both children dying were 5 years old and had not been immunised.

The conclusion must be clear, especially in the face of this recurrence that every effort must be made to ensure a high proportion of immunised children throughout the City.

The co-operation of the Senior Physician at Walkergate Hospital in this outbreak and his efforts (despite a bed shortage) in accommodating 21 of the 25 carriers were much appreciated, as also were those of the staff of the Central Public Health Laboratory.

Certificates were issued to 4 carriers under Circular 115/1948 to enable absence from work on sickness allowance.

Dysentery.

Of 224 cases notified, all were mild Sonne type, there were no deaths and 12 were admitted to hospital. 7 cases were notified from 3 hospitals in the City. Incidence over the years 1945-1951 was 350, 173, 14, 35, 118, 346 and 224, respectively. In 1951 maximum incidence was in the early months with a clear peak of 30 notifications in one week in early March. There were 17 households in which 2 cases were notified, 4 with 3 cases and 2 with 4 cases.

There were 93 cases, or 34 per cent. in the 7 Municipal Day Nurseries and the 1 Residential Nursery, in 5 of which only 1 or a few cases occurred, whilst in the other 3, cases totalled 14, 17 and 32. The difficulty of eliminating this infection where children congregate was mentioned in last year's report, and the factor of health instruction to achieve a better personal hygiene practice has continued to receive emphasis in the general health education programme, as all bowel infections including the non-notifiable diarrhoeas are basically so prevented.

Action was taken under the Infectious Diseases Regulations, 1927, to enable temporary withdrawal from work of one case who in the course of routine investigation was found to be employed in a cafe. Of the total cases, 9 were found in routine investigation by special inspectors, whilst of 3 food handlers found to be carriers 2 were issued with certificates under Circular 115/48 to draw sickness benefit during temporary withdrawal from work, the other ceasing work voluntarily. All nursery cases and food handlers were subject to bacteriological tests until considered free from infection.

Enteric Fever.

Of 3 cases of typhoid fever all recovered.

Erysipelas.

4 of the 39 notified cases went to hospital.

Food Poisoning.

Of 20 cases notified, 11 were due to *Salmonella typhi-murium*, 1 *Salmonella* Dublin, 1 *Salmonella* Thompson, 1 *Salmonella* Potsdam, 2 cases of *Salmonella* infection were not typed and no pathogenic organisms were isolated in 4 cases. Suspected foods were tinned tomatoes, tinned salmon, ice-cream and meat pies. There were three outbreaks, involving two cases each, two of which were due to *Salmonella typhi-murium*, whilst no pathogens were found in the third. 5 of the cases were admitted to Walkergate Hospital. 2 cases occurred among inmates at the Newcastle General Hospital and 1 case at the Throat, Nose and Ear Hospital. There was one death, a child of $1\frac{4}{12}$ years. As is usual in isolated cases, notifications to the Health Department were received too late to enable samples of suspected foodstuffs to be obtained.

Meningococcal Infections.

There were 6 cases notified with 3 deaths, all cases going to hospital.

Pneumonia, including Influenzal Pneumonia.

Pneumonia accounted for 164 deaths. Reference to the relative importance of these deaths is made in the opening remarks to this section, whilst Table A shows that 28 or 17.08 per cent. occurred under 5 years but only 1 per cent. between 5 and 15 years. Rising in the last month of 1950, a peak incidence of 47 cases was reached in the first week of January, 1951, which then fell progressively until in

early March a low incidence was reached which continued to the end of the year. 11, 78, 125 and 234 cases occurred in 1, 2, 3 and over 3 roomed dwellings respectively. A previous history of the following was ascertained in 388 (208) cases :—

Frequent winter coughs and colds ...	271 (106)
Measles.....	43 (43)
Whooping Cough	35 (18)
Pneumonia	33 (23)
Influenza	4 (16)
Tuberculosis	2 (2)

Measles and Rubella.

4,433 cases, including 270 of rubella, were notified, of which 31 were admitted to hospital. The disease ran a normal course in 4,271, or 95.9 per cent. of cases. Further cases in a family are notified by the Health Visitors who visited 98.4 per cent. of notified cases. The ages of notified cases of measles given in Table A show that there were few cases under 1 year of age, but 2,606 under 5 years, with 1,602 between the ages of 5-15. Only 42 cases were over the age of 15 years. This represents a heavy incidence of measles. The increase began steeply in early March, when notifications of about 40 cases suddenly jumped to over 100 a week then climbed to 140 a week in the next 8 weeks, when again a sudden increase to nearly double this figure occurred in early May, weekly notifications varying from 267 to 302 towards the end of May. From the end of June notifications fell quicker than they had shown in increase, in 5 weeks having fallen to less than 40 per week. Thus for 4 months (March-June) weekly notifications were almost always over 100. The incidence of rubella by contrast was small and spaced almost evenly over the year.

Ophthalmia Neonatorum.

6 cases were reported.

Poliomyelitis.

There were 8 notified confirmed cases, of which 4 were paralytic. There were no deaths. 6 cases were admitted to hospital. This is a marked contrast to the heaviest incidence yet, which was seen in 1950.

Puerperal Pyrexia.

There were 76 cases reported, of which 58 occurred in hospital and 6 were admitted to hospital. All the cases were visited.

Scarlet Fever.

384 cases were notified and 8 of the 9 occurring in institutions were in Grindon House Children's Reception Centre. Only 31, or 8·1 per cent. went to hospital. There were 22 households in which 2 cases occurred and 2 in which 3 occurred. In one case a certificate was issued under Circular 115/48 to enable a carrier to remain off work temporarily and also claim sickness benefit.

Incidence over the year was steady, a slight increase occurring in November and December, whilst the attack rate was 1·3 per thousand of the population.

Whooping Cough.

1,131 cases were notified, of which 43 were admitted to hospital. All were visited by Health Visitors. There were 6 deaths, 1 over 1 year and 5 under 1 year, yielding a death rate of 0·02 per 1,000 of the population. The incidence for the 4 quarters of the year was 318, 353, 320 and 140, whilst for the first 6 years of life it was 147, 132, 207, 200, 183 and 158 respectively, with 104 cases over 6 years. Cases and deaths since notification began in 1941 is as follows :—

	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Cases .	1431	1417	688	958	972	1080	408	641	1028	341	1564
Deaths .	6	7	3	3	11	14	4	8	13	5	29

WORK OF INFECTIOUS DISEASE INSPECTORS.

	Notifiable Infectious Disease.	Non- Notifiable Infectious Disease.	Tuberculosis	Totals.
Home visits—				
Case at hospital	971	457	912	2,870
Case at home	530			1,119
Revisits	1,119			364
Other Visits				
Specimens (stools, etc. collected	170	279	745	170
Disinfections	1,321			2,345

SUMMARY OF NEWCASTLE CASES ADMITTED TO WALKERGATE
HOSPITAL DURING 1951.

<i>Disease.</i>	<i>No. of Cases</i>	<i>No. of Deaths</i>	<i>Disease.</i>	<i>No. of Cases.</i>	<i>No. of Deaths.</i>
Diphtheria	14	2	Varicella	11	—
Diphtheria Carriers ...	20	—	Glandular Fever	9	—
Dysentery	9	—	Alimentary Diseases ...	6	1
Enteric Fever	2	—	Blood Diseases.....	2	—
Erysipelas	1	—	Cardiovascular Diseases	2	—
Gastro-Enteritis	19	—	Genito Urinary ,,	9	—
Influenza	8	—	Respiratory Diseases....	65	—
Measles.....	31	—	Sepsis and Skin Diseases	24	—
Meningococcal infections	3	1	Meningitis & Encaphalitis	55	1
Mumps	4	—	Nasopharyngeal Infections	6	—
Pertussis	43	4	Rheumatism	7	—
Pneumonia	40	2	Tonsillitis, etc.....	28	—
Poliomyelitis	6	—	Tuberculosis Pulmonary	8	—
Puerperal Fever	3	—	Tuberculosis Meningeal .	4	4
Rubella	2	—	Healthy Persons	15	—
Salmonella Infections .	6	2	N.A.D.	4	—
Scarlet Fever	32	—	Unclassified	95	1
			Totals	593	17

TABLE A.
 CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS.
 EXCLUSIVE OF TUBERCULOSIS.
 AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1951.

NOTIFIABLE DISEASE.	AT AGES—YEARS.												NET TOTAL.				1951 Cases admitted to Hospital.				
	Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and up- wards.		Ages not known.			1951.		1950.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.
Diphtheria .....	..	..	4	..	9	2	..	3	..	1	..	..	8	14	2	..	..	..	..	14
Erysipelas.....	..	..	..	..	226	..	8	..	8	..	20	..	..	39	..	57	..	..	..	4
Scarlet Fever .....	..	..	145	..	..	..	..	..	3	..	1	..	1	384	..	397	..	..	..	31
Enteric Fever .....	..	..	1	..	..	..	1	..	1	..	..	..	..	3	..	1	..	..	..	2
Meningococcal Infections	2	..	..	1	2	..	2	1	..	..	..	..	..	6	3	10	4	..	..	6
Acute Poliomyelitis and .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis .....	..	..	2	1	3	1	3	..	..	..	..	..	..	8	2	100	5	..	..	6
Encephalitis Lethargica .....	..	..	..	..	1	..	..	2	..	1	..	..	..	1	3	..	4*	..	..	1
Puerperal Pyrexia .....	..	..	..	..	..	..	32	..	44	..	..	..	..	76	..	49	2	..	..	64
Ophthalmia Neonatorum. 6	6	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..
Pneumonia	68	25	83	3	36	1	29	..	74	9	90	28	64	453	164	412	168	..	..	40
Malaria .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Dysentery.....	9	..	126	..	40	..	20	..	18	..	8	..	3	224	..	346	1	..	..	12
Measles and Rubella	183	1	2606	..	1602	..	22	..	6	..	2	..	..	4433	1	2919	1	..	..	33
Chickenpox	80	..	932	..	1849	..	60	..	40	..	2	..	..	2963	..	1904	..	..	..	8
Whooping Cough.....	147	5	539	1	432	..	6	..	5	..	1	..	..	1131	6	1417	7	..	..	43
Totals	495	31	4438	6	4200	4	186	3	200	10	124	29	76	9741	181	7613	192	..	..	264

* Includes 4 old cases.

TABLE B.
WARD DISTRIBUTION OF INFECTIOUS DISEASES (NET).
(SHOWING DEATHS FROM PNEUMONIA, DIARRHOEA AND TUBERCULOSIS.)

WARD.	Diphtheria.	Erysipelas.	Enteric Fever.	Encephalitis.	Scarlet Fever.	Meningococcal Infections.	Poliomylitis.	Measles.	Rubella.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Acute Primary Pneumonia.	Acute Influenza Pneumonia.	Chickenpox.	Dysentery.	Whooping Cough.	Tuberculosis (all forms).	TOTAL 1951	TOTAL 1950	DEATHS.		
																				Pneu- monia	Diarr- hoea under 2 yrs.	Tuber- culosis all forms.
St. Nicholas ...	—	—	—	—	3	—	—	101	6	7	—	14	2	139	—	26	31	329	216	4	—	8
Kenton	—	5	—	—	46	—	—	497	29	3	1	33	9	315	34	127	37	1136	697	7	—	11
Scotswood	—	3	—	—	28	—	—	201	21	1	—	22	1	76	12	73	29	467	497	4	—	5
Stephenson ...	—	4	1	—	8	—	—	222	12	9	—	24	4	213	29	87	56	669	544	19	1	20
Armstrong	—	1	—	—	11	2	1	204	13	8	—	25	7	151	4	51	29	507	453	20	—	8
Elswick	—	3	—	—	26	1	—	242	21	4	—	22	3	86	4	66	26	504	376	10	—	7
Westgate	—	5	—	—	12	1	1	156	14	2	—	22	1	188	3	46	27	478	338	11	—	6
Arthur's Hill ..	—	—	—	—	20	1	—	128	36	1	1	29	—	88	9	43	25	381	372	5	—	5
Benwell	2	1	—	—	26	—	1	308	15	7	—	29	10	155	30	76	29	689	477	13	—	7
Fenham	—	1	—	—	27	1	—	117	9	1	—	11	6	104	3	62	26	368	413	5	—	3
Sandyford	—	2	—	—	11	—	—	325	6	1	—	18	4	192	8	41	18	626	210	8	1	2
Jesmond	—	3	1	—	15	—	1	173	7	2	—	12	10	242	7	43	15	531	212	6	—	1
Dene	—	2	—	—	25	—	—	112	9	2	—	6	9	74	1	37	14	291	284	4	—	3
Heaton	—	1	—	—	23	—	—	149	17	1	—	14	3	45	9	74	27	364	500	4	—	3
Byker	—	2	1	—	23	—	1	192	3	10	3	14	1	110	8	53	44	467	366	13	—	7
St. Lawrence ...	10	2	—	—	19	—	—	238	10	1	—	9	8	140	24	76	30	567	458	13	—	8
St. Anthony's ..	—	—	—	—	24	—	2	246	13	5	1	36	—	114	7	52	39	539	471	7	—	7
Walker	—	1	—	—	16	—	1	381	14	7	—	21	—	333	14	62	35	885	779	12	2	10
Walkergate	—	3	—	—	21	—	—	171	15	4	—	14	—	198	18	36	19	499	508	3	1	3
TOTAL 1951	14	39	3	1	384	6	8	4163	270	76	6	375	78	2963	224	1131	556	10297	8171	168	5	124
TOTAL 1950	—	57	1	—	397	10	100	2555	364	49	—	378	34	1904	346	1417	605	8171	—	168	9	208

SPECIAL SKIN CLINIC.

(Figures in parenthesis refer to 1950.)

The work of the clinic has continued satisfactorily throughout the year, and whilst the totals of 274 cases of scabies and 441 cases of pediculosis are higher than last year, forming 33·22 and 65·18 per cent. respectively of the total cases treated, the number of treatments is falling due to the increased proportion of cases of pediculosis which usually only need one treatment. Those attending comprised 80 per cent. males (82·1) and 19·2 per cent. females (17·9), with an age distribution of :—

0-1 years—13 (6), or 1·5 (0·8) per cent.

1-5 years—69 (45), or 7·9 (6·3) per cent.

5-15 years—83 (79), or 9·5 (11) per cent.

15 years and over 705 (589), or 81 (81·9) per cent.

The totals for each source of patient have not varied much but the Health Department shows the biggest increase, most of the cases it referred being from the 2 common lodging houses in the City. Cases self-referred (largely scabies) remained at almost 20 per cent., while the 40 per cent. which came from the Salvation Army and the Prudhoe Street Mission were all pediculosis cases. Of 110 (131) cases referred by 18 doctors, 102 were scabies.

Over one-third of the families affected with scabies responded to the advice that all members whether showing symptoms or not should receive treatment at the same time. Of the 14 "other diseases," 13 were males aged 15 years or more. One case (0) was referred back to its own doctor and 14 (1) were referred from other authorities. There was no case (1) of double infestation of scabies and pediculosis.

The following tables show (a) the number of cases dealt with and treatments given over recent years, and (b) the sex and age distribution of cases treated in 1951.

I am glad in conclusion to record once more the good work, interest and loyalty of the clinic staff.

G. HAMILTON WHALLEY,

Medical Officer-in-Charge of the Special Skin Clinic.

CASES AND TREATMENTS 1943-51.

Year.	PATIENTS TREATED.				No. of Treatments.	Average No. of Treatments per Patient.
	Scabies.	Pediculosis.	Other.	Total.		
1943	4,897	163	*	5,060	11,232	2.22
1944	4,956	166	*	5,122	11,798	2.30
1945	3,820	285	*	4,105	10,105	2.46
1946	3,560	159	*	3,719	10,030	2.69
1947	2,104	168	*	2,272	7,595	3.34
1948	1,329	335	*	1,664	5,706	3.43
1949	532	382	17	931	2,722	2.92
1950	274	441	4	719	1,536	2.14
1951	289	567	14	870†	1,521	1.75

* Not extracted from final diagnoses.

† Does not include 7 (4) return cases.

SEX AND AGE DISTRIBUTION.

Age Group.	SCABIES.			% of Total.	PEDICULOSIS.						Total.
	Male.	Female.	Total.		Capitis.		Corporis.		Pubis.		
					Male.	Female.	Male.	Female.	Male.	Female.	
0-1	5 (4)	7 (2)	12 (6)	4.0 (2)	1 (0)	..	..	..	..	..	1 (0)
1-5	28 (20)	34 (24)	62 (44)	21.5 (16)	4 (0)	2 (1)	..	1 (0)	..	..	7 (1)
5-15	26 (43)	45 (35)	71 (78)	24.5 (28)	2 (0)	9 (0)	..	..	..	..	11 (0)
15+	90 (94)	54 (52)	144 (146)	50.0 (53)	1 (0)	10 (6)	514 (402)	3 (2)	19 (29)	1 (1)	548 (440)
Totals .	149 (161)	140 (113)	289 (274)		8 (0)	21 (7)	514 (402)	4 (2)	19 (29)	1 (1)	567 (441)

VENEREAL DISEASES.

Of 1,993 patients who made 14,700 attendances at the Venereal Diseases Clinic during 1951, 1,013 registered for the first time. The percentage of the latter found to be free from venereal disease was exactly the same as in 1950, i.e., 73 per cent.

Syphilis still remained the principal disease. Ninety new patients reported during the year, bringing the total to 668 who were either under treatment or supervision for this disease. Thirteen new cases of congenital syphilis were registered, as compared with 8 in 1950. Statistics for syphilis, like those for venereal disease in general, showed a welcome overall decline throughout the year, but when it is considered that no patient with this disease can hope to be cured in less than 5 years, its seriousness can well be appreciated.

Success attending the efforts of the medical and nursing staff was attributable in no small measure to the medico-social unit personnel who made 1,346 domiciliary visits relative to Contact-tracing and Case-holding with their allied problems.

Laboratory work : 9,134 specimens were examined of which 3,248 were carried out in the laboratory situated in the V.D. clinic.

Syphilis in pregnancy still remained the most important phase of our work since congenital syphilis is preventable if treatment is administered by the 8th month of pregnancy or perhaps even later. Offspring who have inherited the disease and betray its clinical manifestations in childhood or adolescence, require many years of treatment and surveillance. The well-nigh 100 per cent. protection of the unborn child, with adequate ante-natal treatment, makes it all the more perplexing when one considers that no legislation exists whereby neglectful expectant mothers infected with this disease can be compelled to undergo sufficient treatment to safeguard the foetus.

Sixteen laboratory reports on blood tests for syphilis in pregnancy, from Newcastle women, suggested the probability of syphilis in each and every one. Investigation on our part eliminated venereal disease in one, while another was found to be non-pregnant. Nine of the remainder were treated for the first time, the remaining 5 falling into that category, in which there were already 19, who were in receipt of anti-syphilitic treatment at the time they became aware of the fact that they were pregnant.

