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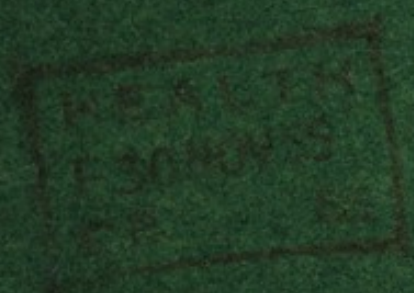
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CITY AND COUNTY OF NEWCASTLE UPON TYNE



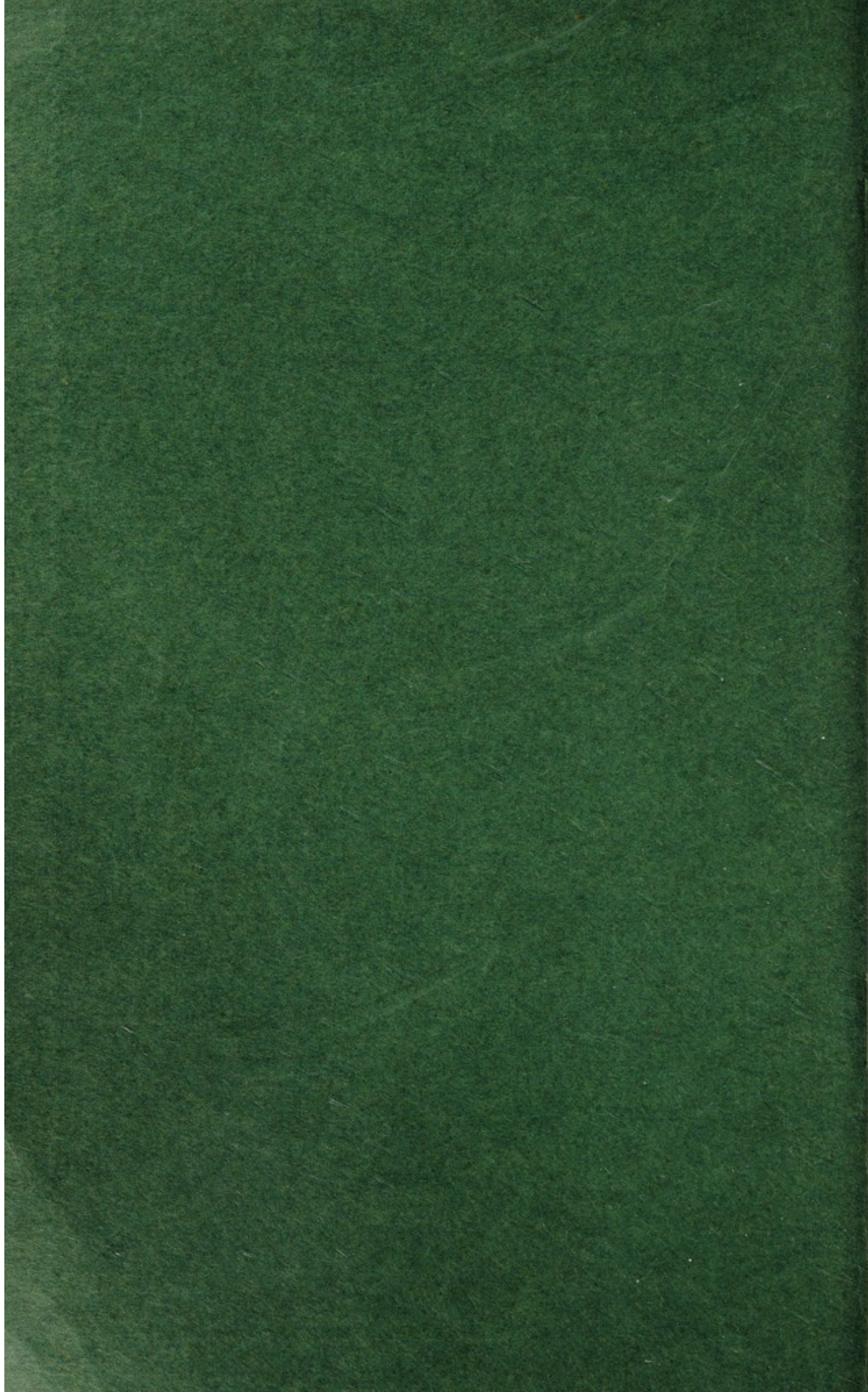
ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1954