Treatment could be regarded as ample to safeguard the unborn child in 25 patients, as reasonably good in 4 more, 3 were still under treatment on the 31st December, 1951, while one only commenced her treatment after delivery when she made her initial attendance at the clinic.

The pregnancy outcome in this series of patients resulted in 12 syphilis-free infants, one miscarriage, while at the end of the year 12 infants although apparently healthy had not completed all their tests, and 8 babies were not yet born.

Acknowledgment of the excellent work rendered by the staff is readily made since only through their whole-hearted efforts can the prevention as well as the diagnosis and treatment of venereal diseases be efficiently carried out.

W. V. MACFARLANE,

Medical Officer.

REPORTS OF THE
CHEST PHYSICIAN
AND
MEDICAL DIRECTOR,
MASS RADIOGRAPHY UNIT.

IV—TUBERCULOSIS.

CHEST CLINIC.
MASS RADIOGRAPHY.

IV-TUBERCULOSIS.

REPORT ON WORK DONE AT CHEST CLINIC, 91, NEW BRIDGE STREET, NEWCASTLE UPON TYNE, 1, FOR YEAR 1951.

The outstanding feature of this year's work is a death rate from Tuberculosis which is almost halved, a result achieved by the wider use of Streptomycin, when combined with Para-amino-salicylic acid, which has been shewn to delay the emergence of Streptomycin-resistant strains of Tubercle Bacilli. Some of those who would have died in 1951 have survived but will undoubtedly appear in the mortality figures for a subsequent year; however, in many cases there is encouraging evidence accumulating that clinical "cure" can be expected. All available evidence shows that the patients responding to Streptomycin have an acuter form of disease or an acute exacerbation supervening upon a chronic phthisis. The effects of Streptomycin therapy in Newcastle confirm the impression that here there has been in the past a considerable amount of pulmonary tuberculosis of the acute exudative type, and it is the checking of this type of disease which has produced the change in the figures.

It will be seen that the Death Rate for Respiratory Tuberculosis is 0.38 per 1,000, which now compares favourably with other large cities, and indeed approaches the provisional figures for the country as a whole. The factors involved in the etiology of Pulmonary Tuberculosis are complex and as it is the responsibility of the Local Health Authority to prevent Tuberculosis there would appear to be here good evidence to suggest further investigation to determine which of the known factors involved in producing this disease are most common and most amenable to amelioration.

As the deaths from this disease are now relatively so low, it is doubtful whether they should be regarded as a true index of the importance of this disease to the community.

Notifications have fallen a little but it remains to be seen whether the incidence of the disease will also decline to a degree similar to the deaths, and at what interval. The factors involved here are many; the meticulous application of the accepted standards requiring notification, the effect of improved methods of ascertainment including the installation of first-class x-ray equipment, and the more assiduous search for the offending tubercle bacillus by sputum culture rather than being satisfied with a negative report of a single specimen on

direct examination. Furthermore, it must be realised that the total tuberculous population of the community is steadily increasing—many patients living to remain a potential source of infection to their fellows when a few years ago they would have died and ceased to be a Public Health problem.

Public recognition of the potency of our new anti-tuberculous weapons is already encouraging many with a chronic cough who have refused to have a chest x-ray previously to seek investigation; among these are some of the chronic infectors whom we have felt convinced existed but evaded the diagnostic net. The possibility of a check in the fall or even a rise of incidence must be considered if there becomes a predominance in the community of Streptomycin-resistant strains before we are supplied with other effective antibiotics to counteract this tendency.

It is therefore reasonable to expect no great fall in the notifications immediately, but it is hoped that, because of improved treatment, there will be no easy optimism that Tuberculosis will shortly cease to be a problem in the country. A glance at the notification age groups shows that the incidence of this disease is greatest in those aged 16–65 years, *i.e.*, in those of greatest economic value to the community. Any disease which persistently renders this large group of persons ill for many months—even if it now kills fewer of them—is still a serious public menace.

The time required for treatment has been materially shortened in many instances, especially in those with fairly recent disease, but others, formerly untreatable, have been rendered fit for major surgery and so necessitated longer and more specialised institutional treatment.

It is therefore easy to see why waiting lists for patients to be treated by major surgery (thoracoplasty, pneumonectomy, lobectomy) have increased. Eventually, it might be expected that we will be able to prevent the disease becoming so firmly established as to require such drastic treatment; but this will depend on an ever vigilant attitude. Towards the end of the year, the Hospital and Sanatoria waiting lists had become on average less than an aggregate of 50 patients, whereas it used to be about 100, but the waiting list for major surgery had risen to about 90, the average waiting period being 18 months or more. Whilst this may be but a temporary phase and the number awaiting surgical treatment diminish in a few years' time, there is here an indication for a special effort to clear up the heritage of the pre-streptomycin era.

During the year, arrangements were made to equip this clinic with its own x-ray apparatus and a full-time Radiographer is to be appointed. At the same time it was considered advisable to create a new clinic at the Northern Counties Chest Hospital, for the western half of the area served by this clinic, allocating a number of beds (to be ultimately 60) in the Newcastle General Hospital to their needs, along with those in Barrasford Sanatorium; the new clinic was partly staffed by depletion of the existing staff of this clinic and was placed under the supervision of Dr. G. Hurrell, Senior Consultant Chest Physician, Newcastle General Hospital.

This change took place at the end of the year, and the opportunity was taken of creating a numerical card indexing system for all the records, previously filed alphabetically. This task took the entire staff a full four weeks from mid-December, 1951, to mid-January, 1952.

It was unfortunate that at this time of change, Mr. Scott, the Chief Clerk, should have been seconded to the Regional Hospital Board appointment of Recruiting Officer for Civil Nursing Reserve under the Ministry of Health Scheme, but the vacancy was ably filled by Mrs. C. E. Hunter, the former part-time secretary of the Northern Counties Chest Hospital.

It is hoped that, when the upheaval caused by this major change has settled, there will emerge a better service for the area. The lack of surgical treatment at Walker Gate Hospital for In-patients remains and they must still be transferred some thirty miles away even for minor operations, a state of affairs which is not yet remedied, although instruments and a theatre are available.

The completion of the minor changes in the arrangements of offices and waiting room at this clinic have not been made, but with the coming of the x-ray plant this will be more urgently needed, and it is hoped that next year will see some amelioration in the working conditions here.

Attendances.—Total out-patient attendances for year ended 31st December, 1951, including a proportion of Northumberland County cases, was 14,615.

This figure includes all new patients attending for registration, Domiciliary Visits by medical staff, patients examined at clinic sessions and all attendances for Blood Sedimentation Rate, Mantoux test, etc.

(a) NEW PATIENTS.

Adults.		Children.		Total.
M.	F.	School Age.	Not School Age.	
1,274	1,296	599	73	3,242

(b) PATIENTS EXAMINED AT CLINIC SESSIONS.

Adults.		Children.		Total.
M.	F.	School Age.	Not school Age.	
3,624	3,417	1,340	56	8,437

In 1,608 cases, Mantoux test was done.

In 949 cases, Blood Sedimentation Rate was taken.

No. of samples of sputum examined at Clinic—5,224.

No. of samples of urine tested—163.

Notifications.—During the year, notifications were received as follows (Newcastle cases only) :—

<i>Lungs.</i>	<i>Other Forms.</i>	<i>Total.</i>
485	71	556

In addition, there were 42 second and 3 third notifications which appear on the register as duplicates. Of the total notifications received, 36 (33 lungs and 3 other forms) were of cases previously notified elsewhere, which had moved into Newcastle during the year.

Source of notification :—

General Practitioner	151	..	27.1%
Clinical Medical Staff.....	210	..	37.8%
Other sources (transfers, deaths, hospitals, etc.)	195	..	35.1%
	556	..	100.0%

SUMMARY OF NOTIFICATIONS DURING THE PERIOD 1ST JANUARY
TO 31ST DECEMBER, 1951.

	AGE GROUPS.													Total.
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and up- wards	
Respiratory—														
Males	1	3	6	5	8	23	36	59	41	41	28	10	2	263
Females ..	1	3	5	6	19	53	56	43	23	5	7	1	..	222
Non-Respiratory														
Males . . . .	..	1	4	7	5	3	5	6	3	4	1	1	..	40
Females ..	1	1	2	3	3	7	1	6	3	3	1	..	..	31
Total	3	8	17	21	35	86	98	114	70	53	37	12	2	556

Health Visitors' Work.

This has continued upon the same lines as set out in the last Annual Report, the intelligent co-operation of the Health Visitors being co-ordinated with the hospital treatment by regular interchange of information concerning patients, their admission and discharge from hospital, clinical progress, fitness for work, etc. 653 Primary and 9,525 subsequent visits were made.

Domiciliary Visits.

The Ambulance Service has enabled patients to be brought to the clinic or hospital for examination and x-ray investigation, so that less Domiciliary Visits to patients by the medical staff have been necessary, and it is likely that these will diminish in the future, although there will still be some required.

Treatment—The following table is a copy of the annual return submitted to the Ministry of Health under Memo. T.145 :—

TREATMENT OF TUBERCULOSIS.
RETURN SHOWING THE WORK OF THE CLINIC.

DIAGNOSIS.	Respiratory.			Non-Respiratory.			TOTALS.			GRAND TOTALS.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
A. (1) No. of definite cases of T.B. on register on 1st January, 1951	1,176	962	337	86	114	286	1,262	1,076	623	2,961
(2) Transfers from clinics under other Hospital Management Committees	19	22	..	1	..	1	20	22	1	43
(3) Lost sight of cases returned	20	15	2	1	1	3	21	16	5	42
B. No. of new cases diagnosed—T.B. Minus	107	113	33	14	17	21	121	130	54	305
T.B. Plus	124	71	4	..	2	2	124	73	6	203
C. No. of cases in A. and B. written off during the year—										
(1) Recovered	25	15	8	8	8	11	33	23	19	75
(2) Died (all causes)	76	43	3	..	1	..	76	44	3	123
(3) Removed to other areas	44	40	5	3	5	2	47	45	7	99
(4) Other reasons	6	6	2	2	..	6	8	6	8	22
D. (1) No. of definite cases of T.B. on register on 31st December, 1951	1,295	1,079	358	89	120	294	1,384	1,199	652	3,235
(2) No. of above known to have positive sputum within preceding 6 months	252	167	1	..	..	..	252	167	1	420
E. No. of contacts first examined during the year—										
(1) Diagnosed as tuberculosis	32	26	12	1	3	5	33	29	17	79
(2) Not tuberculosis	120	190	76	..	..	..	120	190	76	386
(3) Not determined	243	312	124	..	..	..	243	312	124	679

Deaths.

Here we see the most dramatic change—a death rate which is almost halved. This change is undoubtedly due to the new drugs, especially Streptomycin, which is now used in conjunction with P.A.S.

	<i>No. of deaths.</i>	<i>Death rate.</i>
Respiratory Tuberculosis	110	0.377
Non-Respiratory Tuberculosis	14	0.048
All forms of Tuberculosis	124	0.425

SUMMARY OF DEATHS FROM TUBERCULOSIS DURING THE PERIOD
1ST JANUARY TO 31ST DECEMBER, 1951.

	AGE GROUPS.													Total.
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and up- wards	
Respiratory—														
Males .....	..	..	..	..	..	..	3	7	10	21	19	10	2	72
Females ..	..	..	..	..	2	1	11	12	6	2	3	1	..	38
Non-Respiratory														
Males	1	..	2	..	..	..	1	1	1	1	..	..	1	8
Females ..	..	1	..	..	..	..	..	2	1	1	..	..	1	6
Total	1	1	2	..	2	1	15	22	18	25	22	11	4	124

Further details and comparative figures for previous years are submitted in the following table:—

RETURN OF DEATHS FROM RESPIRATORY TUBERCULOSIS
(NEWCASTLE CASES ONLY).

	Deaths which occurred in these years.									
	1945	1946	1947	1948	1949	1950	1951.			
							M.	F.	Ch.	Total
Persons not notified	8	10	12	18	16	22	11	3	..	14
" notified under 1 month ..	37	23	27	30	17	15	4	5	..	9
" between 1 and 3 mths. ..	15	24	23	16	26	9	5	..	..	5
" between 3 and 6 mths. ..	16	24	24	20	15	7	3	2	..	5
Total under 6 months	76	81	86	84	74	53	23	10	..	33
Persons notified between—										
6 and 12 months	21	26	24	30	21	8	5	6	..	11
12 and 18 months	21	10	13	15	23	15	6	2	..	8
18 and 24 months	10	15	26	9	12	13	1	5	..	6
2 and 3 years	25	31	30	22	16	20	10	4	..	14
Over 3 years	67	64	80	70	76	74	27	11	..	38
Totals	220	227	259	230	222	183	72	38	..	110

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1921.

98A

YEAR.	TUBERCULOSIS.											
	PULMONARY.				NON-PULMONARY.				TOTAL.			
	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.
1921	532	348	1.25	1.91	245	103	0.37	0.88	777	451	1.62	2.8
1922	495	322	1.14	1.76	280	100	0.35	0.99	775	422	1.50	2.7
1923	544	311	1.10	1.92	289	103	0.36	1.02	833	414	1.46	2.9
1924	540	322	1.12	1.89	272	99	0.35	0.95	812	421	1.47	2.8
1925	546	343	1.20	1.91	303	101	0.35	1.06	849	444	1.55	2.9
1926	580	331	1.16	2.04	292	84	0.30	1.02	872	415	1.46	3.1
1927	504	316	1.09	1.75	270	84	0.29	0.94	774	400	1.38	2.7
1928	508	295	1.05	1.80	280	77	0.27	1.00	788	372	1.32	2.8
1929	551	309	1.09	1.94	236	75	0.26	0.83	787	384	1.35	2.8
1930	507	298	1.05	1.79	212	67	0.24	0.75	719	365	1.29	2.5
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	2.36
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06
1951	485	110	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90

COMPARATIVE FIGURES OF ATTACK AND DEATH RATES.
(Per 1,000 population).

		Death Rate.	Attack Rate.
1949	Newcastle upon Tyne	0.83	2.08
	England and Wales	0.457	1.19
	Glasgow	1.14	2.90
	Scotland	0.67	1.99
1950	Newcastle upon Tyne	0.70	2.05
	England and Wales	0.36	1.13
	Glasgow	0.98	2.56
	Scotland	0.54	1.87
1951	Newcastle upon Tyne	0.43	1.90
	*England and Wales	0.31	N.A.
	*Glasgow	0.74	2.35
	*Scotland	0.69	1.83

* Provisional Figures only.

Contacts.—The practice of referring child contacts of notified cases to Dr. Miller or Dr. Lunn for supervision was continued and the figures show a slight reduction from the previous year in keeping with the fall in notifications.

	<i>Male.</i>	<i>Female.</i>
Children 5-15 years referred to the School Medical Officer during 1951	217 (208)	224 (211)
Children 0-5 years referred to Dr. Miller during 1951	240 (316)	211 (271)
Totals	<u>457 (524)</u>	<u>435 (482)</u>

B.C.G.—A start has been made with B.C.G. vaccination among contacts of susceptible individuals in households where there are notified cases of tuberculosis, but in view of the standards adopted by the Ministry necessitating investigation of all the individuals in a house and involving a period of segregation, as explained in the 1950 report, the numbers actually vaccinated have so far been small, but with better facilities for this work in the future it is hoped that the scheme can be expanded.

X-ray Examination.—We are still in the unhappy position of having to refer cases to either Walker Gate Hospital or Northern Counties Chest Hospital for x-ray of chest.* Contacts under periodical supervision are still referred to the Mass Miniature Radiography Unit when stationed at Newcastle General Hospital.

* The Regional Hospital Board provided X-ray Units at the two dispensaries early in 1952.

X-rays of bones and joints, etc., by arrangement with Newcastle General Hospital.

During 1951 films were taken as follows :—

Walker Gate	3,188
Northern Counties Chest Hospital	3,385
Mass Miniature Radiography	239
Newcastle General Hospital	24

In addition to these, 775 films were taken at Walker Gate Hospital concerning in-patients and 982 in connection with artificial pneumothorax treatment.

Artificial Pneumothorax Treatment.—There were 29 initial inductions of artificial pneumothorax and 22 initial inductions of pneumoperitoneum. There were 8,291 attendances for refill during the year.

SUMMARY OF INSTITUTIONAL TREATMENT, 1951.

	Barrasford Sanatorium.	Woolley Sanatorium.	Holywood Hall Sanatorium.	Leazes House.	Boldon Sanatorium.	Stannington Sanatorium.	Walker Gate Hospital.	Sunderland General Hospital.	Sunderland Infectious Diseases Hospital.	Newcastle General Hospital.	Sheriff Hill Isolation Hospital.	Hexham General Hospital.	Shotley Bridge Surgical Centre.
Beds occupied at 1st January, 1951	92	30	15	9	2	38	93	1	2	13	10	15	4
Admissions	190	64	45	47	12	57	391	2	..	134	19	10	45
Discharges	189	55	42	39	9	42	403	3	2	129	19	14	43
Beds occupied at 31st December, 1951	93	39	18	17	5	57	81	..	..	18	10	11	6

C. VERITY,

Chest Physician.

REPORT ON THE WORK OF THE MASS X-RAY UNIT IN NEWCASTLE UPON TYNE DURING 1951.

The following is a brief report on the work of the Mass Miniature Radiography Unit during 1951.

Approximately eight months were spent in Newcastle, compared with seven in 1950, nine in 1949 and nine in 1948, and comparative figures for these four years are given in Table "A" below :—

TABLE "A."

	Number of Persons X-rayed.				Number Recalled for Large Film.				Number referred to Chest Clinic or kept under observation at Mass Radiography Unit.			
	1948	1949	1950	1951	1948	1949	1950	1951	1948	1949	1950	1951
Routine Examinees	13629	15719	16689	20516	802	792	819	987	174 (1.3%)	131 (0.8%)	215 (1.3%)	283 (1.3%)
Doctors' Patients and Chest Clinic Patients	2625	1985	3486	4503	570	385	601	793	237 (9%)	119 (6%)	236 (6.8%)	313 (7%)
Totals....	16254	17704	20175	25019	1372 (8.5%)	1177 (6.6%)	1420 (7%)	1780 (7.1%)	411 (2.5%)	250 (1.4%)	451 (2.2%)	596 (2.4%)

The two main events during the year were the x-ray examination of National Service Recruits and the general adoption of "modified undressing."