CITY AND COUNTY OF NEWCASTLE UPON TYNE

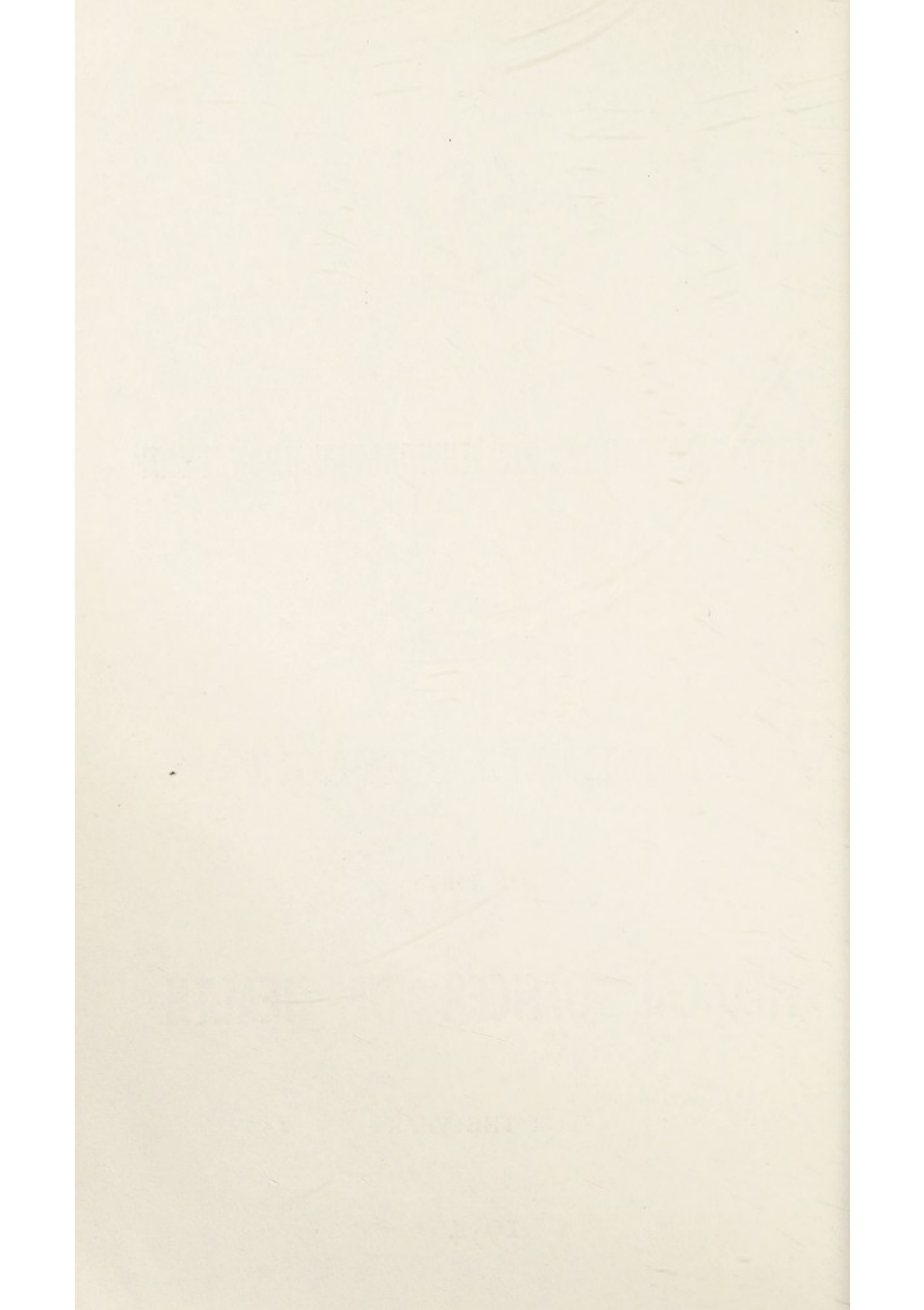
ANNUAL REPORT

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HEALTH COMMITTEE.

1954.

The Lord Mayor (Ald. R. MOULD GRAHAM).

Coun. Mrs. I. McCambridge, J.P. (Chairman).

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

Ald. Mrs. V. H. Grantham.

„ J. W. Telford.

„ Mrs. D. A. Fitzpatrick.

Coun. R. M. Henderson, J.P.	Coun. Mrs. R. A. Dixon.
„ Mrs. C. C. Scott, J.P.	„ T. D. Smith.
„ A. Howie.	„ R. G. Hutton (Vice-
„ W. G. Benn.	Chairman).
„ Miss E. B. Temple.	„ 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. J. H. Craig.

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

Education Committee Coun. P. H. Edwards.

S T A F F .

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.

SHIRLEY M. LIVINGSTON, M.B., B.S.,
Child Welfare Medical Officer.

General Administration :

J. R. Gilhespy, Chief Clerk.
Deputy, 12 Clerks, 4 Typists, Public Relations Officer.

Sanitary Inspection :

W. Gray, F.R.S.I., F.S.I.A., Chief Sanitary Inspector.
Deputy, 21 Inspectors, 3 Assistant Inspectors, 7 Clerks, 2 Typists.

Food Inspection :

H. Thornton, B.V.Sc., M.R.C.V.S., D.V.H., Veterinary Officer.
5 Inspectors, 9 Rodent Operators, 2 Clerks.

Maternity and Child Welfare :

Miss E. Stephenson, S.R.N., S.C.M., R.S.F.N., H.V.C., Chief Nursing Officer (co-ordinating all Sections).

Deputy Chief Nursing Officer, Health Visitor Tutor, 45 Health Visitors, Orthopaedic Nurse, 22 Clinic Medical Officers (part-time).

Mrs. E. Walker, S.R.N., S.M.V., S.C.M., Non-Medical Supervisor of Midwives, Assistant Supervisor, 48 Midwives.

J. C. Brown, L.R.C.P., L.R.C.S., L.D.S., Senior Dental Officer (part-time), 2 Dental Officers and 1 Anaesthetist (all part-time), Dental Mechanic, Receptionist.

Miss D. M. Peaps, B.A., L.S. & E., A.M.I.A. Lady Almoner, Assistant Almoner.
Clerical Staff, 18.

District Nursing :

Miss E. H. Pilcher, S.R.N., Queen's Nurse, Supervisor, Assistant Supervisor, 43 Nurses (including 6 Males), 1 Clerk.

Domestic Help :

Miss L. M. Roddham, Organiser, 3 Assistant Organisers, 6 Clerks, 338 Domestic Helps (46 full-time, 292 part-time).

Day Nurseries :

Mrs. J. Armstrong, S.R.N., S.C.M., Superintendent Matron.
Miss G. M. Hickling, N.V.C., S.N.S.C., H.N.D., Superintendent Warden, 2 Clerks, 6 Nurseries with Matrons, Assistant Matrons, Wardens, Nurses and Domestic Staff.

Vaccination and Immunisation :

Administrative Officer (part-time), Clinic Medical Officer (part-time), 3 Nurse-Clerks, 2 Clerks.

Special Whooping Cough Trials :

1 Clinic Medical Officer (part-time), 4 Investigators.

Ambulance Service :

H. M. Roberts, Ambulance Officer, Assistant Ambulance Officer, 10 Clerks and Typists, 96 Drivers, Mechanics, etc., 5 Foremen, 1 Female Attendant.

Mental Health :

J. P. Child, B.M., M.R.C.P., D.P.M. (Clinical Adviser to L.H.A.), 4 Duly Authorised Officers, 3 Mental Health Workers, Occupation Centre Supervisor, 4 Assistant Supervisors and Domestic Staff.

Chest Clinics :

G. Hurrell, M.D., D.P.H., and C. Verity, M.D., D.P.H., B.Sc., Chest Physicians (part-time) ; 3 Clinical Medical Officers (part-time) ; 2 Clerks (full-time), 2 Clerks (part-time).

Miss E. J. Woll, A.M.I.A., and Miss M. Robson, B.A., A.M.I.A., Lady Almoners.

Childhood Tuberculosis—B.C.G. :

Mary D. Taylor, M.D., Childhood Tuberculosis Medical Officer (Part time), 1 Clerk.

Special Skin Clinic :

3 Attendants.

School Health Service :

H. S. K. Sainsbury, M.R.C.S., L.R.C.P., Senior School Medical Officer, 6 School Medical Officers, 7 Dental Officers, 5 Physiotherapists, 23 Nurses, 8 Nursing Helpers, 18 Clerks and Clinic Attendants, 1 Dental Mechanic.



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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 to you the 82nd Annual Report of the Medical Officer of Health which has been prepared on the lines indicated to the Council by the Ministry of Health in Circular 28/54.

During the years 1947-1952 there had been a continuous decline in the number of births but this decline was arrested in 1953 when there were 4,922 births and this number fell to 4,858 in 1954. A total of 3,231 deaths occurred during the year. The infant mortality rate of 25·5 for the year was the lowest ever recorded in the City; the rate for 1953 being 26·8. This rate of 25·5 was exactly the same as that for England and Wales in 1954. It is indeed worthy of note that only eight years ago, in 1947, 286 babies failed to reach the age of one year whereas in 1954, 124 babies died before the first birthday anniversary.

Housing remained a great problem during the year. The Noble Street area was surveyed and submitted as a Clearance Order during the year, and the Blandford Street area was inspected for re-representation. 1,800 housing units were built during the year, bringing the post-war total of the Council's programmes to approximately 10,000. The 1 per cent. samples of the General Register Office based on the census figures for 1951 showed that the proportion of 0·89 persons per room in Newcastle was one of the highest recorded in any area of England and Wales. Further reference to slum clearance will be found on page 116. The accompanying problem of overcrowding will not be solved for many years yet, but as slum clearance proceeds and as the Council builds further houses this overcrowding will be lessened.

Cancer among the male population is increasing, and deaths amongst males from Cancer of the lung reached the total of 108 which is the highest annual total yet recorded in the City. It is noted that 74 of these deaths were in the age group 45 to 65. The number of deaths of females from Cancer of the lung during the year was 16.

During 1954 a Child Welfare Centre was opened at Blakelaw in newly built premises which provide full clinic facilities for the large

estate in the surrounding area. The centre also serves as a special centre for education meetings and a large club has been started and holds evening meetings in the centre. Another child welfare session was started in the Miners' Welfare Hall in Slatyford Lane. This is a temporary measure to serve the people in the area until a new centre is built.

In June, the Ministry of Food arrangements for the distribution of dried milk and vitamins ceased and the duties were taken over by the Health Committee. The scheme involved transfer of staff and distribution of foods was undertaken from ante-natal and child welfare centres as well as from a new central depot in New Bridge Street. The service now benefits from a closer link-up with the Child Welfare Service.

The problems of children neglected or ill-treated in their own homes were dealt with by the Special Cases Co-ordinating Committee, which was set up under the auspices of the Ministry of Health Circular 78/50. 18 new special problem cases were dealt with during the year in addition to those already remaining for consideration from the previous years. This Committee has much more than justified its existence and has united together the work of the various officers and associations and in doing so has encouraged a line of direct approach of worker to worker rather than resorting to official correspondence. The cases take up a considerable amount of time but the time spent has obviously been well worthwhile.

During the year the Committee felt it necessary to increase the charges for day nursery care, and the Committee also took the opportunity of tightening up their regulations for admission to the nurseries.

The Council's nursing service through the midwives, the health visitors and the district nurses continued to render valuable service to the community in the homes of the people.

Domestic Help Services were extended further and the demands continued to increase. In the majority of cases concerning aged people, it was possible to provide help once or twice a week for a few hours, and it may be that there is great scope for voluntary workers to continue with attention and help at nights and perhaps at week-ends. Special efforts were made during the year to secure training facilities for the Domestic Help Service and the Education Committee together with the Medical and Nursing Staffs of the Health Department, have worked out a suitable short course of training and a certificate is given

to the successful candidates. This service in the homes of the citizens is one of the most helpful of all the City Council's services to the general public.

Mental Health work of the City was handicapped by the serious shortage of hospital beds, and the Local Authority continue to press the Regional Hospital Board for early attention to this shortage. It would appear that the Newcastle Regional Hospital Board has a very considerable leeway yet to cover between provision of beds and the demand. The Board's Regional Psychiatrist pointed out in his 1952-1953 report that "the mental health service is the least developed branch of the hospital and specialist service in this region. It is probable that this statement is true for the whole country."

The Occupation Centre was opened in Jubilee Road on the 10th March, 1954. The premises comprise central hall, five classrooms and two handicraft rooms with plenty of other space and with dining room accommodation. School meals were supplied through the Education Committee's Service and the premises have proved to be a most excellent centre for this work. The Parents' Association remained in close contact with the Health Committee and has met at the centre on occasions.