Early in the year the Regional Hospital Board agreed that the Unit should undertake the x-ray examination of all recruits attending Medical Boards in Newcastle, until special units could be made available. An hour a day is set aside for this work, which started in April, and 6,561 youths were x-rayed during the year. Some re-arrangement of our programme has been necessary but as a considerable number of these youths would not otherwise be x-rayed it is worth while from the M.M.R. point of view as well as from that of the Ministry of Labour. The figures for this work are given in Table "B" and are not included in Tables "A" and "C" as the youths were drawn from an area which stretches from Berwick-on-Tweed to Sunderland and, where convenient, large films were taken elsewhere—for instance,

in 1951 349 large films were taken in Newcastle and 69 elsewhere. Of the 53 referred to Chest Clinics 38 were referred to the Newcastle Clinic. Some of the youths were already attending Chest Clinics, and were therefore not recalled for large films and they are disregarded in the M.M.R. figures.

"Modified undressing" was sanctioned in February and has continued, with the exception of two groups—National Service recruits and Maternity patients. It has proved very popular and its effect on the recall rate is negligible.

TABLE "B."
NATIONAL SERVICE RECRUITS.

No. Recalled for 2nd Examination.			Result.		
No. X-rayed	Large Film Taken.	Did not Attend.	Referred to Chest Clinic or kept under Observation.	Referred to Cardio- vascular Dept.	No Action recommen- ded.
6,561	Newcastle 352	15	73	2	276
	Elsewhere 68	..	10	..	58
6,561	420	15	83, or 1.3%	2	334
	435, or 6.6%				

On the 15th January, the X-ray apparatus, which has been in use since 1944, was called in by the Ministry of Works for a complete overhaul and the staff temporarily loaned to other units of the Hospital Board for the month that it was to be away. The Special Area mobile van, however, which was not then in use, was suddenly made available and a new programme hastily arranged. Most of the month was spent outside Newcastle, where visits with our own apparatus could not easily be made, but in the City we visited The Royal Grammar School, The Central High and Church High Schools, The Kenton Lodge Training College and the works of British Paints Limited. The brief time during which we had the use of the van proved its usefulness and confirmed our contention that two sets of apparatus, one static and one mobile, could best serve the area covered by the Unit.

In May the premises of the Ministry of National Insurance at Benton were visited for the third time and 4,699 volunteers passed through the Unit, compared with 3,211 in 1949.

Table "C" which follows is an analysis of the work accomplished in Newcastle divided into the main groups :—

TABLE "C."

	No. of Volunteers X-rayed.		Recalled for 2nd Examination.						Result of 2nd Examination.							
			Large Film Taken.		Did not Attend.		Referred to Chest Clinic or kept under Observation.		Referred to Cardio- vascular Department.		No action recommended.					
			M	F	M	F	M	F	M	F			M	F		
Employees	5,857	5,941	312	196	4	0	76	59	13	19	225	118	225	118	}	1,079
Schoolchildren and Students ..	1,859	3,075	101	126	0	1	27	33	12	7	63	96	63	96		
Maternity Patients .....	..	1,534	..	74	..	1	..	29	..	8	..	37	..	37	
Members of the General Public	972	1,278	91	80	1	0	24	35	6	7	60	38	60	38		
Total of Routine	8,688	11,828	504	476	5	2	127	156	31	41	348	289	348	289			}	1,079
Doctors' Patients	2,023	2,248	440	308	8	3	182	118	9	13	246	177	246	177		
Chest Clinic Patients	105	127	11	23	0	0	4	9	0	2	7	12	7	12		
Total of Doctors' Patients.	2,128	2,375	451	331	8	3	186	127	9	15	253	189	253	189		
Grand Totals	10,816	14,203	955	807	13	5	313	283	40	56	601	478	601	478		
		25,019		1,780, or 7.1%						596, or 2.4%		96				

For the first time since the Unit has been confined to Newcastle, Gateshead and their vicinity, *i.e.*, since March, 1948, the number of volunteers x-rayed has been limited not by the response but by our capacity to examine them. As a matter of interest, comparative figures for the different groups examined during 1950 and 1951 are given below :—

	1950	1951
Employees	8,724	11,798
Schoolchildren and Students	4,000	4,934
Maternity Patients.....	1,087	1,534
Members of the General Public	2,878	2,250
Doctors' Patients	3,188	4,271
Chest Clinic Patients	298	232

The small number of members of the general public x-rayed is explained by the fact that we could not hold as many evening sessions for this group as we should have desired because of a shortage of technical staff during the greater part of the year and the limitation imposed on the programme arrangement by the set times necessary for the x-ray of National Service recruits. Preference was given to doctors' patients as these special sessions continued to grow in popularity and produce a high abnormality rate. The introduction of special cards for doctors to use has reduced the amount of clerical work needed to provide each doctor with reports on his patients and has proved popular with general practitioners. Our experience, particularly with the large attendances during 1951, proves the need for a regular service to be made available for patients with minor symptoms, and also emphasises the inadequacy of the premises housing the Unit, which lack any waiting room except a narrow passage.

The improvement in response is most pleasing and the main contributory factors appear to be : "modified undressing" (which surprisingly is almost as popular with men as with women), increased national publicity, and establishment of habit. In illustration of the last factor, in a month taken at random five hundred men out of a total attendance of 1,225 had visited the Unit at least once previously and 920 out of 2,175 women.

259 persons (150 men and 109 women) were referred to Chest Clinics in Newcastle upon Tyne, of whom 233 (131 men and 102 women), or 91.5 per cent., are known to have attended. 112 (53 men and 59 women), or just over half the number referred, were diagnosed as suffering from active tuberculosis, 23 (10 men and 13 women) were kept under observation to determine the degree of activity, 17 (11 men

and 6 women) were regarded as healed or inactive, 43 (30 men and 13 women) were regarded as non-tuberculous and in 37 cases the diagnosis had not been completed. Of the 112 suffering from active tuberculosis, 109 were new cases ; of these 40 men and 54 women were recommended institutional treatment but one man refused it. Of those diagnosed as non-tuberculous, seven men and four women were found to be suffering from bronchogenic carcinoma and the condition of another four men is being investigated to exclude that disease.

As this will be the last report on mass miniature radiography that I shall have the honour to present, I would like to say that my eight years' experience with the Unit confirm my belief that it is doing most valuable work in the Anti-tuberculosis Campaign by the discovery of cases in the early and curable stages of the disease ; in addition, other abnormalities are detected and our liaison with the Cardio-vascular Department has been especially important.

As already stated, the use of a mobile unit has proved its value and as I have stated in previous reports the addition of a really mobile apparatus would permit visits to small factories and other small groups of volunteers. The type I favour is the Schonander unit which can be packed in a small van, is easily assembled and dismantled and can function anywhere where an ordinary lighting plug is available, *i.e.*, no special power cable is required—only a small increase in the present staff would be necessary.

In conclusion, I would like to say how much I have enjoyed the opportunity of directing the Unit—the work has always progressed smoothly and harmoniously, due to the loyal devotion and enthusiasm of all members of the staff, to whom I tender my sincerest thanks and good wishes.

W. H. DICKINSON,

Medical Director.

REPORT OF THE
CHIEF SANITARY INSPECTOR

**V—FOOD AND DRUGS,
NUISANCES, HOUSING,
FACTORIES, Etc.**

REPORT OF THE
CHIEF SANITARY INSPECTOR

V-FOOD AND DRUGS,
NUISANCES, HOUSING,
FACILITIES, Etc.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1951.

I have pleasure in submitting the following report upon the work carried out by my section of the Department, where in each of the sub-departments the work has been well maintained. The team spirit of the staff is ever to the fore and the results of the teams' work not only gives much encouragement but proves of lasting benefit to the community.

In previous reports comments have been made upon the bad housing conditions in the City and in this matter where it has been possible to exercise a practical control, it has again been exercised to the fullest extent, with generally satisfactory results. In many instances, however, the utmost that could be expected was to prevent a further worsening of the conditions and in this the ultimate results were far indeed below the target aimed at. In regard to the remedying of disrepair in private dwellinghouses, the high cost of this very important work appears to be an insolvable problem to many owners whose resources are nil and whose properties—on the borderline to condemnation—show annually a financial loss. Disposal of this type of property on any terms appears to be impossible and during the year appeals for condemnation were frequently made by the owners when the remedy of disrepair was under discussion.

Condemned Dwellinghouses.

The rehousing of families by the Housing Department from the houses "condemned" 12 or 13 years ago has again been disappointing. At the beginning of the year 1,003 families were in occupation, and during the year 15 individual unfit houses were condemned, thus increasing the total number of families to 1,026. Of this number 49 only were rehoused and at the end of the year 977 families still awaited their new houses. It is significant that in April, 1943, the total number of families to be rehoused was 967. Between that date and the end of 1951 this number was increased to 1,059 on the condemnation of 35 individual unfit houses, and during the same period it was reduced by the rehousing of 292 families, leaving a registered total of 767. This number would be affected by marriages and deaths amidst these families and also by those who somehow found other accommodation,

but it is very obvious that much unlawful letting of rooms has taken place as the number of families at the end of 1951 is 210 above the registered total. It is virtually a practical impossibility to effectively control this state of affairs under the present-day housing shortage, particularly when to many families any empty room or rooms, no matter how bad their structural condition, are preferable to shared accommodation, especially if a possibility exists for additional points to accrue to them in their applications for council houses.

Again and again the deplorable conditions under which these families must exist have been brought to attention by report and the urgency of the provision of more and more new houses for them cannot be over emphasised. It was deemed expedient to make a survey of the houses at the end of the year and report thereon is to be submitted. In the meantime, apart from the prevailing serious structural disrepair and lack of amenities, the following facts which speak for themselves, as to illnesses and overcrowding amidst the occupiers, have been established.

Number of families affected by Tuberculosis.....	23	} 3.28%	}	Total Illness 26.92%
Do. Do. Tuberculosis and other illness	9			
Do. Do. illness other than Tuberculosis	231	23.64%	}	Over crowding 22.31%
Do. Do. overcrowding only .	133	13.61%		
Do. Do. overcrowding and illness	85	8.70%	}	

New Legislation.

The Rag Flock and Other Filling Materials Act, 1951, came into operation on the 1st November, 1951. The Act (briefly) compels the registration of premises whereon filling materials prescribed in the Act are used in new upholstery work and also the annual licensing of premises whereon rag flock is manufactured or dealt with.

The filling materials prescribed are those in general use and each type of material must now conform to a prescribed test as to a standard of cleanliness. Formerly a standard of cleanliness was applicable to rag flock only and premises were not registerable nor licensable. The reconditioning of articles is not so controlled as the making of new articles but in the main the operation of the Act will prove beneficial to Public Health.

Clean Food Campaign.

Whilst no specialised efforts were made, such as the holding of clean food exhibitions and the like to promote cleanliness in the handling, storage and preparation of foodstuffs, direct contact by addresses, lectures, advice, etc., suitable to the types of persons concerned, was established and every opportunity was taken to press the paramount importance of real cleanliness at all times and in all matters pertaining to our foodstuffs. The persistence of this work during this and previous years is evident in the good standard of hygiene prevailing in the majority of catering and other food premises.

The Markets.

The Corporation's Markets, The Grainger Market and Arcade, The Fruit and Vegetable Market and the Fish Market, came under review as to the conditions under which foodstuffs are sold and a report thereon was submitted. Discussions ensued between the Markets and Health Committees and agreement was reached as to a three stage plan of improvements.

The first stage reorganised the collection and disposal of refuse from each of the 184 stalls or premises and is now in full operation. The second stage is to provide adequate washing facilities in the form of glazed stoneware sinks furnished with constant hot and cold water to the 122 stalls, shops, etc., of the Grainger Market and Arcade and is now nearing completion. The third stage, in the same market, is to improve the existing sanitary accommodation and provide additional conveniences not only for the use of the 469 employees engaged daily on the stalls, etc., but also to cater for the general public who throng this very busy shopping centre. In addition, other matters of a structural nature and improved ventilation are to be carried out. On completion of all these works the position of the Fruit and Vegetable Market and Fish Market will come up for consideration.

Food Supply—Sampling.

The Public Analyst's certificates as to his analysis of samples of foodstuffs submitted to him reveal all to be wholesome and without adulterants. Deficiencies in the constituents of some of the samples were again detected and as in former years milk and sausages account for the major number of samples "not genuine." Of the deficient samples 11 were of milk and of these, 2 were found to have a serious deficiency in fat (41 per cent. and 31 per cent.). In the instances

of the other 9, "appeal to cow" samples followed. 5 samples of sausages were found to contain less than the prescribed meat content, 5 ice creams had less than the prescribed amount of fat as required under the Food Standards (Ice Cream Order) 1951, an almond substitute was composed of wheat flour only, and in the remaining sample an ice lollie was found to be half a lollie and half an ice cream.

Household Drugs.

The samples procured, representative of all the drugs in common household use, were certified to be genuine.

Milk Supply.

The Bacteriologist's reports on the milk samples sent to him whilst again showing a slight improvement in the keeping quality of the milk show much room as yet for improvement.

Last year 18.73 per cent. of the unprocessed milk failed to pass the prescribed (Meth. Blue) test, this year the percentage is 15.63. Of the processed milk 2.86 per cent. failed last year as against the 1.82 per cent. this year. All of the samples submitted for Phosphatase Test however satisfied the test.

Processing of Milk.

The resources of the City as to the processing of milk are to be considerably augmented. The local dairymen have formed a company, the Newcastle and District Dairies Ltd., built new premises and installed therein ultra modern apparatus and equipment capable at present of processing and bottling 100,000 gallons of milk weekly. This gallonage can, when needed, be doubled. Cost of premises etc., exceeds £90,000.

Their operations are to commence early in January and the milk arrangements at present being carried out on the many small dairies in the City, will largely be centralised on the new premises. It is anticipated that the Minister will declare an "Appointed Area" sometime towards the end of 1952, and of which the City will be an important part. On this declaration it will then be unlawful for milk to be sold for human consumption in the "Appointed Area" other than T.T. Accredited or a processed milk.

Ice Cream.

The demand for this foodstuff by the public continues to increase and to meet it 80 new premises, after inspection, were added to the

register. Generally it is pre-packed by the manufacturer. The number of registered premises is now 599 (522 selling pre-packed ice cream, 44 open, and 33 both pre-packed and open).

The Food Standard (Ice Cream) Order, 1951 came into operation on the 1st March, 1951 and as a result of this, nutritionally, the ice cream was of better quality than in the preceding year. The fat content of the 114 samples analysed during the year averaged 8.10 per cent. as against 7.80 per cent. in 1950. As to the bacteriological grading of samples (177), 68.30 per cent. were satisfactory. This percentage is 4.50 per cent. less than last year and is accounted for in the number of "series samples" taken in following up original unsatisfactory ones.

FOOD AND DRUGS ACT, 1938.

Total Samples.

The total number of samples submitted to the Public Analyst was 1440 (79 above last year) and of these 492 were formal and 948 informal. The number of samples taken represents a rate of 4.94 per 1,000 population, well above the 3.0 per 1,000 population recommended by the Ministry of Agriculture and Fisheries.

Informal Samples.

The practice of "informal sampling" has again been carried out and proved a helpful guide as to the quality of the foodstuffs and drugs on sale to the public. It has a disadvantage however that when such a sample is found not genuine legal proceedings cannot be instituted. In each instance however, when such a sample is purchased a formal sample is procured at the earliest possible moment after receiving notice of its deficiency.

During the year 948 samples, of which 503 were of milk, were so taken and submitted to the Public Analyst.

Samples not Genuine.

The number of deficient samples totalled 23 (one above the previous year's total) and represents 1.60 per cent. of the total samples submitted to the Public Analyst, 11 of the samples were of milk, 5 of sausages, 5 of ice cream and the other two an almond substitute and an ice lollie.

Prosecutions were instituted in respect of 5 of the milk samples and one of the ice cream. In the instances of the deficient sausage

samples the Food Control Committee instituted prosecutions and as to the remaining samples they were dealt with by the Health Committee by way of cautions.

Channel Islands Milk.

5 samples of Guernsey milk (sold as such) were taken and after analysis, found to contain 3.20 per cent. to 3.90 per cent. of milk fat. The Milk (Control and Maximum Prices) (Great Britain) Order, 1947 states that Channel Islands Milk should have a fat content of not less than 4.00 per cent., but as the Sale of Milk Regulations, 1939, states milk should have a fat content of 3.00 per cent., the samples were deemed genuine under the Regulations. As the sale of this milk, however, contravened the foregoing Order, the facts were reported to the Ministry of Food, Milk Division, for their action.

Milk Samples.

961 samples of milk were procured and of these 11 were certified by the Public Analyst to be below the minimum limit fixed by the Sale of Milk Regulations, 1939, viz., 8.50 per cent. non fatty solids and 3.00 per cent. milk fat. The number taken (66.73 per cent. of the total samples) relates very closely to the number taken last year. The deficiency percentage, 1.14 per cent. is 0.84 per cent. less than the previous year.

6 of the samples were deficient in non-fatty solids (from 17.6 per cent. to 1.60 per cent.) and 5 in milk fat (ranging from 41.30 per cent. to 1.60 per cent.) In 9 instances the milk was produced in Cumberland and appeal to cow samples (8 in number) followed, the other 2 were milk processed in the City.

4 prosecutions were instituted in respect of these samples and the producers fined with costs, a total of £74-17-2.

Offences other than Adulteration.

6 offences were reported to the Health Committee.

Samples taken for Analysis during the Year 1951.