There was a further reduction in the number of notified cases of infectious disease from 7,294 in 1953 to 4,509 in 1954, while there were 13,118 notifications during the year 1952. There were no cases of Diphtheria. Chickenpox and Measles were not so prevalent as in the previous year and 23 cases of Poliomyelitis were confirmed but there were no deaths in the series. 75 cases of food poisoning were notified, being an increase of 31 on the figure of 1953. Pulmonary Tuberculosis notifications (430) showed a decrease from the previous year (476), and the number of deaths (86—77 Pulmonary and 9 Non-Pulmonary) reached the lowest figure ever recorded.

I would like particularly to draw your attention to the extent of the work the Mass Miniature Radiography Unit is doing in the City. Over 14,000 patients last year were referred directly by general practitioners to the Unit at the Newcastle General Hospital. This work has been going on steadily and quietly in the City for many years and has been greatly appreciated by the doctors who receive reports direct from the clinic. The careful building up of this service throughout the years now means that a General Practitioner may refer any doubtful chest case to the Mass Radiography specialists and any cases detected or requiring observation are placed under treatment

immediately or are referred to the appropriate departments. A steady and well established extensive system of easy reference such as this is invaluable and is probably of equal if not greater efficiency than sporadic mass drives. The system depends upon General Practitioners who are aware of the service, and use it, and in the confidence of the patient in consulting his doctor. Certain general practitioners are sending in cases to these sessions as part of routine "check-up" and this has been welcomed.

The Children's Tuberculosis Contact Clinic played a very prominent part in the Tuberculosis scheme of the City and there was an increase in the reference of the number of children from chest clinics, health visitors and family doctors. Further particulars of this clinic and of the excellent preventive work it is carrying out will be found in Dr. Taylor's report on pages 108-111.

A short synopsis of the work carried out by the School Health Service is given in this Report, and I am grateful to the Education Committee for permission to reprint a summary of my School Health Service Annual Report.

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. 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 137,880 patients and covered 728,561 miles and the organisation functioned smoothly and well.

The excellent relationship between the Local Health Authority and the Executive Council as described in the survey report of 1952 was continued and developed still further. Both Authorities serve the same area and the same people and their agreed arrangements are giving a well co-ordinated medical and nursing service to the people in their homes. The personal relationships in this joint work have been outstanding and sincere tribute is due to Mr. K. N. Ogden, the Clerk to the Newcastle upon Tyne Executive Council, and to Dr. H. F. Wattsford and Dr. F. J. Robertson, the Chairman and Secretary respectively of the Local Medical Committee.

A tribute is due to the Regional Hospital Board. The increased provision for beds for Tuberculosis has greatly facilitated early admission of patients and the waiting lists have virtually disappeared. This policy now of 3 or 4 years standing has been of enormous assistance in the facing of the Tuberculosis problem in the City. Much remains, however, to be done so far as Newcastle is concerned, in measures for providing beds for mental deficiency, mental treatment and for the chronic sick and for the maternity services which should be available to the citizens of Newcastle upon Tyne.

I would like to express, on behalf of the Health Department staffs, our appreciation for the help and interest of the Chairman, Councillor Mrs. McCambridge, and 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,

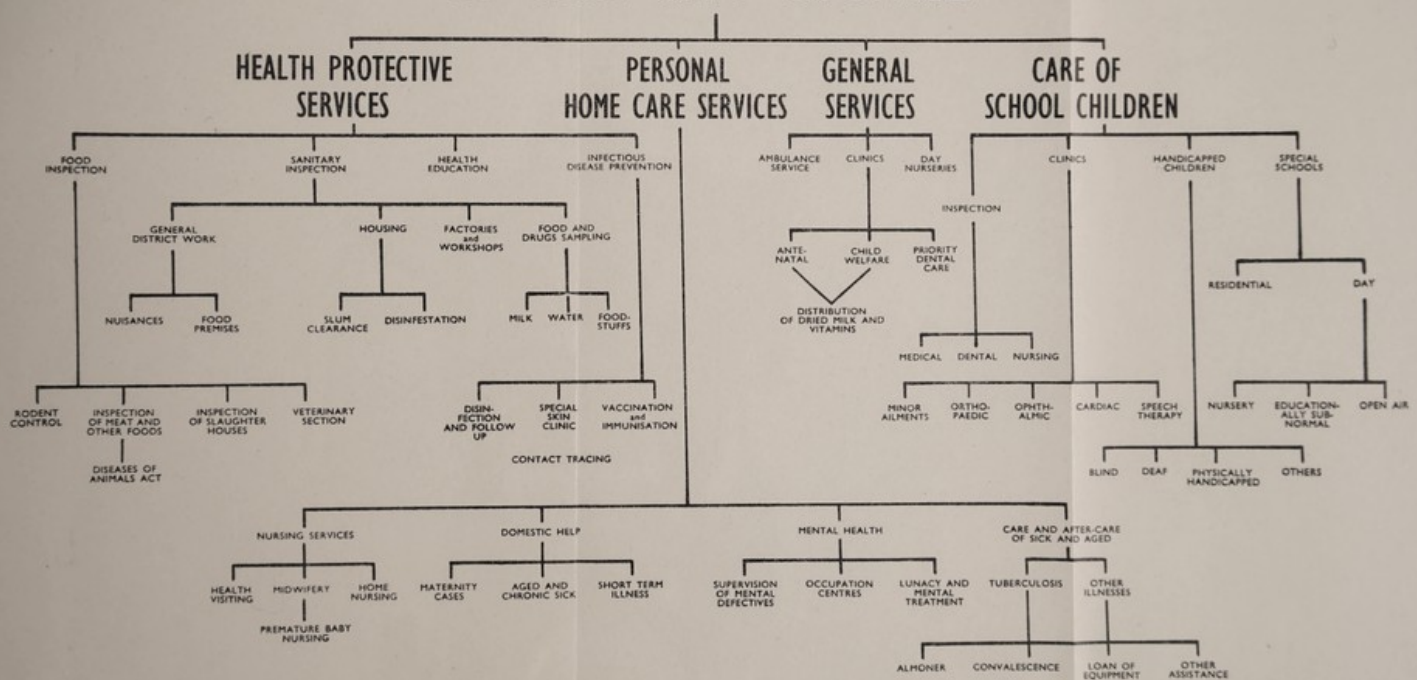
Your obedient Servant,

W. S. WALTON,

Medical Officer of Health.