ARTICLE.	No. of Samples obtained.			Result of Analysis.		Action Taken.			REMARKS.
	Formal.	Informal.	Total.	Genuine.	Not-Genuine.	Prosecutions.	Convictions.	Costs Incurred.	
Milk	458	503	961	950	11	6	6	...	6 Prosecutions, 6 Convictions, Fines and Costs, £74-17-2.
Condensed Milk	1	4	5	5	..	..	..	..
Dried Milk	1	1	1	..	..	..	..
Bacon	11	11	11	..	..	..	..
Butter	12	12	12	..	..	..	..
Cheese	12	12	12	..	..	..	..
Cocoa	3	3	3	..	..	..	..
Coffee and Essences	6	6	6	..	..	..	..
Cooking Fat and Lard	12	12	12	..	..	..	..
Margarine	12	12	12	..	..	..	..
Sugar	12	12	12	..	..	..	..
Tea	11	11	11	..	..	..	..
Almonds (Ground)	5	5	5	..	..	..	..
Almonds Substitute	1	1	..	1	..	..	..	100% wheat flour Stock exhausted formal sample not obtained.
Baking Powder	2	2	2	..	..	..	..
Baked Beans and Dried Beans	3	3	3	..	..	..	..
Barley and Barley Crystals	3	3	3	..	..	..	..
Beetroot (Tinned)	1	1	1	..	..	..	..
Biscuits	8	8	8	..	..	..	..
Blancmange Powder	3	3	3	..	..	..	..
Cinnamon (Ground)	1	1	1	..	..	..	..
Chocolate Spread	1	1	1	..	..	..	..
Cornflour	1	1	1	..	..	..	..
Cream and Synthetic Cream	4	4	4	..	..	..	..
Mustard Powder	4	4	4	..	..	..	..
Cut Cake	1	1	1	..	..	..	..
Currants	12	12	12	..	..	..	..
Cherries (Glaze)	12	12	12	..	..	..	..
Dates	12	12	12	..	..	..	..
Desert Powder	1	1	1	..	..	..	..
Desiccated Coconut	3	3	3	..	..	..	..
Essences	12	12	12	..	..	..	..
Farinosa	12	12	12	..	..	..	..
Flour and Flour Mixtures	7	7	7	..	..	..	..
Fish (Tinned)	3	3	3	..	..	..	..
Figs (Dried)	1	1	1	..	..	..	..
Gelatin	2	2	2	..	..	..	..
Ginger (Preserved)	1	1	1	..	..	..	..
Ginger (Ground)	5	5	5	..	..	..	..
Golden Raising Powder	2	2	2	..	..	..	..
Golden Syrup	1	1	1	..	..	..	..
Gravy Powder	5	5	5	..	..	..	..
Honey	1	1	1	..	..	..	..
Ham (Cooked)	1	1	1	..	..	..	..
Ice Cream	5	110	115	110	5	1	1	..	1 Prosecution, Fine £10, plus £4-4-0 costs. Report to Health Committee.
Ice Cream Lollies	1	..	..	..	1	..	..	..
Jams and Marmalade	8	8	8	..	..	..	..
Lemon Peel	2	2	2	..	..	..	..
Lentils	1	1	1	..	..	..	..
Macaroni	1	1	1	..	..	..	..
Mixed Spice	2	2	2	..	..	..	..
Mustard	3	3	3	..	..	..	..
Nutmeg (Ground)	1	1	1	..	..	..	..
Sago	2	2	2	..	..	..	..
Sage and Onion Stuffing	1	1	1	..	..	..	..
Salad Cream	1	1	1	..	..	..	..
Sauces and Chutney	8	8	8	..	..	..	..
Sausage	16	2	18	13	5	3	3	..	3 Prosecutions, 3 Convictions, Fines and Costs £119-15-0.
Semolina	2	2	2	..	..	..	..
Spaghetti	1	1	1	..	..	..	..
Split Peas	1	1	1	..	..	..	..
Soups and Soup powders	9	9	9	..	..	..	..
Sponge Cakes	1	..	..	..	..	..	..	..
Sultanas	2	2	2	..	..	..	..
Sweet Cigarettes	1	..	..	..	..	..	..	..
Oatmeal	1	1	1	..	..	..	..
Orange Powder	1	1	2	2	..	..	..	..
Pasta	13	13	13	..	..	..	..
Peas (Tinned and Dried)	2	2	2	..	..	..	..
Pepper and Pepper Compounds	4	4	4	..	..	..	..
Potato Crips	3	3	3	..	..	..	..
Potted Meat	1	1	1	..	..	..	..
Prunes	1	1	1	..	..	..	..
Rice	1	1	1	..	..	..	..
Rice (Ground)	2	2	2	..	..	..	..
Table Jellies	3	3	3	..	..	..	..
Tapioca	2	2	2	..	..	..	..
Vermicelli	1	1	1	..	..	..	..
Vinegar and Substitutes	5	5	5	..	..	..	..
Yeast	1	1	1	..	..	..	..
Yoghurt	2	2	2	..	..	..	..
Cider	1	1	1	..	..	..	..
Lemonade	1	1	1	..	..	..	..
Orange Drinks	3	3	3	..	..	..	..
Stout	1	1	1	..	..	..	..
Gin	1	1	2	2	..	..	..	..
Rum	2	..	2	2	..	..	..	..
Whisky	1	1	2	2	..	..	..	..
Wines	4	..	4	4	..	..	..	..
<i>Household Drugs:-</i>									
Aspirin (4) Aspirin (1)	
Bicarb. Soda (3) Boracic Acid (1)	
Borax (1) Caesars (2)	
Camphorated Oil (4) Castor Oil (3)	
Cod Liver Oil (1) Comp. Ess. (1)	
Cream of Tartar (2) Epsom Salts (2)	
Eucalyptus Oil (1) Friar's Balsam (2)	
Glauber's Salts (2) Glycerin (2)	
Glycerin, Lemon & Ipec. Mix- ture (1)	
Gregory's Powder (2) Iodine (1)	61	61	61	..	..	..	..
Keros Tablets (1) Liq. Paraffin (3)	
Milk of Magnesia (1) Olive Oil (2)	
Boracic Acid Oint. (2) Zinc Oint. (2)	
Sulphur Oint. (1) Healing Oint. (1)	
Fuller's Earth Oint. (1) Lanoline (1)	
White P.P.T. Oint. (1) Blue Oint (1)	
Paregoric (2)	
Raspberry Vinegar (1)	
Saccharin Tablets (1)	
Stomach Powder (1)	
Syrup of Figs. (2)	
Zinc, Castor Oil & Friar's Balsam (1)	
TOTALS	492	948	1440	1417	23	10	10	..	

BACTERIOLOGICAL EXAMINATION OF MILK.

Samples of all milks coming into and sold in the City are taken regularly and submitted to bacteriological examination. In all, 1225 samples were procured, the results being as follows :—

Designation.	No. taken.	Satisfactory.	Unsatisfactory.	
			Meth. Blue	%
T.T. (Farm Bottled).....	137	122	15	10.95
T.T.	256	218	38	14.85
Accredited	62	56	6	9.70
Undesignated	332	268	64	19.28
Total.....	787	664	123	15.63
T.T. (Past.)	167	164	3	1.79
Pasteurised.....	247	242	5	2.02
Sterilised.....	24	24	—	—
Total.....	438	430	8	1.82

PHOSPHATASE TEST.
(Public Analyst).

Designation.	No. Taken.	Satisfactory.	%
T.T. (Past.)	167	167	100
Pasteurised.....	247	247	100
Sterilised.....	24	24	100
Total	438	438	100

TUBERCULOUS MILK.

376 samples were submitted to the Bacteriologist who subsequently reported 4 to be positive. In each instance the appropriate action was taken in the matter. These samples were of milk produced on 4 farms in the County of Northumberland. The table following sets out the grades of milk sampled and the results of the examinations.

Designation.	No. Taken.	Negative.	Positive.	Percentage. Positive
T.T. (Pasteurised) ...	19	19	—	—
T.T. (Farm Bottled) .	25	25	—	—
T.T.	88	88	—	—
Accredited	21	20	1	4.76
Undesignated	198	195	3	1.51
Pasteurised.....	23	23	—	—
Sterilised.....	2	2	—	—
Total	376	372	4	1.06

THE MILK AND DAIRIES REGULATIONS, 1949 SECTION 8 AND THE FOOD AND DRUGS ACT, 1938, SECTION 22.

Inspection of all premises dealing in milk is carried out systematically and apart from minor offences the condition of the premises have been found to be satisfactory. During the year eighty applications were received for registration as retail purveyors of milk and all after inspection were granted, bringing the total number of premises dealing in milk to 515.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1949.

736 licences to deal in designated milks were granted during the year.

THE PUBLIC HEALTH ACT (CONDENSED MILK) REGULATIONS, 1923, 1927.

Five samples of condensed milk were procured, all being certified genuine and in full compliance with the regulations.

Artificial Cream.

Retail premises on the register number 2. No action has been taken as the manufacture for sale for human consumption of this commodity is still prohibited under a Civil Defence Regulation.

Ice Cream.

During the year 292 samples of ice cream were procured from manufacturers and vendors. 115 being submitted to the Public Analyst and 177 to the Bacteriologist. The analysis and examination results are set out in the following tables :—

PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
Nil.	—	—	0 and 1 per cent.
1	1	—	1 and 2 "
2	2	—	2 and 3 "
2	2	—	3 and 4 "
3	3	—	4 and 5 "
16	15	1	5 and 6 "
18	16	2	6 and 7 "
16	13	3	7 and 8 "
13	12	1	8 and 9 "
19	9	10	9 and 10 "
11	5	6	10 and 11 "
8	2	6	11 and 12 "
2	—	2	12 and 13 "
1	—	1	13 and 14 "
3	—	3	over 14 "
115	80	35	Average fat content 8-10%

All of the samples containing less than 5.00 per cent. of fat were taken before the Food Standard (Ice Cream) Order, 1951 came into operation. Prior to this Order—no legal standard as to fat content was enforceable.

BACTERIOLOGIST.

Provi- sional Grade	Manufactured in City		Manufactured Outside City		TOTAL	
	No. of Samples	%	No. of Samples	%	No. of Samples	%
1	52	40.9	24	48.0	76	42.9
2	34	26.8	11	22.0	45	25.4
3	20	15.8	5	10.0	25	14.2
4	21	16.5	10	20.0	31	17.5
	127		50		177	100%

68.3%
Satisfac-
tory.

31.7%
Unsatis-
factory.

Butter and Margarine Warehouses, Etc.

2 Butter Factories and 32 Margarine Warehouses are registered under section 34, Food and Drugs Act, 1938. These premises were inspected on 47 occasions when conditions therein were found to be satisfactory.

24 samples of Butter and Margarine were submitted to the Public Analyst and certified genuine. During the taking of these samples, margarine containers, wrappings, etc., were examined and all found to be in compliance with the provisions of the Act.

Preservatives in Food.

Of the samples submitted to the Public Analyst 2 (of sausage) were found to contain preservative which was within the prescribed limit. The remainder were free from preservatives. 18 samples of sausages were also submitted to the Public Analyst as to their meat content, which in 5 samples, was found to be below the prescribed percentage. Details of the deficiencies were submitted to the Food Control Committee. Prosecutions with convictions followed and fines totalling £119-15-6 were imposed on the offenders.

Bakehouses.

The total number of bakehouses on the register is 155, and of these 4 are "certified" Basement Bakehouses. At the commencement of

the year 5 certified basement bakehouses were in use and during the year one was discontinued on the business being transferred to approved premises. Re-certification of these basement bakehouses becomes due in October next year.

Supervision of all bakery premises was effectively carried out and apart from minor cause for complaint, all of them were found satisfactory.

No. of Factory Bakehouses (Mechanical).....	106
(Non-mechanical)	45
No. of Underground Bakehouses (Mechanical).....	3
(Non-mechanical)	1
Total	<u>155</u>

Restaurant Kitchens, etc.

Particular attention has again been directed to the maintenance of hygienic conditions in all of these premises and on the whole, all have been well conducted. Improvements involving the spending of considerable sums of money have been carried out in many kitchens and in others much more is promised to be done when licensing restrictions are eased. The problem of the "too small kitchen" in a number of premises remains and renders difficult the maintenance of sanitary conditions. The co-operation with the managements and staffs in the clean handling of foodstuffs, which has been in operation for a good while, is a valuable working arrangement and has again proved beneficial. Cafes, Restaurants and Snack Bars increased by 10 whilst the canteens decreased by 9 during the year. The numbers and types of these premises are as follows :—

Hotel Kitchens	48
Cafes and Restaurants	107
Snack Bars	36
Refreshment Rooms	2
Canteens	66
Coffee Stalls	1
Total	<u>260</u>

Fried Fish Shops.

The business of "Fish and Chips" is carried out on 139 registered shops who cater for mid-day and evening meals, the sale being generally for consumption off the premises. Altogether 406 inspections (daytime and evening) of these premises were carried out. The majority are well appointed for the purpose and throughout the year a satisfactory standard of cleanliness was maintained.

WATER SUPPLY.

The supply of water is furnished to the City by the Newcastle and Gateshead Water Company who also supply other areas on Tyneside. The main supply is pure upland surface water obtained from large catchment areas at Cateleugh (close to the Cheviots) and in lower Northumberland. Secondary supply is from the River Tyne at Barrasford and Wylam. Reservoirs are situated at Cateleugh, Colt Crag, Hallington, Simonburn and Whittle Dene. Filtering and Chlorinating stations are situated at Whittle Dene and Throckley, 11 and 5 miles respectively west of the City.

From these stations the domestic water supply is piped into the City, whilst the great riverside works are catered for by a separate trade main. The great majority of our 85,756 dwellinghouses possess an adequate internal water supply. In 551 of them (population approximately 2,000), the supply is by standpipes in the back yard, whilst in 3,039 others, supplies are available to the ground floor holdings from back yard standpipes, with internal supplies to the other floors. The Water supply has been satisfactory in quality and quantity and is not liable to have plumbo-solvent action. 10 houses in a colony situate in a rural outskirts of the City are supplied from wells, and from each the water is subjected to periodic sampling. Proposals are now afoot to bring a town mains supply of water to these 10 houses. Under present circumstances, however, at least 18 months may elapse before the supply is laid on to each house.

Bacteriological Examination.

The domestic supply is sampled weekly from supply taps on premises within the City and also at Throckley Water Works and two other control stations outside of and west of the city.

Throughout the year 354 samples have been taken, only 3 of which were found to be unsatisfactory, with two others suspicious.

Chemical Analysis.

4 samples were taken monthly from the domestic supply and from different points within the City, and in each sample the Public Analyst certified that the water was of satisfactory organic purity, its microscopical characteristics were good, it was clear and bright and suitable for public supply.

Public Baths.

"Break Point" chlorination of the plunge bath waters is carried out and samples are regularly taken and submitted to the Bacteriologist for examination. As an additional measure the water is tested with the "chloroscope" weekly by the Inspectorial Staff so as to ascertain its sterility or otherwise and its pH value. Throughout the year all samples were satisfactory and the average pH value was 7.3.

NUISANCES.

The nuisances dealt with each year remain fairly constant as a rule, not only in number but also in nature.

It was anticipated a few years ago on the demolition of the old worn out premises in the congested areas of the City, which were dealt with under Slum Clearance Schemes, that inspectorial time spent formerly on these areas could be devoted to other purposes. Owing to years of neglect of maintenance work by owners of other dwelling-houses this time is of necessity now spent on them with a view to eking out their lives as best as can be, until they also are dealt with as totally unfit houses.

One matter only stands out for comment and it is of a deposit of fine grey dust over one sixth (approx.) of the area of the City. This deposit became most noticeable in October during a spell of real summer weather and continued in varying degrees in accordance with the climatic conditions to the end of the year. This fine dust, of inert matter, apart from being readily noticeable externally, permeated into the inner recesses of many houses and caused much alarm and concern. The source of the nuisance was soon located as coming from outside of the City and the cause subsequently found to be due to a mechanical defect in the electrostatic precipitators fitted to furnaces burning powdered fuel.

The function of the electrostatic precipitators is to prevent this fine grey dust being emitted into the atmosphere but the occurrence of the defect, however, defeated this object and a serious nuisance thus arose. Remedy of the defect in the electrostatic precipitators presents no great mechanical difficulty but the closing down of the furnaces before the defects may be made good does present extraordinary difficulties and cannot be undertaken until early 1952. In the meantime as far as practicable every effort is being made by the management of the premises to reduce the emission of the fine grey dust.

The total number of nuisances dealt with during the year was 8,020 as against the preceding year's 8,787.

SANITARY INSPECTORS' TOTAL SUMMARY FOR YEAR 1951.

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	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTALS.
Complaints from Health Department	851	505	487	475	711	583	561	517	583	610	773	354	7010
Complaints on District	67	65	48	57	68	51	47	63	61	65	108	23	723
Nuisances found on District	22	28	24	16	15	16	24	30	31	43	27	11	287
Inspections of Dwelling Houses—													
Under P.H. Acts	1003	555	540	583	902	682	641	668	608	675	853	381	8091
Housing Act (Sect. 9) and Consol. Regs. ....	..	1	..	..	..	..	..	..	..	45	..	..	46
Housing (Slum Clearance)	2	..	1	54	10	..	74	1	20	..	43	937	1142
Housing Applications	40	71	46	46	65	44	72	47	89	72	60	37	689
Housing Overcrowding	5	4	3	3	9	1	10	3	6	9	5	6	64
Tenement Holdings	152	150	135	117	100	109	155	163	192	139	122	248	1782
Tenement Yards, Courts, etc.	83	61	83	122	70	34	90	62	82	65	71	59	882
Tenement, as to Limewashing .....	..	..	..	34	..	..	..	..	1	..	..	..	35
Houses let in Lodgings .....	..	5	1	1	1	3	4	2	1	1	2	1	22
Houses let in Furnished Rooms .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Revisits re Works Ordered	1749	1759	1597	1694	1467	1275	1362	1481	1517	2040	2172	1344	19457
Supervision of Work in Progress	186	208	232	111	139	116	428	146	142	190	209	163	2270
Inspections of Drainage Work	41	52	40	38	28	46	40	57	52	66	22	34	516
Miscellaneous Visits	418	399	310	368	508	440	491	424	429	466	433	507	5193
Inspections of Other Premises—													
Offices (Sect. 92, P.H.A. '36)	23	27	26	29	21	9	24	9	27	10	8	3	216
Shops (Sect. 38 Shops Act)	51	43	57	32	46	10	18	15	56	45	15	8	396
Hairdressers' Premises	5	1	..	2	4	2	2	4	5	5	5	1	36
Hotels, Inns, Public Houses	52	52	46	48	88	73	90	47	62	76	80	39	753
Cinemas, Theatres, Halls, etc.	45	33	47	32	42	37	45	33	42	48	36	29	469
Stables, Manure Pits, etc.	16	6	12	12	8	28	9	6	15	10	9	4	135
Piggeries	3	3	4	2	4	8	6	12	5	8	2	..	57
Yards, Accumulations, etc.	6	5	1	7	15	19	8	8	12	8	4	10	103
Public Conveniences	26	27	36	29	40	52	42	37	34	53	33	18	427
Tents, Vans, Sheds, etc.	1	..	..	..	..	460	..	..	..	..	..	..	461
Ditches, Streams .....	..	..	..	..	1	..	..	..	..	3	1	..	5
Schools (Sanitation)	2	2	3	4	2	4	1	2	3	3	3	1	30
Smoke Observations (½ hour)	21	13	23	..	39	23	58	49	37	101	85	31	480
Visits to Boiler Plant	4	4	3	11	10	6	13	13	8	20	11	5	108
Inspections of Drainage Work	13	21	14	9	15	15	22	8	33	57	41	4	252
Re-visits, re Works Ordered	44	38	13	35	49	33	30	27	24	32	28	14	367
Miscellaneous Visits	61	66	33	48	77	62	60	60	29	56	68	28	648
Inspections of Food Premises—													
Cowsheds	11	12	3	8	2	10	3	2	6	3	5	1	66
Dairies (Bottling/Filling)	32	22	27	17	17	23	24	18	18	31	26	6	261
Milkshops (Retail)	93	75	88	77	86	61	98	82	102	101	88	30	981
Ice Cream Manufactories	12	10	10	10	16	12	9	9	7	11	8	10	124
Ice Cream Retail Premises and Applications ..	104	103	90	143	117	91	128	138	98	114	105	36	1267
Ice Cream Vehicles .....	..	1	1	..	4	126	4	2	1	3	..	4	146
Margarine Warehouses	6	4	3	2	4	3	5	8	3	2	1	1	42
Butter Factories .....	..	1	..	..	..	..	1	1	1	..	1	..	5
Meat Retailers	24	32	28	13	23	18	36	37	39	37	31	24	342
Fishmongers/Poulterers	18	24	20	17	24	41	16	27	23	33	18	13	274
Grocers	69	52	56	46	55	43	59	74	79	61	77	27	698
Fruiterers/Greengrocers	89	79	39	62	53	240	53	60	52	81	64	14	886
General Dealers	175	143	143	146	146	101	177	164	174	187	148	67	1771
Food Manufactories (Sect. 14)	7	8	8	4	1	6	8	7	7	7	1	9	73
Catering Establishments	42	35	34	42	36	305	29	38	27	33	28	13	662
Bakehouses (Mechanical)	13	13	10	7	11	12	15	14	68	13	12	5	193
Bakehouses (Non-Mechanical)	15	8	3	5	12	12	11	19	33	14	4	5	141
Bakehouses (Domestic)	4	7	7	13	..	3	4	2	8	4	5	1	58
Fried Fish Shops (Day)	40	38	41	41	27	28	32	33	33	31	32	18	398
Fried Fish Shops (Night) .....	..	..	1	..	3	..	1	2	..	1	..	..	8
Inspections of Drainage Work	2	..	3	1	..	..	11	15	7	6	1	26	72
Supervision of Work in Progress	25	17	4	11	12	6	19	14	10	10	13	17	158
Miscellaneous Visits	25	19	8	16	16	608	17	13	25	20	12	10	789
Offensive Trades—Blood or Soap Boiler	1	3	7	6	8	1	..	..	6	6	1	39	
Fat Extractor, Bone Boiler, Gut-Scraper ..	4	3	2	..	..	..	..	4	..	5	2	..	20
Glue and Size-Maker; Tripe Preparer	3	2	3	2	1	1	1	..	2	5	7	13	40
Hide and Skin Dealer; Rag and Bone Dealer ..	2	..	1	2	..	..	..	..	..	..	..	1	8
Supervision of Works in Progress	5	2	..	..	..	..	..	..	..	1	..	..	3
Food Warehouses .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Street Traders	21	57	62	34	32	86	12	25	31	75	19	47	501
Drainage Inspection (Rodents)	8	7	8	4	14	4	2	5	31	27	35	12	157
TOTAL													54,837

*Not included in total number of Inspections

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED.