*Health Department,
Town Hall,
Newcastle upon Tyne, 1.
September, 1955.*

HEALTH SERVICES PROVIDED FOR THE CITIZENS OF NEWCASTLE UPON TYNE BY THE CITY COUNCIL



CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

**MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY,
WATER SUPPLY, CREMATION, etc.**

SUMMARY OF STATISTICS, 1954.

Population	286,500.		
Area	11,401 acres.		
Birth Rate	Crude	16.95	per 1,000 population.
	Corrected	16.10	„ „
Death Rate	Crude	11.27	„ „
	Corrected .	12.40	„ „
Infant Mortality Rate	25.53	per 1,000 live births.	
Neo-Natal Mortality Rate.....	18.32	„ „	
Maternal Mortality Rate	0.20	per 1,000 live and still births.	
Tuberculosis Death Rate :—			
All forms	0.300	per 1,000 population.	
Pulmonary	0.269	„ „	
Non-pulmonary.....	0.031	„ „	
Cancer Death Rate :—			
All forms	1.931	„ „	
Lung and Bronchus.....	0.431	„ „	
Other sites	1.500	„ „	
Infectious Diseases Death Rate	0.03	„ „	
Marriage Rate	16.30	„ „	
Inhabited Houses	86,774		
Rateable Value	£2,907,858		
Product of 1d. rate.....	£11,865	17s. 10d.	

GENERAL STATISTICS.

POPULATION.—The mid-year population, as estimated by the Registrar-General, was 286,500, and represents a decrease of 3,200 on the 1953 estimated population. This decrease is due to the re-housing of over 1,200 families on estates outside the city boundary.

BIRTHS.—There were 4,858 live births recorded, representing a crude birth rate of 16·95 per 1,000 population, as compared with a rate of 17·06 for the year 1953. The City birth rate is higher than that for England and Wales—15·2.

In addition to the above, there were 127 still-births, representing a still-birth rate of 25·48 per 1,000 live and still births.

LIVE BIRTHS.				STILL BIRTHS.		
SEX.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ..	2,431	117	2,548	52	6	58
Female	2,209	101	2,310	65	4	69
Totals .	4,640	218	4,858	117	10	127

DEATHS.—The net deaths amounted to 3,231, equivalent to a crude rate of 11·27 per 1,000 population, as compared with a rate of 10·9 in 1953. The death rate for England and Wales in 1954 was 11·3.

INFANTILE MORTALITY.—124 infants died before completing the first year of life, representing a rate of 25·5 deaths per 1,000 live births and this, for the second year in succession, is exactly the same as the England and Wales figure. Furthermore, it is the lowest ever recorded in the City.

Of the 124 infant deaths, 89 occurred before attaining the age of one month, making a neo-natal mortality rate of 18·32 per 1,000 live births. Once again prematurity accounted for the greatest number of deaths in this group.

MATERNAL MORTALITY.—1 maternal death occurred during the year, producing a mortality rate of 0·20 per 1,000 live and still births, a decrease from the figure for 1953, viz., 0·593 (3 deaths). The England and Wales maternal mortality rate for 1954 was 0·69.

TUBERCULOSIS.—86 persons died from various forms of tuberculosis during the year, 77 being from pulmonary and 9 from non-pulmonary tuberculosis. The equivalent death rates are as follows: All forms 0·300, pulmonary 0·269 and non-pulmonary 0·031 per 1,000 population.

These rates, whilst lower than last year, are still higher than the England and Wales figure of 0·279 per 1,000 population for all forms of tuberculosis.

INFECTIOUS DISEASES.—This group now forms only a very small proportion of the total deaths in the City. There were only 9 deaths during the year (excluding diarrhoea, pneumonia and tuberculosis), representing a rate of 0·03 per 1,000 population, as compared with 0·05 for 1953.

MARRIAGES.—2,347 marriages took place during the year, representing a marriage rate of 16·39 per 1,000 population, compared with 17·36 in 1953.

ACCIDENTS.—The Chief Constable again reports an increase in the number of street accidents which took place during the year, viz., 2,006, as against 1,891 in 1953. It is estimated that 1,710 of these accidents could have been prevented by the exercise of greater care, and it is of some concern to note that there was a considerable number of children under the age of 15 years who were killed or injured, particularly the latter, as shown in the following table:—

	Under 5 years.		5-10 years.		11-15 years.		Total.	
	1953	1954	1953	1954	1953	1954	1953	1954
Killed	1	2	4	4	1	2	6	8
Injured	82	58	94	110	58	45	234	213

Accidents which occur in the home are not normally reported and therefore accurate statistics are not available, but it has been authoritatively stated that the home is more dangerous than the roads. Certainly this is true at the extreme ages of life, i.e., under five and over sixty-five. Falls, scalds and burns are the three main groups, the falls being largely due to infirmity with bad lighting and ill-fitting footwear contributing, whilst burns and scalds could in almost every case be attributed to sheer carelessness. Of 184 home accidents which were brought to the notice of the Health Visitors 43 were due to falls and 103 to burns and scalds. 2 accidents, both to children, were fatal.

NURSING HOMES.—There are 7 Nursing Homes registered in the City, with a total bed accommodation of 118. 30 of these beds are for maternity cases. All homes were inspected during the year.