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MATTERS DEALT WITH.	Dwelling Houses.	Tenem'ts.	Food Premises and Street Vendors.	Shops.	Offices.	Places of Public Resort.	Other Premises.	TOTALS.
Accumulations	40	33	8	6	..	2	22	111
Animal Nuisances	3	1	2	2	1	..	..	9
Cowsheds Cleansed .....	..	..	..	..	..	..	..	..
Cowsheds Repaired, Improved .....	..	..	..	..	..	..	..	..
Cooking Accommodation Repaired	3	..	..	..	..	..	..	3
Cooking Accommodation Provided	1	10	..	..	..	..	..	11
Dampness	744	75	6	1	..	1	..	827
Dustbins	613	81	7	..	..	6	5	712
Drain Tests Applied	155	8	4	18	6	6	13	210
Drains Found Defective	63	3	3	7	3	4	2	85
Drains, Waste Pipes, Cleared	395	155	1	19	3	2	..	575
Drains/Soil/Waste Pipes Repaired/Renewed (Yds.)	717½	104	40	179	8	2	41	1091½ yds.
Drains/Soil/Waste Pipes Provided (Yds.)	145	6	30	151	10	11	61	414 yds.
Doors and Windows	1094	212	17	..	2	3	..	1328
Ditches and Streams Cleansed .....	..	..	..	..	..	..	1	1
Floors	297	47	15	10	1	1	..	371
Food Stores Provided	17	11	1	..	..	..	..	29
Fireplaces/Flues	110	24	2	1	..	..	..	137
Lighting Improved	4	11	2	1	1	..	..	19
Manure Pits Emptied .....	..	..	..	..	..	..	..	..
Manure Pits Repaired/Improved .....	..	..	..	..	..	..	..	..
Offensive Trades (Contraventions Remedied) ..	..	..	..	..	..	..	..	..
Piggeries Cleansed .....	..	..	..	..	..	..	..	..
Piggeries Repaired/Provided .....	..	..	..	..	..	..	2	2
Roofs, Gutters, Spouting	1980	351	23	9	4	2	1	2370
Rooms Cleansed/Redecorated	16	32	56	4	1	1	7	117
Sanitary Accommodation Provided	13	2	6	9	3	4	4	41
Sanitary Accommodation Repaired	883	218	15	8	3	7	1	1135
Sanitary Accommodation Cleansed	6	13	7	1	..	2	..	29
Sinks/Wash Basins Repaired	60	7	8	1	..	..	1	77
Sinks/Wash Basins Provided	23	13	35	21	4	9	..	106
Sites Cleared	13	..	..	..	..	..	2	15
Stables Cleansed .....	..	..	..	..	..	..	4	4
Smoke Nuisances (Domestic)	147	28	1	..	..	..	..	176
Smoke Nuisances (Industrial) .....	..	..	..	..	..	..	2	2
Temperature Improved .....	..	..	..	3	..	..	..	3
Urinal Accommodation Provided (Ft.) .....	..	..	..	..	..	8	..	8
Urinal Accommodation Cleansed .....	..	..	..	..	1	1	..	2
Ventilation Improved	17	..	17	13	3	1	..	51
Walls and Chimneys (External)	158	18	1	2	1	..	..	180
Walls and Ceilings (Internal)	1085	205	29	7	2	2	1	1331
Washing Clothes Accommodation Provided ..	1	2	..	..	..	..	..	3
Washing Clothes Accommodation Repaired ..	19	10	..	..	..	..	..	29
Water Supply Provided (New)	5	15	124	26	..	9	1	180
Water Supply Reinstated	793	184	8	5	1	..	4	995
Yards Repaired/Relaid	96	15	4	2	..	..	1	118
Yards Cleansed/Limewashed	4	6	1	1	..	..	..	12
Other Nuisances	341	43	15	2	..	..	3	404
Housing Acts—								
Dwellinghouses Closed .....	..	..	..	..	..	..	..	..
Dwellinghouses Demolished .....	..	..	..	..	..	..	..	16
Dwellinghouses Rendered Fit (Informal) .....	..	..	..	..	..	..	..	..
Dwellinghouses Rendered Fit (Statutory) .....	..	..	..	..	..	..	..	..
Overcrowding—								
A. New Cases .....	..	..	..	..	..	..	..	166
B. Rehoused (By Corporation) .....	..	..	..	..	..	..	..	285
C. Rehoused (Privately) .....	..	..	..	..	..	..	..	11
Rent Book Amendments (P.Nos. etc.) ..	..	..	..	..	..	..	..	43

SERVICE OF NOTICES.	INFORMAL.				STATUTORY.	
	(VERBAL)		(WRITTEN)		SERVED.	COMPLIED WITH.
	SERVED.	COMPLIED WITH.	SERVED.	COMPLIED WITH.		
Public Health Act	137	213	2705	1724	3813	3657
Housing Act (General) .....	..	..	2	..	..	..
Housing Act (Overcrowding) .....	..	..	7	..	..	..
Shops Act, 1950 (Sec. 38)	3	3	16	31	7	4
Food and Drugs Act, 1938	33	50	79	100	10	5
Corporation Acts and Regulations	23	30	624	409	15	123
Tenement Bye-laws—Owner	1	4	25	8	145	2
Occupier .....	..	..	33	..	3	..
TOTALS	197	300	3,491	2,272	3,993	3,791

Notices Served.

During the year 3,688 informal and 3,993 statutory notices were served, and, in addition, 1,237 "summons" letters, 1,460 circular letters and 1,921 other letters were sent.

Legal Proceedings.

Whilst every effort is made to avoid legal proceedings against the persons concerned to comply with the requirements of notices served upon them, it became necessary to take out summonses in 40 instances. In each case except two, the required works were carried out and costs of the summons paid. The other 2 cases were heard and in one the defendant was fined £1-0-0 plus £2-2-0 costs and the work of repair costing £23-15-6 became a charging order against the house, in the other (provision of a dustbin) defendant was fined £1-0-0 plus £5-5-0 costs.

Pail Closets, Privies, etc.

The pail-closets, privies etc., are situated in the semi-rural areas on the outskirts of the City. Structurally they are in a reasonably sound condition, and owing to the absence of convenient sewerage facilities they must remain. The conversion of these to water-closets will be enforced immediately suitable facilities are available.

NEWCASTLE CORPORATION (GENERAL POWERS) ACT, 1935.

The Medical Officer of Health and the Sanitary Inspector are empowered under the above Act to deal, on a 24 hours' notice, with defective and/or choked drains, conveniences, soil pipes and waste pipes from baths, sinks, etc. On default of an owner, the works required may be carried out on instruction of the Health Committee and the costs recovered from the owner or occupier of the premises as the case may be. In all, these very useful powers have been invoked in the service of 603 notices, and in 40 instances the specified works were carried out when default was made, at a total cost to the defaulters of £215-3-1.

ATMOSPHERIC POLLUTION.

Smoke Abatement.

Smoke observations on the chimneys of business premises carries on as a routine measure each year, and during the year 519 observations were made. Smoke nuisances occurred on 24 occasions and 19 informal notices were served.

Deposit Gauges and Sulphur Dioxide Recorders.

At each of the sites, set out in the table, there is installed a deposit gauge and a Sulphur Dioxide Recorder. In addition sulphation is measured at a station in Dean Street. During the year the average daily mean concentration of Sulphur Dioxide was 0.12 parts per million the highest being 0.34 and the lowest 0.01 p.p.m.

Whilst much good work is carried out in the detection and prevention of smoke nuisances in the City, this form of atmospheric pollution cannot be dealt with effectively by the City alone. The adjoining authorities in our congested Tyneside area carry out their duties in dealing with this nuisance, but there is no common policy or concerted action at work which alone may bring about a clean atmosphere. The need of the area therefore is one governing body over the whole of Tyneside to deal with this specific problem.

RESULTS FROM OPERATION OF SIX GAUGES IN THE CITY.

Site of Gauge.		RAINFALL (inches).	ENGLISH TONS OF DEPOSIT PER SQUARE MILE							
			Insoluble Matter.			Soluble Matter.	TOTAL SOLIDS.	Included in Soluble Matter		
			Tar.	Other Combustible	Ash.			Sulphate as SO ₄	Chlorine as Cl.	Lime as Ca.
Kenton Hall	Month	2.46	0.9	3.80	8.34	5.90	18.13	1.26	0.90	0.48
	Annum	29.52	1.08	45.63	100.07	70.85	217.63	15.12	10.83	5.79
Westgate Cemetery	Month	2.42	0.12	5.29	11.37	7.36	24.14	1.65	1.11	0.53
	Annum	29.04	1.46	63.51	136.42	88.28	289.67	19.80	13.36	6.35
Welbeck Road	Month	2.03	0.105	3.35	7.79	6.201	17.54	1.47	1.07	0.48
	Annum	24.41	1.26	40.31	93.59	75.42	210.58	17.67	12.89	5.82
Benwell Waterworks	Month	2.54	0.09	4.16	10.82	6.11	21.55	1.45	1.018	0.44
	Annum	30.50	1.17	50.00	129.90	73.36	258.64	17.40	12.22	5.31
Freeman's Road	Month	2.27	0.08	2.77	5.66	4.64	13.16	0.93	0.78	0.508
	Annum	27.26	0.97	33.25	68.03	55.73	157.98	11.25	9.43	6.10
Stotts Road	Month	1.67	0.07	2.58	4.99	3.88	11.53	0.87	0.76	0.29
	Annum	20.13	0.89	31.01	59.88	46.67	138.45	10.50	9.21	3.49
Average per Gauge	Month	2.23	0.092	3.66	8.16	5.682	17.67	1.27	0.939	0.454
	Annum	26.81	1.14	43.95	97.98	68.38	212.16	15.29	11.32	5.47
Total Deposit (Tons) on the City during 1951	Month		1.638	65.199	145.362	101.219	314.77	22.623	16.767	8.087
	Annum		20.30	782.92	1745.42	1218.12	3779.43	272.37	201.65	97.44

OFFENSIVE TRADES.

The offensive trades are those set out under the Public Health Act, 1936.

Throughout the year 113 inspections of these trade premises were carried out and apart from minor lapses the businesses have been carried out in a satisfactory manner.

The number and types of offensive trades on the register is :—

Rag and Bone dealers	8	Fat Melters	2
Tripe boilers	5	Glue Makers	2
Gut scrapers	2	Soap boilers	1
Dealers in hides and skins	2	Blood boilers	2
Bone boilers	2	Fish curing	1
		Total	<u>27</u>

PLACES OF PUBLIC ENTERTAINMENT.

Theatres, Cinemas, etc.

Attention is paid to all places of public entertainment as to the suitability and sufficiency of the amenities provided for patrons and staff, together with the sufficiency of ventilation, heating, lighting and the condition of cleanliness, etc. With regard to premises where application is made to the Licensing Magistrates for a licence for music and/or dancing, a Certificate of Sanitation from the Sanitary Authority must be produced in support of the application. Five such applications were received and granted. Of these 5 applications, one was from the Student members of The Union Society, King's College, Newcastle upon Tyne, for a "one week period" to enable them to open and run premises during their "Rag Week Revels."

The total number of premises in respect of which certificates of Sanitation have been issued is 167 comprising 6 theatres and music halls, 35 cinemas, and 126 dancing and concert halls, billiard rooms and cafes.

The number of inspections (day and evening) of all these premises carried out during the year was 469 and sanitary conditions were found to be reasonably satisfactory.

HOUSING.

The Housing Act, 1936.

The number of inspections carried out during the year totalled 1941.

Section 11.

19 Houses were represented to the Health Committee as being totally unfit for human habitation and subsequently the City Council sealed orders in respect of all of them. Two of the houses were condemned in 1939 under Compulsory Purchase Orders of which the powers have now lapsed.

All of the houses were in a deplorable structural condition and incapable of repair. In 2 instances, request for the condemnation of the houses was made by the owners concerned.

Section 51.

No applications were received for the certification of improvements to dwellinghouses.

Section 57—Abatement of Overcrowding.

The total number of families rehoused by the Housing Department from overcrowded dwellings into houses suitable for their needs was 285 with a population of 1377.

Applications for Council Houses.

The Medical Officer of Health and Chief Sanitary Inspector with the approval of the Housing and Health Committees deal with applications for Council Houses, where the conditions are such that their special knowledge should be used to bridge the gap between the "Points Scheme" of the Housing Committee and other matters that are so difficult to assess satisfactorily with so many points.

619 applications were received during the year, and after investigation and careful consideration were classified into four groups; and appropriate recommendations submitted to the Housing Department. Re-housing was effected in 296 cases.

The majority of the applications were received direct from the applicants, the others being from the Medical Profession and other interested sources.

Section 62.

Under this section the "permitted number," *i.e.*, the number of persons who may normally sleep in a dwellinghouse without causing illegal overcrowding, is issuable by the Health Committee. During the year 43 such numbers were supplied to applicants after inspection and measurement of the rooms.

Tenemented Houses.

During the year 10 tenemented houses (51 holdings) were added to the register.

The number of such houses on the register at the end of the year was 1,390, with 4,114 holdings therein, as follows: one-roomed holdings, 1,024; two-roomed holdings, 2,517; three-roomed holdings, 517; four-roomed holdings, 47; five-roomed holdings, 9; Total, 4,114.

Inspections carried out of these houses numbered 2,699.

Common Lodging Houses.

Two houses only now remain on the register, with beds for 88 male lodgers. This accommodation throughout the year was just sufficient to meet the demand, as the highest nightly demand was for 86 beds and the lowest 78, the average being 84.

Strict supervision was exercised over the houses and lodgers, and when vermin was found, the houses, beds and bedding disinfested and the lodger cleansed at the Special Skin Clinic.

Slum Clearance (Demolition).

16 dwellinghouses, condemned under pre-war Slum Clearance Orders, which had become empty, derelict and in a dangerous condition, were demolished.

Tents, Vans, Sheds and Similar Structures.

There are no tents, vans, sheds or similar structures occupied as permanent dwellings in the City.

New buildings and Sanitary Alterations.

161 plans were received from the Town Improvement and Streets Committee for examination. Where necessary improvements on the proposals were suggested on their return. The number of plans submitted last year was 222.

DISINFESTATION.

Eradication of Bed Bugs, Black Beetles, etc.

Re-housing.

Whenever an incoming tenant of a new or vacated Council house has lived in a verminous or query verminous house, the rooms, his goods and chattels are thoroughly treated with an insecticide before removal to his new house, whilst soft goods (mattresses, etc.) are steam disinfected.

Council and Private Houses.

When private houses are found verminous, then, in accordance with the degree of infestation, the wood mouldings, skirtings, wall coverings, etc., are removed and the rooms and contents therein treated with a liquid and/or powder insecticide. Mattresses and other soft goods are removed and steam disinfected where necessary. Rooms are then thoroughly cleansed and re-decorated.

In Council Estate houses the City Architect carried out all disinfestation work (apart from steam disinfestation), and when houses are found to be infested the foregoing procedure is carried out, but before replacement of woodwork it is well coated on the back side with creosote or other preservative. After cleansing and re-decoration of the rooms, further treatment with insecticide is given and observation kept on the houses.

Insecticides in use are Zaldecide, Gammexane, D. Solution, Lowes' Deodex, etc., in liquid, powder and fume form. Re-infestation has rarely been found.

The number of premises found to be verminous and dealt with is as follows :—

Council Houses, 32 ; Private Houses, 277 ; Other Premises, 6.

FACTORIES ACT, 1937.

Factories, manual or non-manual, come within the jurisdiction of the Health Committee. In the latter group powers are, to some extent, restricted. Overcrowding, ventilation, heating, the provision of water supplies, washing facilities, sanitary accommodation, the handling, preparation and storage of food, and a host of other matters of a hygienic nature call for constant supervision, and during the year 6,659 inspections were made, including inspections under the Food and Drugs Act.

Outworkers.

A list of outworkers (carrying out work of scheduled trades in their own homes on behalf of a factory) must be submitted to the Local Authority by occupiers of factories twice per year, in February and August. 22 lists were so received, and 67 inspections were carried out on outworkers' premises.

H.M. Inspector of Factories notifies a Local Authority of any matters under their jurisdiction which have come to his notice to be dealt with by them and, in all 39 such notices were received as to insanitary conditions. These all received attention and the action taken was reported to H.M. Inspector as required by the Act.