CREMATION.—During 1954, a total of 4,307 cremations were carried out, an increase of 271 over the 1953 figure. Of these, 1,243 were Newcastle residents.

The Medical Referee required 26 post-mortem examinations (35 in 1953), 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.

HEALTH CONTROL OF AIRPORT.

The regular traffic between Woolsington Airport and the Continent continued to expand during the year. While throughout the winter months only the Dusseldorf via Amsterdam service functioned, April saw the start of twice weekly services between Stockholm via Oslo, Copenhagen via Hamburg, and Paris. These flights continued until October, when all but the Dusseldorf/Amsterdam service were reduced to once per week and in addition Stockholm was suspended from the itinerary, the Oslo plane calling at Stavanger en route to Woolsington.

This increased traffic—more than double that of the previous year—meant more frequent attendances of Health Department staff to carry out the duties imposed by the Public Health (Aircraft) Regulations, 1952-54, and the Aliens Order, 1953. The work carried out is summarised as follows:—

Number of Aircraft arriving from Continent.

Dusseldorf/Amsterdam	106
Copenhagen/Hamburg	55
Paris	46
Oslo/Stavanger	34
Stockholm/Oslo	28
Tarbes	4
Le Mans	1
Helsinki	1
Jarlsberg	1
Tonsberg	1

227 of which 212
carried Aliens.

No. of passengers arriving..... 3,009

(British 2,187, Norwegian 286, Dutch 185, German 156, French 100, Finnish 40, Danish 36, Swedish 10, American 4, Indian 1, Pakistani 1, Swiss 1, Argentinian 1, Jugo Slavian 1).

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 1954 was worse than the previous year. There was less sunshine and more rain, and the mean maximum and minimum temperatures were lower than in 1953. The following table summarises the recordings taken at Leazes Park, King's College, Cockle Park (Morpeth), and Hexham. It will again be noticed that the so called "holiday" month—August, was the wettest month of the year.

METEOROLOGICAL RECORDS, 1954.

Month.	SUNSHINE HOURS.			LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Rainfall (inches).	Temperature °F.	
					Mean Max.	Mean Min.
January .	14.7	28.0	37.8	2.87	40.0	32.0
February	18.5	50.75	42.6	1.65	40.7	30.0
March ...	52.9	83.5	77.7	1.23	47.0	33.8
April	102.8	137.0	155.0	0.52	53.6	37.4
May	124.6	122.25	148.1	3.33	62.8	42.0
June	81.9	111.5	122.0	2.06	68.4	46.8
July	130.0	121.75	155.9	1.99	71.4	48.1
August ..	78.5	103.25	96.6	5.61	66.3	49.3
September	118.9	150.75	172.5	2.84	60.7	43.5
October .	60.6	94.75	96.4	4.40	56.9	43.6
November	44.3	72.25	82.9	3.14	48.1	35.5
December	12.4	37.75	49.3	1.80	46.1	35.8
Total ..	840.1	1113.50	1236.8	31.44	....	....
Average	70.0	92.79	103.0	2.62	55.1	39.8

WATER SUPPLY.—Details relating to the City's Water supply are shown in the Chief Sanitary Inspector's section of this report.

SEWERAGE.—There are 456.15 miles of sewers in the City, discharging directly into the Tyne 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 following table shows the nature of the main types of work engaged in by the citizens of the City, and also the number of persons not gainfully occupied or retired. These figures are based upon the one per cent. extraction system adopted from the 1951 Census by the Registrar-General and while obviously not strictly accurate give a definite indication of the distribution of workers. The number of women at work has increased considerably since the 1931 Census.

OCCUPATION ORDERS AND STATUS AGGREGATES (1951).

	Males (15 & over)	Females (15 & over)	
Total	104,300	121,300	
Occupied	92,900	44,900	
Not gainfully occupied and retired..	11,400	76,400	
Retired.....	(7,900)	(1,000)	
			Total.
Metal Manufacture, Engineering and Allied Trades	19,600	900	20,500
Clerks and Typists	8,300	12,700	21,000
Commerce (not clerical)	8,700	5,900	14,600
Personal Service (Institutions, Clubs, etc.).....	2,000	12,500	14,500
Transport and Communications.....	11,600	—	11,600
Unskilled Workers	9,600	1,700	11,300
Non-Metalliferous Products (other than Coal)—			
Pottery, Glass, Fireclay	600	200	800
Professional and Technical	4,800	2,800	7,600
Paper Printers, Bookbinders	600	1,000	1,600

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.	Females.	Total.
11th January, 1954.....	3,259	1,451	4,710
6th December, 1954	2,183	1,080	3,263

INHABITED HOUSES.—There are 86,774 inhabited houses, which, on the estimated population, shows an average of 3·3 persons per dwelling.

RATEABLE VALUE.—A penny rate produced £11,865 17s. 10d., the gross rateable value being £2,907,858, as against £2,878,733 in 1953.

Vital Statistics of Whole City during 1954, 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
1916	278,107	7,332	7,248	26.2	4,875	17.5	680	232	899	123	4,427	15.9
1917	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
1918	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
1919	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
1920	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	13.5
1925	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	13.6
1926	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
1928	281,500	6,360	5,429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
1929	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
1930	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
1931	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
1932	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
1935	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9‡
1940	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6 [
1941	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5 [
1942	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7 [
1943	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6 [
1944	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3 [
1945	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0 [
1946	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19.4	4,504	15.3	1,215	186	217	38	3,475	11.8
1949	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3
1951	291,700	6,053	4,803	16.5	4,535	15.5	976	341	166	34	3,900	13.4
1952	289,800	5,982	4,792	16.5	4,099	14.2	1012	337	140	29	3,424	11.8
1953	289,700	6,313	4,922	17.1	4,040	13.9	1018	137	132	27	3,159	10.9
1954	286,500	5,984	4,852	16.9	4,076	14.2	1,041	196	124	25	3,231	11.3

* Calculated on a population of 282,200.