Administration of the Factories Act, 1937.

Home Office Tables.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH. INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

PREMISES.	NUMBER OF		
	Inspections.	Written Notices.	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories with mechanical power	3,042	142	..
Factories without mechanical power.....	1,104	59	..
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	118	4	..
Total.....	4,264	196	..

2.—DEFECTS FOUND.

Particulars. (1)	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecutions were instituted. (5)
	Found. (2)	Re-medied. (3)	Referred by H.M. Inspector. (4)	
Want of cleanliness (S.1)	109	86	26	None.
Overcrowding (S.2)	12	8	2	
Unreasonable temperature (S.3)	17	14	1	
Inadequate ventilation (S.4)	1	3	..	
Ineffective drainage of floors (S.6)	2	2	..	
Sanitary } insufficient	63	56	3	
Convenience } unsuitable or defective ...	79	64	2	
ces (S.7) } not separate for sexes.....	5	2	..	
Other Offences	80	37	2	
(Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)				
Total	368	272	36	—

OUTWORK IN UNWHOLESOME PREMISES.
(Factories Act, 1937; Section 110).

NATURE OF WORK.	No. of Outworkers	No. of cases of default in sending Lists to the Council.	Prosecutions.
Making Wearing Apparel.....	50	1	None.
Paper Bag Making	16	..	None.
Stuffed Toy	1	..	None.
Total	67	1	None.

Workplaces.

Workplaces, wherein is carried out all manner of business and trades, are dealt with under the Public Health Act, 1936, and other Acts. Of these premises 1,682 inspections were made and the following defects found and dealt with :—

Want of cleanliness	11
Sanitary accommodation insufficient or defective	5
Other nuisances	10
Total	26

LIST OF TRADES.

Group.	TRADES.	NUMBER OF	
		FACTORIES (Factories Act, 1937).	WORKPLACES (Public Health Act. 1936).
1	Athletic Outfitters (comprises : the making and repairing of bats, rackets, guns, cycles, billiard tables, golf clubs, etc.)	20	..
2	Bakehouses	155	..
3	Food (comprises : bacon-curing, rolling and smoking, packing of vegetables, fruits, canned goods, ice cream, fish-curing and smoking, sauce and pickles, tripe-boiling, jam making, sugar boilers, egg-sorters, wholesale fish dealers, sausage makers, potato stores, etc.)	264	99
4	Laundries	29	..
5	Metal workers (comprises : blacksmiths, whitesmiths, coppersmiths, locksmiths, tin-smiths, brass-finishers ; motor, electrical and general engineers, wireworkers, sheet metal workers, car-breakers, plumbers, engravers, millwrights, etc.)	470	62
6	Restaurant kitchens (including hotels, cafes, dining rooms, snack bars, works canteens, and community food supply centres) .....	..	260
7	Wood workers (comprises : saw mills, joiners, cabinet-makers, wood carvers, picture framers, undertakers ; boat builders and repairers, ladder makers, coopers, toy makers, boxmakers, etc.)	202	33
8	Wearing apparel (comprises : dressmakers, milliners, costumiers, mantle and gown makers, underclothing, bed linen, furriers, shirt makers, tailors, etc.)	228	54
9	Workers in leather (comprises : bootmakers and repairers, bookbinders, bag and trunk makers, belt makers, harness and saddlery, etc.)	113	26
10	Watchmaking and jewellery (comprises : watchmakers, opticians, instrument makers, etc.)	59	16
11	Miscellaneous trades (comprises : transport workers, hide and skin dealers, hay and corn dealers, marine stores, scrap metal works, timber yards, grease and oil stores, bottle washers, photographers, painters and decorators, bouquet and wreath makers, soap boilers, wholesale chemists, cosmetic makers and packers, etc.)	530	176
	TOTAL	2,070	726

Council and other Schools.

Routine inspections numbering 30 were made of all the schools in the City. Minor defects only were found and upon verbal request to the Education Authority they were promptly remedied.

Shops Act, 1950 : Section 38.

Inspections totalling 396 were made, when 509 contraventions were found and dealt with. Details of these inspections are embodied in the "Summary of Inspections" table on page 120A.

The Rag Flock and Other Filling Materials Act, 1951.

The Rag Flock and Other Filling Materials Act, 1951, came into operation on the 1st November, 1951, and supersedes the Rag Flock Acts, 1911, 1928.

No rag flock is manufactured in the City, but all the prescribed materials set out in the new Act are used on the premises where upholstery work is carried on. Under the old Acts, 1 sample of rag flock was submitted to the Public Analyst who certified it to conform to the standard of cleanliness demanded.

All upholsterers' premises came under inspection during the 175 visits paid to them.

Fertilisers and Feeding Stuffs Act, 1926.

Factories, warehouses and retail shops where fertiliser and feeding stuffs are made, stored or sold are visited to ascertain whether the requirements of the Act are being observed.

41 visits were made to factories and premises manufacturing and/or retailing fertilisers and feeding stuffs and in addition, these premises were subject to supervision under the powers of other Acts.

12 samples (all informal) of fertilisers and 7 samples (4 formal and 3 informal) of Feeding Stuffs were taken and submitted to the Agricultural Analyst for analysis.

Fertilisers.

In 2 samples (Turf Fertiliser and Garden Fertiliser) the phosphoric acid content was rather high. In another (Tomato Fertiliser) the amount of potash found was also above the standard amount but in

each instance the Agricultural Analyst was of opinion that the purchaser was not prejudiced. A sample of bone meal was low in potash, and formal sample of this article could not be obtained as stocks were exhausted.

Feeding Stuffs.

All samples were certified to be satisfactory.

Agricultural Produce (Grading and Marking) Acts, 1928, 1931.

Premises where eggs are kept in cold or chemical storage are registerable under these Acts. 4 such premises are on the register and inspections (included under food premises) were made regularly throughout the year.

Merchandise Marks Act, 1926.

Inspections and visits were made to 69 shops, stall holders and hawkers to ascertain whether articles of imported foodstuffs had the "indication of origin" properly marked upon them. In an instance of 3 shopkeepers and 9 stallholders "Channel Islands" Tomatoes were labelled "English," otherwise no other offences were detected. The obligation of the Act was explained to the persons offending and on re-visits to them, compliance with requirements was being carried out.

Pharmacy and Poisons Acts, 1933, 1941.

LISTED SELLERS OF PART II POISONS.

Registration of premises and persons selling poisons scheduled under the above Acts is obligatory and much care is exercised over the registration of any food premises selling such poisons. Generally the sale in these shops is that of sealed bottles of disinfectant. New registrations during the year totalled 2 and the number of premises on the register at the end of the year was 166.

During the year 12 premises ceased to sell the listed articles and their names and addresses were accordingly deleted from the register.

196 visits (apart from other inspections of these premises) were made, when the provisions of the Acts and Rules were found to be complied with. Verbal cautions were given in respect of slight offences occurring on 7 premises.

Exhumations.

One exhumation and re-interment authorised by Home Office licence was supervised during the year. The operation was carried out in the early morning in a reverent and sanitary manner and with due regard to the conditions set out in the licence.

Staff Changes.

No staff changes have taken place during the year.

Conclusion.

The duties carried out by the Inspectorial and Clerical Staffs have proved of an exacting nature, and under the circumstances of to-day, the demands upon them have been heavier than in former years. Due to the energy, persistent determination and loyalty pursued by them in their respective spheres the department has been enabled to make steady progress in its work and to each and all I tender my most grateful thanks.

W. GRAY,

Chief Sanitary Inspector.

INCLUDING REPORTS OF
DISEASES OF ANIMALS AND
INSPECTION OF MEAT AND OTHER FOODS.

VI—VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED,
RATS AND MICE DESTROYED.

THESE REPORTS ARE SUBMITTED TO THE BOARD OF HEALTH BY THE VETERINARY OFFICER OF THE CITY OF NEW YORK, IN ACCORDANCE WITH THE PROVISIONS OF THE ANIMALS LAWS, AND ARE INTENDED TO BE A RECORD OF THE DISEASES OF ANIMALS AND OF THE INSPECTION OF MEAT AND OTHER FOODS.

REPORT OF

THE VETERINARY OFFICER OF THE CITY OF NEW YORK, IN ACCORDANCE WITH THE PROVISIONS OF THE ANIMALS LAWS, AND ARE INTENDED TO BE A RECORD OF THE DISEASES OF ANIMALS AND OF THE INSPECTION OF MEAT AND OTHER FOODS.

FOR THE YEAR

1900. THE VETERINARY OFFICER OF THE CITY OF NEW YORK, IN ACCORDANCE WITH THE PROVISIONS OF THE ANIMALS LAWS, AND ARE INTENDED TO BE A RECORD OF THE DISEASES OF ANIMALS AND OF THE INSPECTION OF MEAT AND OTHER FOODS.

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ANIMALS SLAUGHTERED, CARCASSES FORWARDED.

BATS AND WICKS DESTROYED.

REPORT OF THE VETERINARY OFFICER**for the Year 1951.****To the Medical Officer of Health.**

SIR,

I have pleasure in submitting the following Report for the year 1951.

DISEASES OF ANIMALS.**Diseases of Animals Acts, 1894-1937.**

During the year 1951, two outbreaks of scheduled disease occurred amongst the animals within the City, compared with one during the previous year.

Foot and Mouth Disease.

No case of foot and mouth disease occurred within the City during the year, and notwithstanding numerous outbreaks reported throughout the country, especially during the latter half of the year, no restriction of movement orders were applied. Within Great Britain there were 116 outbreaks of the disease, necessitating the slaughter of 12,875 animals, compared with 20 outbreaks during the previous year, in which 2,140 animals were slaughtered.

Tuberculosis.

During the year, one bovine animal showing evidence of chronic cough and clinical signs of tuberculosis was dealt with under the Tuberculosis Order of 1938. The animal was valued and slaughtered and on post-mortem examination was found affected with advanced disease.

Anthrax.

The City was completely free of Anthrax during the year under report, microscopic examinations of blood smears from the carcasses of 12 animals found in the City slaughterhouses all proving negative.

Within Great Britain 407 outbreaks were confirmed, 440 animals being attacked by the disease, compared with 344 outbreaks during the previous year, involving 959 animals.

Swine Fever.

During the year under report, one outbreak of swine fever occurred within the City. This was discovered during routine inspection within

the City slaughterhouses, lesions suggestive of the disease being found in the carcasses of two pigs which had been sent for slaughter due to the fact that they were ailing. The pigs had been consigned from premises outside the City, and on these premises the existence of the disease was subsequently confirmed by the Ministry of Agriculture and Fisheries.

Within Great Britain during the year, 1,343 outbreaks occurred, 431 swine being slaughtered, compared with 430 outbreaks during the previous year, in which 192 swine were slaughtered.

Rabies.

Great Britain is still free from this disease and has been so since 1922.

Parasitic Mange.

No outbreak of this disease occurred within the City nor in any other part of Great Britain during the year.

Fowl Pest.

During the year no outbreaks of this disease occurred within the City. Within Great Britain an increase in the number of outbreaks was reported, there being 844 as compared with 172 during 1950.

Railway Cattle and Horse Docks, Live Stock Markets, Lairs and Horse Sales.

For the purpose of the Transit of Animals Order of 1927 to 1947, 270 visits were made to the Collecting Centre at the Cattle Market, and the railway cattle docks during the year. The cleansing and disinfection were found to have been carried out efficiently. One ox, 10 sheep and one pig were found dead at the railway cattle docks and, after inspection, permission was granted for their removal for destruction, together with two oxen and one pig from the slaughterhouse.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1951.

Railway Cattle Docks.	Collecting Centre, Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Poultry Market.
115	155	36	360	18

OUTBREAKS OF SCHEDULED DISEASES WITHIN THE CITY.

	ANTHRAX.			SWINE FEVER.		FOOT AND MOUTH DISEASE.								PARASITIC MANGE.		TUBERCULOSIS. DAIRY COWS SLAUGHTERED.
	Number of Outbreaks.	Diseased Animals.	Diseased Carcasses.	Number of Outbreaks.	Number Diseased, Dead or Slaughtered as Exposed to Infection.	NUMBER OF OUTBREAKS.				ANIMALS DISEASED.				Number of Outbreaks.	Number of Horses found diseased.	
						Cattle Lairs.	Pig Lairs.	Slaughterhouses.	Registered Cowsheds.	Farms.	Cattle.	Sheep.	Pigs.			
*1932...	..	..	..	4	286	..	..	..	..	..	..	..	..	..	..	6
1933...	..	..	..	1	38	..	..	..	..	..	..	..	..	..	..	1
1934...	..	..	..	1	5	..	..	..	..	..	..	..	..	..	..	5
1935...	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	6
1936...	1	2	..	1	38	..	..	..	..	..	..	..	..	35	..	6
1937...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1938...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1939...	..	..	..	2	205	..	..	..	..	..	..	..	..	..	..	..
1940...	2	1	2	4	336	..	..	..	..	..	..	..	..	..	..	..
1941...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
1942...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1943...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1944...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18
1945...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1946...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	7
1947...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1948...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
1949...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1950...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951...	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	1

• Years prior to 1932 are given in previous Annual Reports.

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

The Cattle Market, which ceased to function as such on the 15th January, 1940, has again operated throughout the year as a Collecting Centre. The number of animals passing through the Centre during the year was 24,102, including 5,250 cattle, 372 calves, 13,226 sheep and 5,254 swine, and an ante-mortem inspection of these was carried out prior to the animals being graded and allocated to the Government Slaughterhouses.

NUMBER OF ANIMALS EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Year.	Cattle.	Calves.	Sheep.	Swine.	* Dairy Cows.
1932	35,860	1,860	265,520	8,797	267
1933	35,472	1,990	259,637	9,999	266
1934	40,521	2,606	250,211	11,681	245
1935	43,261	3,002	239,860	17,270	257
1936	45,220	2,781	243,687	18,293	253
1937	42,207	1,769	197,524	14,974	218
1938	41,189	1,572	254,171	17,285	163
1939	43,878	1,589	252,782	12,341	117
†1940	7,953	508	27,371	6,449	..
1941	5,434	446	15,428	5,993	..
1942	5,094	555	14,028	4,443	..
1943	4,958	529	12,214	4,762	..
1944	5,843	375	14,205	4,688	..
1945	6,807	485	16,498	4,554	..
1946	6,565	437	18,485	3,562	..
1947	5,406	375	11,941	2,243	..
1948	6,034	399	17,433	2,453	..
1949	5,761	361	19,620	4,581	..
1950	5,322	315	14,237	5,220	..
1951	5,250	372	13,226	5,254	..

* Milch Cows sold on Fridays within the Cattle Market lairs.

† Market used as a collecting centre by the Ministry of Food as from 15th January.

INSPECTION OF MEAT AND OTHER FOODS.

Animals Slaughtered within the City.

The slaughter of animals for human consumption is still controlled by the Ministry of Food under emergency powers, the object of which was to give the basis of a sound rationing scheme. From the point of view of meat inspection, however, concentration of slaughter, resulting from these measures, has given the Local Authority inspectors the opportunity of examining the carcasses and offals of all animals slaughtered, thus ensuring for the public a disease-free meat supply. How much longer the present scheme will continue to function is difficult to forecast, but it is hoped that when control is ended, or whatever measures may be substituted, we will not return to the use of the numerous private slaughterhouses as existed in 1939, and it is in this respect that the early erection of a modern public abattoir is most desirable.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1951	1950	1949	1948	1947
Cattle	32,851	*33,053	28,313	25,885	26,827
Calves	7,777	7,680	6,513	6,863	7,104
Sheep	101,973	125,536	112,449	90,102	92,124
Pigs	8,858	4,317	2,725	1,728	1,242
Horses	1,907	1,666	2,641	4,604	2,582
Total Animals.	153,366	172,252	152,641	129,182	129,879

* Includes 5,346 cows, 27,108 young cattle (heifers and bullocks) and 397 bulls.

Animals found Tuberculous on Routine Slaughterhouse Inspection.

In the course of meat inspection within the City during the year, 5,843 animal carcasses were found to be affected with tuberculosis, an increase of 10·08 per cent. as compared with the previous year. It was found necessary to destroy the entire carcasses and offals of 353 animals, owing to the extent and distribution of the disease, whilst in 5,490 cases some part of the carcass or internal organs were destroyed.

CARCASSES INSPECTED AND CONDEMNED.

	Cattle, exclud- ing Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	27,505	5,346	7,777	101,973	8,858
Number inspected	27,505	5,346	7,777	101,973	8,858
<i>All diseases except Tuberculosis :</i>					
Whole carcasses condemned ..	41	93	189	256	98
Carcasses of which some part or organ was condemned .	7,216	4,114	11	3,840	835
Percentage of the number inspected affected with diseases other than Tuber- culosis	26·38	78·50	2·57	4·16	10·42
<i>Tuberculosis only :</i>					
Whole carcasses condemned .	65	249	10	1	28
Carcasses of which some part or organ was condemned ..	2,864	2,228	..	..	298
Percentage of the number inspected affected with Tuberculosis	10·64	48·20	·128	·000098	3·68

NOTE.—Cattle affected with Tuberculosis includes, besides cows, young cattle (heifers and bullocks) 10·39 per cent. and bulls 11·86 per cent.

NUMBER OF DISEASED ORGANS CONDEMNED.

HEADS (including Tongues)—	Bovine.	Swine.	Sheep.	Total.
Tuberculosis	1,401 (125)	229 (1,248)	— (—)	1,630 (1,373)
Other conditions	75 (14)	— (—)	2 (—)	77 (14)
LUNGS—				
Tuberculosis	4,253 (369)	27 (14)	— (—)	4,280 (383)
Other conditions	2,688 (72)	542 (213)	1,501 (37)	4,731 (322)
HEARTS—				
Tuberculosis	279 (31)	— (—)	— (—)	279 (31)
Other conditions	35 (1)	292 (—)	70 (—)	397 (1)
LIVERS—				
Tuberculosis	312 (175)	5 (—)	— (—)	317 (175)
Other conditions	8,092 (785) & 30,571 lbs.	125 (80)	2,362 (111)	10,579 (976) & 30,571 lbs.
PLUCKS—				
Tuberculosis	— (—)	232 (83)	— (—)	232 (83)
Other conditions	8 (—)	100 (45)	1,445 (30)	1,553 (75)
UDDERS—				
Tuberculosis	14 (—)	— (—)	— (—)	14 (—)
Other conditions	2,748 (—)	— (—)	— (—)	2,748 (—)
THICK SKIRTS—				
Tuberculosis	572 (—)	— (—)	— (—)	572 (—)
Other conditions	96 (—)	— (—)	— (—)	96 (—)
SPLEENS—				
Tuberculosis	396 (—)	— (—)	— (—)	396 (—)
Other conditions	406 (—)	— (—)	— (—)	406 (—)
STOMACHS, MESEN- TERIES & INTESTINES—				
Tuberculosis	727 (24)	17 (—)	— (—)	744 (24)
Other conditions	395 (—)	352 (239)	37 (—)	784 (239)

NOTE.—The figures in brackets indicate condemnations during 1939, i.e., the year prior to the introduction of centralised slaughtering. The increased condemnations during the war years and in 1951 may be attributed entirely to the fact that centralised slaughtering rendered possible the post-mortem inspection of 100 per cent. of the animals slaughtered within the City.

The table does not include organs condemned for decomposition and contamination.

[illegible]

HUMAN CONSUMPTION DURING THE YEAR 1951.

Livers.				Heads.				Plucks.			Sets, Stomachs & Intes- tines.			Stomachs.			Mesenter- ies and Intestines.			Ox Fat.	Udders.	Thick Skirts.	Ox Spleens.	Whalemeat.
Ox.	Calf.	Sheep.	Pig.	Ox.	Calf.	Sheep.	Pig.	Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.	Ox.	Pig.	Sheep.	Ox.	Sheep.	Pig.					
312	5	1401	..	..	229	..	..	232	129	..	7	100	..	..	498	..	10	3	14	572	396	..
..	3	..	..	..	..	..	338	..	..	..	..	..	..	..
..
..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	69	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..
..
1654+	..	1	3	..	1	1	..	..	57	10	5	8	4	4	..	..	4	1	6	..	..	23	15	..
311 lbs.
..
..	5	1	..	..	..	..	..	..
..	21	..	..
..	6	8	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	12	..	..	..	..	..	..	..	..	..	..	..	..	43	..	..
..	1	..	35	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	..	4	24	..	..	..	..	..	..	..	11	..	21	15	2	..	13	23	9	..	..	24	146	..
..	2748	..	..	..
8,156+	..	1	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30,440
lbs.
103
..
..
44	..	2356	91	..	..	1	..	..	1340	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	2	..	..	..	..	..	..	..	2	3	..	..	14	..	..	..	2	..	1	..	..	6	223	..
1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..
..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..
..
..
1	58	97	..	10	6	..	..	36	..	..	9	..	..	2	..	..	..	..	30216
..	lbs.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	lbs.	..
2	8	5	1	11	1	..	1	4	1	1	..	1	..	..	..	..	..	..	2	8	12	10	129	..
..	lbs.	..	..	..	..
..	286	..	..	..	..	..	8	..	..	..	..	..

CARCASSES OF BEEF CONDEMNED WITHIN THE CITY DURING THE
PAST TWENTY YEARS.

Total Condemned.		Numbers condemned on account of Tuberculosis.	Percentage Tuberculous.
Year.	Carcases.	Carcases.	Per cent.
*1932	135	120	88.89
1933	128	116	90.62
1934	186	158	84.94
1935	182	159	87.35
1936	255	241	94.51
1937	231	208	90.04
1938	263	205	77.94
1939	278	237	88.25
1940	460	413	85.43
1941	450	400	88.88
1942	413	369	89.34
1943	494	413	83.60
1944	416	352	84.61
1945	415	380	91.56
1946	418	364	87.08
1947	361	291	80.60
1948	261	213	81.60
1949	335	264	78.80
1950	414	339	81.88
1951	448	314	70.08

* Years prior to 1932 are given in previous Annual Reports.

Public Health (Meat) Regulations of 1924.

Visits numbering 6,586 were made to meat and provision shops, restaurants, stalls, vehicles, etc., in the enforcement of the Regulations. A number of contraventions, relating chiefly to meat conveyed in dirty vehicles, and butchers' shops not kept in a cleanly condition, were found during these visits and cautions administered.

FOOD AND DRUGS ACT, 1938.

Registration of Food Premises.

During the year, 23 applications for registration of butchers' shops to be used for the preparation or manufacture of sausages, potted meats, etc., were dealt with and approved by the Health Committee.

Imported Foodstuffs.

During the year regular routine visits were made to the Quayside. Fifty-five vessels carrying meat foodstuffs arrived from Australia, Denmark and Sweden, compared with thirty-one arrivals from Denmark and Sweden during the previous year. The following were included in the cargoes, a percentage of which was examined :—

BEEF.

17,586 hindquarters, 15,037 crops, 6,000 bags boneless beef and 138 packages rumps and loins.

Offals (packages)—311 heads, 783 cheeks, 348 tongues, 164 tongue roots, 927 livers, 122 kidneys, 327 skirts, 512 tails, 869 tripes, 100 udders and 1,968 mixed offals.

LAMB.

598 carcasses.

SALTED PIG OFFALS.

Casks—501 maws, 190 chitterlings, 94 casings, 540 feet, 10 rinds and 8 tails.

OTHER GOODS.

257,973 sides bacon, 6,256 cases bacon and hams, 92,865 cases tinned meats, 535 cases poultry, 63 carcasses reindeer and 1,500 tons whalemeat.

The Merchandise Marks Act, 1926.

During the war, the Ministry of Food exercised emergency powers to suspend the Marking Orders relating to eggs, bacon, butter, dried fruit, meat and poultry, and by Directions made in May, 1950, under the 1926 Act those suspensions were continued (except for eggs) until 24th May, 1951. The Orders, as applied to bacon and ham, dead poultry, certain classes of chilled, frozen, boneless and salted meats and edible offals, and of salmon and sea trout, are administered by this Department, and they provide that such foodstuffs shall bear an

indication of origin. A further object of these Orders is to ensure that the above foodstuffs shall be easily identified when exposed for sale.

Inspections carried out by the Meat Inspectors did not disclose any contraventions.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1951.

Slaughterhouses.	Central Market			Meat Shops		Fish Shops		Provision Shops.		Fruit Shops.		Wharves and Vessels.	Cold Stores.	Stalls, Carts, &c.	Food Preparing Factories.	Goods Stations.	Restaurants.
	Meat and Provisions.	Fruit and Vegetables.	Fish.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.						
1,645	724	642	566	1599	1009	157	19	1084	734	975	107	335	59	1503	84	11	22

**TOTAL WEIGHT OF MEAT AND OTHER FOODSTUFFS
CONDEMNED.**

The total weight of meat and other foodstuffs condemned during the year 1951 was 427 tons, 2 cwts., 12 lbs., comprising :—

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork	164	18	—	19
Offals	139	3	2	15
Provisions	105	10	1	11
Fish	—	17	1	20
Fruit and Vegetables	16	12	2	3
	<u>427</u>	<u>2</u>	<u>..</u>	<u>12</u>

The following figures show the total weights of carcasses and offals, fish and provisions, etc. (excluding fruit and vegetables) condemned since 1936. For comparison these figures are given at intervals of five years :—

	tons.	cwts.	qrs.	lbs.
1936	102	10	3	17
1941	313	15	1	4
1946	289	19	2	13
1951	410	9	2	9

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year 1951, numbered 7,670.

Bacteriological Examinations.

During the year, 31 specimens of material from carcasses of animals slaughtered within the City were sent to the Public Health Laboratory for bacteriological examination for the presence of pathogenic organisms. Twenty-seven were from carcasses of beef, of which 25 proved negative and 2 positive, and four from pig carcasses, of which 2 were positive and 2 negative.

Two samples of luncheon meats, 2 of dried fruit and one of mussels were also examined, all of which were found negative.

SLAUGHTERHOUSES.

Five slaughterhouses are in use within the City for the slaughtering of cattle, calves, sheep and pigs, and as these are occupied by the Ministry of Food on behalf of the Crown, licensing of the premises by the local authority is unnecessary. Prior to September, 1951, four slaughterhouses were being used, but to relieve congestion it was found necessary to use an additional slaughterhouse for sheep, calves and pigs. A financial and working arrangement was therefore made with the local authority to repair and adapt the existing Public Slaughterhouse at the Cattle Market which, excepting for a period when it was used for horse slaughtering, has not functioned since 1939.

Two slaughterhouses are licensed within the City for the slaughtering of horses, one at the Cattle Market and one at Byker Hill.

All the slaughterhouses have been regularly inspected, a total of 1,645 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, two slaughtermen's licences were granted during the year, making a total of 52 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.

POULTRY AND GAME, FISH, FRUIT AND VEGETABLES, PROVISIONS, &c., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1951.

Poultry and Game.	Provisions, &c.	Provisions, &c.—continued.	Provisions, &c.—continued.
Poultry	lbs. 85	Ghee	lbs. 510
Rabbits	2,981	Ground Almonds	23
	874	Honey—4 jars	2
		Hops	18
		Jellies—496	—
Fish.	lbs.	Macaroni—6 tins	201
Fish (various)	2,376	Margarine	3
		Marshmallow Cream—24 tins ..	—
		Maws	728
Fruit and Vegetables.	lbs.	Milk Powder	203
Apples	573	Mince-meat	56
Beans	1,206	Molasses—3 tins	—
Beetroot	20	Mustard—3,984 jars	8
Bilberries—18 Chips	—	Oats	1,824
Celery—150 Crates	—	Oatmeal	2,725
Coriander Seed	14	Pickles—1,396 jars, 3 tins	—
Cumin Seed	74	Pies—918	170
Currents	281	Pig Feet	1,476
Dates	1,403	Pig Tails	117
Dried Fruits	127	Pork Fat	368
Dried Vegetables	1,555	Rice	2,987
Figs	20	Sago	252
Lentils	16	Salad Dressing—260 jars	—
Lettuce—26 crates	—	Sandwich Spread—195 jars ..	—
Onions—7 tons 7 cwts.	—	Sauce—194 bottles	—
Oranges—3 boxes	—	Senolina	656
Peaches—18 trays	600	Soup—1,204 pkts.	—
Pears	7,912	Soyaghetti	2,178
Peas	1,040	Spaghetti—211 tins	55
Peel	50	Split Peas	1,542
Potatoes	2,089	Suet	86½
Prunes	6:2	Sugar	7,094
Raisins	178	Sweepst	1,620
Sultanas	869	Syrup—9 jars, 28 tins	—
Tomatoes	11	Tapioca	336
		TINNED GOODS.	lbs.
		Baby Foods	tins. 4,101
		Fish	2,670
		Fish Paste—296 jars	—
		Fowl	2
		Fruit—42 bottles, 4,028 jars ..	—
		Fruit Juice	19,852
		Fruit Puree—19 jars	428
		Jam—279 jars	1,014
		Marmalade	404
		Meats—50 jars	26
		Milk	742 46,666
		Soups	4,678
		Vegetables—113 jars	26,706
			7,754

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year, 6,229 visits were made to premises in respect of 2,146 reports of the presence of rats or mice received, all of these premises being inspected and dealt with. Inspection of the premises showed that rats were found infesting 1,805, the remaining 341 being found free from evidence of infestation. Third Party Control work (i.e., baiting, etc.) was carried out on all of the infested premises, 25,261 pre-baits and 9,570 poisoned baits being laid, resulting in an estimated kill of 16,008.

Advice regarding baits, traps, etc., is given free, but where rodent destruction is carried out by the department a charge is made, and a consolidated grant of 50 per cent. of the approved net expenditure incurred by the local authority is made by the Ministry of Agriculture and Fisheries.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Number of reports received.....	2,146
Number of properties where evidence of the presence of rats or mice was found	1,805
Number of visits made.....	6,229
Number of unpoisoned baits laid	25,261
Number of poisoned baits laid	9,570
Estimated number of rats and mice killed	16,008

TYPE OF PROPERTY.					
	Local Authority.	Dwell-ing Houses.	Agri-cult-ural.	All other (including Business and Industrial).	Total.
Number of properties in-spected	105	595	5	1,441	2,146
Number of properties found to be infested by rats..	23	93	..	931	1,057
Number of properties found to be infested by mice ..	73	445	..	240	758
Number of infested proper-ties treated by the Local Authority	96	538	..	1,171	1,805
Number of " block " control schemes carried out					27.

H. THORNTON,
VETERINARY OFFICER.

PREVENTION OF DAMAGE BY PESTS ACT 1948

During the year 1948, the Board was notified in respect of 214 reports of the presence of rats or mice in premises. Of these, 100 were reported from the following districts:—

London 100, Middlesex 10, Surrey 10, Kent 10, Essex 10, Hertfordshire 10, Bedfordshire 10, Northamptonshire 10, Leicestershire 10, Lincolnshire 10, Nottinghamshire 10, Derbyshire 10, Cheshire 10, Lancashire 10, Yorkshire 10, West Yorkshire 10, North Yorkshire 10, South Yorkshire 10, East Yorkshire 10, East Angles 10, West Angles 10, Essex 10, Kent 10, Surrey 10, Middlesex 10, London 100.

During the year 1948, the Board was notified in respect of 214 reports of the presence of rats or mice in premises. Of these, 100 were reported from the following districts:—

London 100, Middlesex 10, Surrey 10, Kent 10, Essex 10, Hertfordshire 10, Bedfordshire 10, Northamptonshire 10, Leicestershire 10, Lincolnshire 10, Nottinghamshire 10, Derbyshire 10, Cheshire 10, Lancashire 10, Yorkshire 10, West Yorkshire 10, North Yorkshire 10, South Yorkshire 10, East Yorkshire 10, East Angles 10, West Angles 10, Essex 10, Kent 10, Surrey 10, Middlesex 10, London 100.

PREVENTION OF DAMAGE BY PESTS ACT 1948	
Number of reports received	214
Number of reports received from the following districts:	
London	100
Middlesex	10
Surrey	10
Kent	10
Essex	10
Hertfordshire	10
Bedfordshire	10
Northamptonshire	10
Leicestershire	10
Lincolnshire	10
Nottinghamshire	10
Derbyshire	10
Cheshire	10
Lancashire	10
Yorkshire	10
West Yorkshire	10
North Yorkshire	10
South Yorkshire	10
East Yorkshire	10
East Angles	10
West Angles	10
Essex	10
Kent	10
Surrey	10
Middlesex	10
London	100

PREVENTION OF DAMAGE BY PESTS ACT 1948	
Number of reports received	214
Number of reports received from the following districts:	
London	100
Middlesex	10
Surrey	10
Kent	10
Essex	10
Hertfordshire	10
Bedfordshire	10
Northamptonshire	10
Leicestershire	10
Lincolnshire	10
Nottinghamshire	10
Derbyshire	10
Cheshire	10
Lancashire	10
Yorkshire	10
West Yorkshire	10
North Yorkshire	10
South Yorkshire	10
East Yorkshire	10
East Angles	10
West Angles	10
Essex	10
Kent	10
Surrey	10
Middlesex	10
London	100

**REPORT OF THE
SCHOOL MEDICAL OFFICER**

**RESUME OF WORK DONE BY THE SCHOOL HEALTH SERVICE
DURING 1931**

(January to December)

The School Medical Officer has endeavored to the extent that
primary and secondary schools have been inspected and the health
of the pupils observed during the year. Inspections were made
during the year.

In addition to the regular medical inspections of the pupils
the following work was done during the year: The
Committee on Physical Education and Health of the
Board of Education.

VII—SCHOOL HEALTH SERVICE

**SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE.**

REPORT OF THE
SCHOOL MEDICAL OFFICER

VII-SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

RESUME OF WORK DONE BY THE SCHOOL HEALTH SERVICE DURING 1951

(January to December)

The School Medical Officers have examined in the maintained Primary and Secondary Schools at the Statutory Medical Inspections of the three prescribed groups—Entrants, Intermediates and Leavers—10,262 children.

In addition to the Statutory Medical Inspections of the prescribed age groups, the following pupils attending the Secondary Commercial, Technical, Grammar and High Schools have been examined by the School Medical Officers:—

				<i>Entrants.</i>		<i>Leavers.</i>	
				<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>
Middle Street Secondary Commercial	....			81	89	68	146
Pendower Secondary Commercial	....			89	55	79	99
Atkinson Road Technical	....	....		81	—	87	—
Heaton Technical	....	....	....	53	—	88	—
Technical School of Building Crafts	....			60	—	68	—
Heaton Grammar	....	....	....	112	—	142	—
Rutherford Grammar	....	....	....	118	—	207	—
Heaton High	....	....	....	—	117	—	101
Rutherford High	....	....	....	—	85	—	162
Convent of the Sacred Heart	....	....		—	34	—	—
Central High	....	....	....	—	9	—	—
St. Cuthbert's Grammar	....	....	....	53	—	—	—
College of Commerce	....	....	....	—	—	15	80
				647	389	754	588
				1,036		1,342	
Total	....	....			2,378		

At the Kenton Lodge Training College 73 first year students and 63 second year students were examined and at the Ashfield House Nursery School the medical examination of 75 children was also carried out.

At the Clinics the following numbers of consultations have taken place :—

Central	2,579
Ashfield House....	714
Atkinson Road	2,779
Bentinck	2,290
Cowgate	553
East End	1,288
Middle Street	1,890
Total	12,093

The nurses and nursing helpers have paid 1,698 visits to schools and have carried out 90,375 inspections. They have issued to the parents 6,263 notices calling their attention to various conditions found to be affecting the children and have excluded temporarily from school 146 children either for being verminous or for some infectious or contagious condition.

There have been 19,780 cases receiving treatment at the Clinics and they have attended on 72,316 occasions. In addition, 16,174 cases were examined and, where necessary, referred for treatment either at the Dental Clinics, Orthopaedic Clinic, Refraction Clinics or various hospitals in the City. The nurses and nursing helpers have visited 2,367 homes and at the Clinic Baths 52 cases of scabies have been dealt with and 238 baths have been given.

Dental Clinics

Number of pupils inspected—

Routine Age Groups....	24,141
Specials	4,881
	29,022
Number found to require treatment	14,250
Number referred for treatment	14,250
Number actually treated	10,774
Attendances made for treatment	22,575
Half-days devoted to—Inspection	167
Treatment	2,708
Fillings—Permanent Teeth....	8,357
Temporary Teeth	723
	9,080
Extractions—Permanent Teeth	3,115
Temporary Teeth	11,004
	14,119

Administrations of General Anaesthetic	....	....	....	....	5,431
Other Operations—Permanent Teeth	....	....	....	25,46	
Temporary Teeth	....	....	....	907	
				<hr/>	3,453
Number of children fitted with Dentures	....	....	....	....	112
Number of Orthodontic Appliances fitted	....	....	....	....	165

Orthopaedic Clinics

Number of patients in attendance during the Year	....	....	....	1,804
Number of examinations carried out by the Orthopaedic Surgeons	....	....	....	2,049
Number of treatments given by Physiotherapists	....	....	....	16,306

The services of the Orthopaedic Surgeons on three sessions per week are now allocated by the Regional Hospital Board and no financial responsibility is attached to the Education Authority.

Ear, Nose and Throat Operations

Children found to be suffering from Ear, Nose and Throat conditions are referred to the Out-patient Clinics at the Ear, Nose and Throat Hospital, where they are examined by the specialist who will be carrying out the operation, and their names are then placed on the waiting list.