† Rates calculated on a population of 291,025.

[Civilians only.

‡ Death-rate calculated on a population of 283,200.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1954.

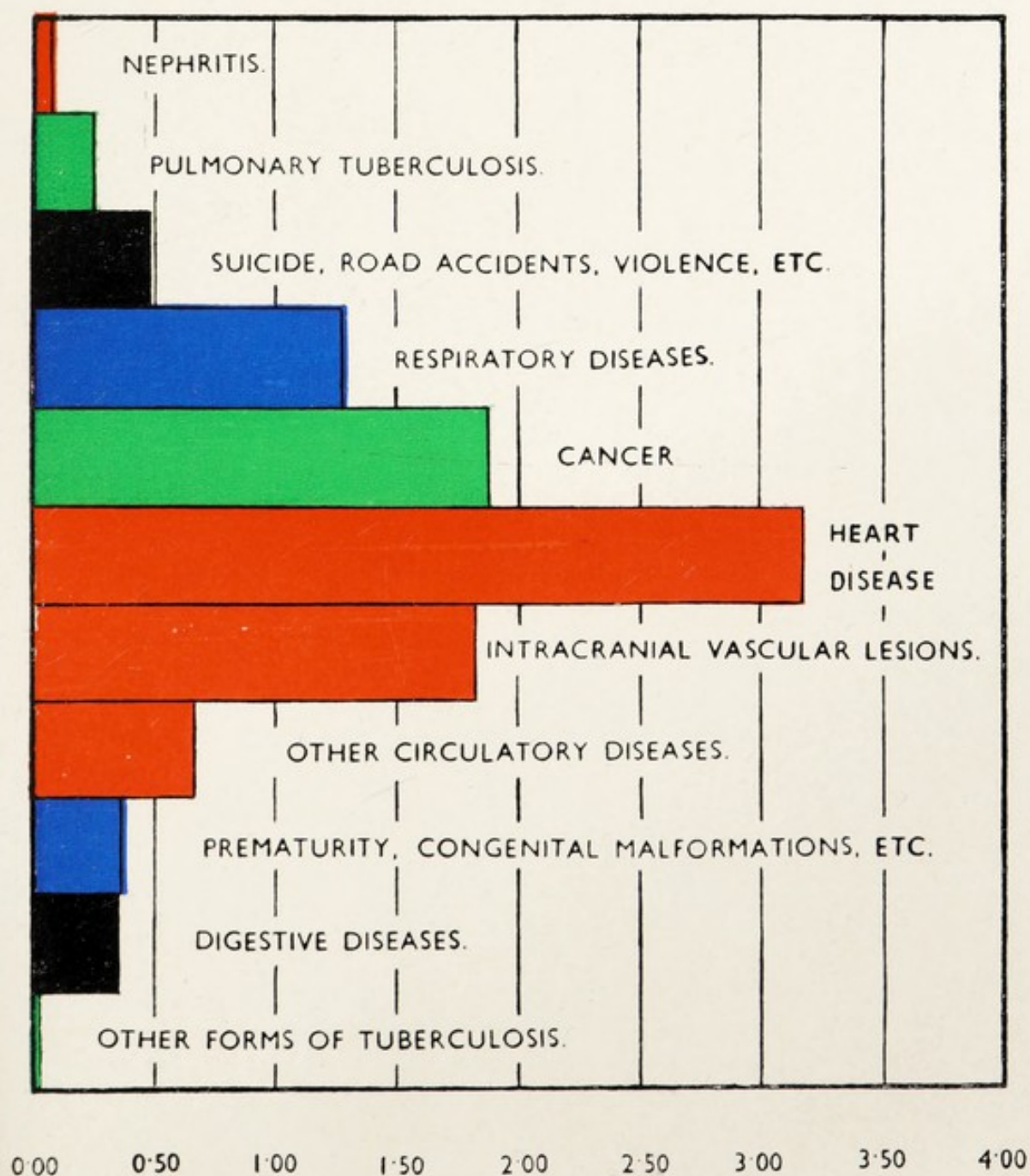
(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—
1—Tuberculosis, respiratory	M. F.	53 24	.. ..	.. ..	.. ..	1 3	8 12	32 5	10 4	2 ..
2—Tuberculosis other	M. F.	4 5	.. ..	.. ..	1 ..	1 1	.. 2	.. 2	1 ..	1 ..
3—Syphilitic disease	M. F.	5 2	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	2 1	1 ..
4—Diphtheria	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5—Whooping cough	M. F.	1 1	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
6—Meningococcal infections	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
7—Acute poliomyelitis	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
8—Measles	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
9—Other infective and parasitic diseases	M. F.	1 6	.. ..	.. ..	1 1	.. 2	.. ..	.. 2	.. 1	.. ..
10—Malignant neoplasm, stomach	M. F.	49 47	.. ..	1 ..	.. ..	.. ..	2 3	20 13	18 15	8 16
11—Malignant neoplasm, lung, bronchus	M. F.	108 16	.. ..	.. ..	.. ..	.. ..	6 1	74 4	24 7	4 4
12—Malignant neoplasm, breast	M. F.	3 35	.. ..	.. ..	.. ..	.. ..	.. 4	1 13	.. 10	2 8
13—Malignant neoplasm, uterus	F.	22	..	..	..	..	2	13	4	3
14—Other malignant and lymphatic neoplasms	M. F.	156 105	.. 1	.. ..	1 ..	1 ..	11 4	46 42	49 36	48 22
15—Leukæmia, aleukæmia	M. F.	6 7	.. ..	.. ..	.. 2	.. ..	3 1	2 3	1 ..	.. 1
16—Diabetes	M. F.	8 7	1 ..	.. ..	.. ..	1 ..	.. ..	3 1	2 2	1 4
17—Vascular lesions of nervous system	M. F.	247 279	.. ..	.. 1	1 1	.. 1	12 2	51 45	80 103	103 126
18—Coronary disease, angina	M. F.	286 169	.. ..	.. ..	.. ..	.. ..	7 2	112 37	100 65	67 65
19—Hypertension with heart disease	M. F.	28 43	.. ..	.. ..	.. ..	.. ..	.. ..	5 4	15 17	8 22

CHIEF CAUSES OF DEATH AT ALL AGES

RATES PER 1000 POPULATION

1954



Causes of Death at different periods of life for 1954—*continued*.