During the year the following operations were carried out at the various hospitals in the City in respect of Newcastle school children :—

Tonsils and Adenoids	....	....	....	....	852
Tonsils	....	....	....	....	61
Adenoids	....	....	....	....	48
Tonsil Remnants	....	....	....	....	4
Antrum Wash-out	....	....	....	....	17
Mastoid	....	....	....	....	1
Antrostomy	....	....	....	....	16
Proof Puncture	....	....	....	....	4
Caldwell Luc Operation	....	....	....	....	1
				<hr/>	
Total	....	....	....	....	1,004
				<hr/>	

Refraction Clinics

Number of refraction examinations carried out by the School Medical							
Officers	....	....	....	....	....	....	2,720
Spectacles Prescribed	....	....	....	....	....	....	1,596
Spectacles not prescribed	....	....	....	....	....	....	1,124
Spectacles Obtained	....	....	....	....	....	....	1,601

Replacement and Repairs

Replacement of Spectacles	....	....	....	....	....	....	95
Replacement of Frames only	....	....	....	....	....	....	177
Repairs to Frames and Lenses	....	....	....	....	....	....	416

Number of specialist refraction examinations carried out by the							
Ophthalmic Surgeons	....	....	....	....	....	....	372
Spectacles prescribed	....	....	....	....	....	....	318
Spectacles not prescribed	....	....	....	....	....	....	54
Spectacles obtained	....	....	....	....	....	....	322

Number of children referred to Newcastle Eye Hospital—

For Orthoptic treatment	....	....	....	....	....	....	60
For other Eye conditions	....	....	....	....	....	....	10

As in previous years, Dr. J. D. Milne continued to carry out part-time specialist refraction sessions, and in addition, Dr. V. G. O'Leary was appointed for one session per week and commenced work in September, 1951.

Speech Therapy

The Speech Therapy Clinic has continued to operate very satisfactorily during the year and a second part-time Speech Therapist, Miss A. Jameson, was appointed and commenced duty on the 1st October, 1951. The following are the details of the children examined and treated by the Speech Therapist during the year :—
No. of patients and conditions found :—

				Boys.	Girls.	Total.
Stammer	....	....	....	32	6	38
Dyslalia	....	....	....	55	30	85
Stammer and Dyslalia	....	....	....	10	2	12
Dysarthria	....	....	....	4	—	4
Cleft Palate	....	....	....	1	1	2
Others	....	....	....	11	9	20
Total				113	48	161

Number of patients admitted	....	....	....	....	....	113
Number of patients discharged	....	....	....	....	....	42
Number of treatments given	....	....	....	....	....	1,546

Mass Radiography

The Survey of School Leavers up to the 31st March, 1952, was carried out and 1,581 boys and 1,533 girls were radiographed at the Newcastle General Hospital. Of these, 55 boys and 83 girls were recalled for a second examination. The classification of these cases after further examination was as follows:—

		Boys.	Girls.	Total.
Referred to Chest Clinic ....	....	2	8	10
Referred for Observation....	....	8	11	19
Referred to Cardiovascular Clinic		5	2	7
Report to Private Doctors		18	23	41
Recalled for Technical reasons		22	39	61
		—	—	—
Total ....	....	55	83	138
		—	—	—

Ringworm

At the Newcastle General Hospital 12 cases of Ringworm of the scalp have received X-ray treatment and at the Central Clinic 144 cases have been periodically examined and treated. 68 cases are now fit, leaving 76 cases still under treatment.

Plantar Warts

At the Central Clinic 163 new cases (33 boys and 130 girls) have been treated for this condition. It is caused by a filter passing virus and is known to be infectious. The symptoms include pain on walking or running, the warts being usually limited to the heel or ball of the foot. It is found more frequently in girls.

Treatment was carried out successfully in most cases and 31 boys and 112 girls were made fit during the year.

Six cases failed to respond to treatment and were referred to the Skin Clinic at the Royal Victoria Infirmary for a specialist's opinion.

Cardiovascular Clinic

At the Cardiovascular Clinic, organised by Professor W. E. Hume at the Newcastle General Hospital, 32 boys and 30 girls were specially examined and reported upon.

School Leaving Medical Reports

The arrangements made with the Youth Employment Bureau for a School Leaving Medical Report to be completed in respect of each pupil during their last term of attendance at school, have continued as in 1950.

Reports have been completed in respect of 3,895 pupils and, of these, 3,306 were found fit for any occupation. In the case of 589 pupils (357 boys and 232 girls) it was found necessary to advise against certain types of employment.

Special Cases

265 special cases—physically handicapped, educationally subnormal or maladjusted—have been specially examined and reported upon.

Pendower Open Air School

Number of pupils on Register, 1st January, 1951	....	....	....	125
Number admitted during the year ....	....	....	....	61
Number discharged during the year ....	....	....	....	62
Number of pupils on Register, 31st December, 1951	....	....	....	124

Pendower Open Air School—Classes for Partially-Sighted Children

Number of pupils on Register, 1st January, 1951	....	....	....	34
Number admitted during the year ....	....	....	....	3
Number discharged during the year ....	....	....	....	4
Number of pupils on Register, 31st December, 1951	....	....	....	33

Bolam Street Day Special School

(For Educationally Subnormal Girls)

Number of pupils on Register, 1st January, 1951	....	....	....	83
Number admitted during the year ....	....	....	....	20
Number discharged during the year ....	....	....	....	15
Number of pupils on Register, 31st December, 1951	....	....	....	88

Lower Condercum House Day Special School

(For Educationally Subnormal Boys)

Number of pupils on Register, 1st January, 1951	....	....	....	128
Number admitted during the year ....	....	....	....	32
Number discharged during the year ....	....	....	....	12
Number of pupils on Register, 31st December, 1951	....	....	....	148

Residential Special Schools

The following children have been cared for in Residential Special Schools :—

Blind	....	....	....	....	....	....	8
Crippled	....	....	....	....	....	....	90
Epileptic	....	....	....	....	....	....	5
Deaf and Dumb	....	....	....	....	....	....	42
Heart Disease	....	....	....	....	....	....	8
Residential Open Air	....	....	....	....	....	....	4
Educationally Subnormal	....	....	....	....	....	....	36
Maladjusted	....	....	....	....	....	....	6
Total	....	....	....	....	....	....	199

Stannington Sanatorium

Forty beds for various forms of tuberculosis have been practically in constant occupation.

Maternity and Child Welfare Schemes

(The following figures are additional to those already enumerated above).

1. Dental

The following summary shows details of the work carried out at the seven Dental Clinics :—

Number of patients treated	....	....	....	....	301
Extractions	....	....	....	....	667
Fillings	....	....	....	....	37
Scalings	....	....	....	....	6
Dressings	....	....	....	....	59
Other Operations—Temporary Teeth	....	....	....	....	47
Administration of General Anaesthetics	....	....	....	....	246

2. Orthopaedic

Number of patients in attendance during the year	....	360
Number of examinations carried out by the Orthopaedic Surgeons	....	615
Number of treatments given by Physiotherapists	....	5,545

Ministry of Education
Medical Inspection Returns

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants	....	....	....	....	....	3,380
Second Age Group	....	....	....	....	....	3,353
Third Age Group	....	....	....	....	....	3,484
TOTAL						10,217

Number of other Periodic Inspections

GRAND TOTAL

B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	....	....	12,093
Number of Re-Inspections	....	....	....	....	3,895
TOTAL					15,988

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group.	For defective vision (excluding squint).	For any of the other conditons recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	60	715	772
Second Age Group	336	359	648
Third Age Group	569	421	921
Total (prescribed Groups)	965	1,495	2,341
Other Periodic Inspections	127	99	210
Grand Total	1,092	1,594	2,551

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1951.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects.		No. of defects.	
		Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment	Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	70	30	828	100
5	Eyes—				
	a. Vision	1,092	135	—	229
	b. Squint	175	23	—	55
	c. Other	40	4	249	81
6	Ears—				
	a. Hearing	54	19	—	45
	b. Otitis Media	75	25	174	20
	c. Other	25	4	172	68
7	Nose or Throat....	565	319	458	950
8	Speech	62	26	—	85
9	Cervical Glands....	17	26	81	148
10	Heart and Circulation	37	63	—	52
11	Lungs	129	164	—	197
12	Developmental—				
	a. Hernia	6	8	—	1
	b. Other	1	—	—	—
13	Orthopaedic—				
	a. Posture	39	9	—	13
	b. Flat foot	162	56	—	50
	c. Other	229	62	112	176
14	Nervous System—				
	a. Epilepsy	12	9	—	6
	b. Other	5	2	—	92
15	Psychological—				
	a. Development	15	4	—	4
	b. Stability	1	4	—	2
16	Other	105	132	1,115	800

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING
THE YEAR IN THE AGE GROUPS

Age Groups.	No. of Pupils In- spectd	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3,380	1,489	44.05	1,787	52.87	104	3.08
Second Age Group	3,353	1,781	53.12	1,487	44.35	85	2.53
Third Age Group	3,484	1,638	47.01	1,797	51.58	49	1.41
Other Periodic Inspections	2,378	1,288	54.16	1,068	44.91	22	0.93
TOTAL	12,595	6,196	49.19	6,139	48.74	260	2.07

TABLE III.
INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	90,375
(ii) Total number of individual pupils examined	34,959
(iii) Number of individual pupils found to be infested	6,263
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	6,263
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	40

TABLE IV.—TREATMENT TABLES.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanness, for which see
Table III).

				Number of cases treated or under treatment during the year	
				by the Authority	otherwise
Ringworm—(i) Scalp	....	....	....	144	9
(ii) Body	....	....	....	182	11
Scabies ....	....	....	....	57	61
Impetigo ....	....	....	....	457	7
Other skin diseases	....	....	....	15,993	460
Total	....	....	....	16,833	548

GROUP II—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				Number of cases dealt with	
				by the Authority	otherwise
External and other, excluding errors of refraction and squint				1,750	—
Errors of refraction (including squint)				3,092*	1,638
Total				4,842	1,638
Number of pupils for whom spectacles					
were (a) Prescribed				1,914*	—
(b) Obtained				1,923*	—

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP III—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

				Number of cases treated	
				by the Authority	otherwise
Received operative treatment					
(a) for diseases of the ear				—	1
(b) for adenoids and chronic tonsillitis				—	965
(c) for other nose and throat conditions				—	38
Received other forms of treatment				2,565	40
Total				2,565	1,044

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals				90	
				by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient depts....				1,804	74

GROUP V—CHILD GUIDANCE TREATMENT

				Number of cases treated	
				in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	—	51

GROUP VI—SPEECH THERAPY

				Number of cases treated	
				by the Authority	otherwise
Number of pupils treated by Speech Therapists	....	....	....	161	—

GROUP VII—OTHER TREATMENT GIVEN

				Number of cases treated	
				by the Authority	otherwise
(a) Miscellaneous minor ailments	....			7,351	102
(b) Other than (a) above (specify)					
1. Heart and Circulation	....			—	17
2. Rheumatism and Chorea	....			—	8
3. T.B. Conditions	....	....		—	19
4. Other Chest Conditions	....			—	36
5. All Surgical Conditions excluding T.B.	....			—	96
Total	....	....	....	7,351	278

TABLE V—DENTAL INSPECTION AND TREATMENT

(1). Number of pupils inspected by the Authority's Dental Officers :—						
(a)	Periodic age groups	....	....	....	....	24,141
(b)	Specials	....	....	....	....	4,881
Total (1)....						29,022
(2).	Number found to require treatment	....	....	....	....	14,250
(3).	Number referred for treatment	....	....	....	....	12,130
(4).	Number actually treated	....	....	....	....	10,774
(5).	Attendances made by pupils for treatment	....	....	....	....	22,575
(6). Half-days devoted to : Inspection						167
Treatment						2,708
Total (6)....						2,875
(7). Fillings : Permanent Teeth						8,357
Temporary Teeth						723
Total (7)....						9,080
(8). Number of teeth filled : Permanent Teeth						8,179
Temporary Teeth						709
Total (8)....						8,888
(9). Extractions : Permanent Teeth						3,115
Temporary Teeth						11,004
Total (9)....						14,119
(10).	Administration of general anaesthetics for extraction	....	....	....	....	5,431
(11). Other operations : Permanent Teeth						2,546
Temporary Teeth						907
Total (11)						3,453
No. of children fitted with Dentures						112
No. of Orthodontic Appliances Fitted						165

APPENDIX I.

NATIONAL HEALTH SERVICE.

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

(contributed by A. Morris, Esq., Clerk to the Executive Council).

On 1st January, 1952, there were 185 doctors on the Medical List; 86 dentists (including assistants) on the Dental List; 86 pharmacies and 17 surgical appliance suppliers on the Pharmaceutical List; 11 ophthalmic medical practitioners, 68 ophthalmic opticians and 3 dispensing opticians on the Ophthalmic List.

The City continued to be regarded by the Medical Practices Committee as an "open area," *i.e.*, one in which an application by a general medical practitioner to practise under the Service would be automatically granted.

The total number of persons on doctors' lists as at 1st January, 1952, was 293,126. 170 doctors had less than 4,000 patients on their lists (the maximum for a single practitioner).

1,797,313 prescriptions were dispensed during the year ended 31st March, 1952. The total cost is not yet ascertained, but the amount for the previous year, for 1,854,221 prescriptions, was £304,145.

During the year ended 31st December, 1951, maternity medical services were provided in 2,100 cases, in 1,271 of which the doctor providing the services was in attendance at the confinement. The gross fees paid for maternity medical services for the year ended 31st March, 1952, was £20,295 19s. 3d. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the Supplementary Ophthalmic Services, 37,264 sight tests were given during the year ended 31st March, 1952, and 33,462 pairs of glasses supplied in addition to 2,586 pairs of bifocals and 1,054 single lenses. No glasses were prescribed in 2,727 cases, and in 930 cases patients were referred back to their own doctors.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1952, was as follows :—

	£
General Medical Services	276,967
Pharmaceutical Services	365,899
General Dental Services	263,612
Supplementary Ophthalmic Services.....	88,821
Administration	15,948
	<hr/>
	£1,011,247
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This was equivalent to £3 8s. 7d. per head of the population.

The following members of the Local Health Authority served on the Executive Council during the period, viz. : Councillor W. G. Benn, Alderman J. Chapman, Councillor Mrs. R. A. Dixon, Councillor Mrs. M. B. Fenwick, Councillor R. M. Henderson, Councillor Mrs. I. McCambridge, Councillor Mrs. C. C. Scott, together with the Medical Officer of Health.

A. MORRIS,

Clerk to the Executive Council.

APPENDIX II.

A STUDY OF ACUTE INFECTIVE ILLNESS IN INFANCY AND CHILDHOOD.

A further report upon the joint investigation of the Child Health Department of Durham University and the Newcastle Health Committee.

Contributed by F. J. W. Miller, M.D., M.R.C.P., D.C.H., Lecturer in Pædiatrics, Department of Child Health, University of Durham, Clinical Adviser in Child Health to the Local Health Authority and formerly Child Welfare Medical Officer, City of Newcastle upon Tyne.

In the Annual Report for 1949 we made an interim report upon the morbidity survey—usually known as the “Red Spot” or “1,000 family” survey—which has been in progress since 1947. It is appropriate to make for this report of 1951 a further short statement of its stage of development and future aims.

Throughout the 4th and 5th years we have maintained our contact with the families, have deepened our experience, and we have now no doubt that our data will be adequate to give a picture of the course and results of illnesses of the first five years of life in a way never before possible.

The detailed report of the first year is now ready for the publishers. Representing an enormous amount of careful work, it gives an account of infancy and the illnesses of infancy which has already profoundly influenced the thoughts and teaching of medical students in the Child Health Department, and is incorporated into the teaching of Health Visitors in the training course.

In the last two years our method has remained unchanged, and regular and emergency visits have amounted to nearly 10,000. The standard of visiting has remained high and again we must pay tribute to the Health Visitors of the team who have so patiently and consistently collected the epidemiological data, knowing that however interesting the work of the moment might be, the final use of the material and the final descriptions of the illnesses would not be ready for a long time.

At the end of the third year we had 896 families (from the original 1,142) within the group. At the end of the fifth year we still have 845, the losses in the two years being entirely by removal, no deaths and no withdrawals. Indeed there has not been a death in the group since the end of the third year and only 5 deaths since the end of the first year.

There have been some difficult harassing times, but the survey has had enough internal strength and external help to do more than merely finish the first five years. Early in 1952 we had to make a major decision: should we stop the investigation as the children went to school or should we try to follow them into school and watch the impact of school life upon a group of children whose previous clinical experience was accurately known.

In many ways it would have been convenient to stop and begin the analysis of our experience, but there were more cogent reasons for going on; this opportunity would not occur again and little was known of the reaction of children to the beginning of school life or if the pattern of infective illness changes after 5 years. Once disbanded, the group could never be reconstituted and we could never form another. It was now or never.

So the question was freely discussed. The Health Committee was eager to continue and the Education Committee promised full support. The Health Visitors were more than willing to go on, and finally we asked the parents if they would like our nurses and doctors to continue visiting after the children had gone to school. The answer dispelled any doubts we might have had, and now we are committed to following the children in health and illness for another two years. This decision will postpone the analysis of the results but in the end it will be found to be wise.

But our technique of visiting has had to change. Now we combine routine visits with visits when the children are ill and absent from school, for we have been able to arrange to be informed of absence both from the parents and the school. So we are committed to continue the survey until in 1954 the children reach seven years old.

During the two years we have continued to observe the infective illnesses closely and have, as before, paid particular attention to the acute respiratory illnesses: whooping cough and tuberculosis. The former in its almost infinite variety is by far the commonest cause of illness. Half the children have had whooping cough before going to

school; about 8 per cent. of children have been infected with tuberculosis, although only a very small number of these ever become ill. Accidents, especially in the boys, become more and more common as the children become older.

Poor, overcrowded or inadequate housing is still the greatest cause of unhappiness in families.

In the last year the team has been increased by the addition of Dr. J. Harper who is carrying out bacteriological studies in a limited number of families. We hope this will assist our knowledge of the relationship of the individual and his organisms, and possibly the way in which certain organisms are spread throughout the families.

The team, therefore, remains intact, comprising :—

Dr. F. J. W. Miller.	Dr. E. G. Knox.
Dr. S. D. M. Court.	Dr. J. Harper.

Health Visitors :

Secretarial :

Miss D. Bryan.

Miss M. F. Thompson.

Miss E. Hann.

Miss M. Bell.

Miss A. C. Emerson.

Miss C. P. Swart.

Mrs. F. Walker.

During this next year we hope to see the publication of the first year report, to make the preliminary analysis of the work of the five years, and the following year to begin the publication of the results of the first five years.