CAUSES OF DEATH.	Sex	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—
20—Other heart disease	M.	179	..	..	..	..	6	37	35	101
	F.	207	..	..	..	..	11	20	44	132
21—Other circulatory disease	M.	95	..	..	..	..	2	15	20	58
	F.	98	..	..	..	..	2	13	20	63
22—Influenza	M.	7	..	..	..	..	1	3	1	2
	F.	11	..	..	..	1	..	4	1	5
23—Pneumonia	M.	71	11	1	..	..	2	12	13	32
	F.	62	6	..	..	..	4	3	14	35
24—Bronchitis	M.	116	2	..	..	..	1	38	51	24
	F.	61	..	..	..	1	..	7	19	34
25—Other diseases of respiratory system	M.	26	..	1	1	..	1	14	9	..
	F.	13	..	..	..	..	3	4	1	5
26—Ulcer of stomach and duodenum	M.	26	..	..	..	..	1	8	13	4
	F.	5	..	..	..	..	..	3	1	1
27—Gastritis, enteritis and diarrhoea	M.	4	2	..	..	..	1	..	..	1
	F.	10	..	..	..	..	..	5	4	1
28—Nephritis and nephrosis	M.	15	..	..	1	1	3	3	3	4
	F.	13	..	..	..	1	1	6	1	4
29—Hyperplasia of prostate	M.	24	..	..	..	..	..	5	3	16
30—Pregnancy, childbirth, abortion	F.	1	..	..	..	..	1	..	..	..
31—Congenital malformations	M.	18	11	..	1	..	4	1	1	..
	F.	16	10	2	1	1	..	1	..	1
32—Other defined and ill-defined diseases	M.	136	41	1	4	1	5	29	27	28
	F.	154	30	2	1	..	12	29	34	46
33—Motor vehicle accidents	M.	19	..	2	4	3	2	5	1	2
	F.	13	..	..	2	..	2	3	4	2
34—All other accidents	M.	46	5	1	2	3	10	8	7	10
	F.	32	2	2	1	..	1	8	5	13
35—Suicide	M.	21	..	..	..	..	8	10	2	1
	F.	8	..	..	..	..	1	5	2	..
36—Homicide and operations of war	M.	..	..	..	..	..	..	..	..	..
	F.	1	..	..	..	..	1	..	..	..
All causes	M.	1758	74	7	17	12	96	536	488	528
	F.	1473	50	7	9	11	72	296	415	613

CANCER DEATHS AND DEATH RATES FROM 1936

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	
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
1952	614	2.12	..	5	58	30	93	..	1	10	10	21
1953	607	2.09	..	7	54	38	99	..	3	7	4	14
1954	554	1.93	..	6	74	28	108	..	1	4	11	16

CANCER DEATHS IN AGES (MALE AND FEMALE)—1954.

26A

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	3	..	4	1
142 Do. Salivary Gland	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
144 Do. other parts of mouth and mouth unspecified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
145 Do. mesopharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
146 Do. Nasopharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
148 Do. pharynx unspecified	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
150 Do. oesophagus	..	..	..	..	..	..	..	..	..	1	1	2	..	6	3	9	4	..
151 Do. Stomach	..	..	..	..	1	..	..	..	..	2	3	20	13	27	28	50	44	..
153 Do. large intestine except rectum	..	..	..	..	..	..	..	..	..	1	..	6	8	19	12	26	20	..
154 Do. rectum	..	..	..	..	..	..	..	..	..	..	..	5	2	17	9	22	11	..
155 Do. biliary passages and of liver (stated to be primary site) ..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	3	1	4	3
156 Do. liver (secondary and unspecified)	..	..	..	..	..	..	..	..	..	1	..	5	1	3	4	9	5	..
157 Do. pancreas	..	..	..	..	..	..	..	..	..	1	..	2	2	6	7	9	9	..
158 Do. peritoneum	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	2	1	..
160 Do. nasal Cavities	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
161 Do. larynx	..	..	..	..	..	..	..	..	..	..	..	3	..	3	..	6	..	..
162 Do. trachea & of bronchus & lung specified as primary	..	..	..	..	..	..	..	..	..	3	..	52	4	20	6	75	10	..
163 Do. lung and bronchus unspecified as to whether primary or secondary	..	..	..	..	..	..	..	..	..	3	1	22	..	8	5	33	6	..
164 Do. mediastinum	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..
170 Do. breast	..	..	..	..	..	..	..	..	..	4	1	13	2	18	3	35	..	..
171 Do. cervix uteri	..	..	..	..	..	..	..	..	..	1	..	9	..	4	..	14	..	..
172 Do. corpus uteri	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..
174 Do. uterus, unspecified ..	..	..	..	..	..	..	..	..	..	1	..	3	..	2	..	6	..	..
175 Do. ovary, Fallopian tube and broad ligament	..	..	..	..	..	..	..	..	..	..	..	10	..	5	..	15	..	..
176 Do. other unspecified female genital organ	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
177 Do. prostate	..	..	..	..	..	..	..	..	..	..	..	2	..	12	..	14	..	..
178 Do. testis	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2	..	..
179 Do. unspecified male genital organs ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
180 Do. kidney	..	..	..	..	..	..	..	..	..	..	..	4	..	2	..	6	..	..
181 Do. bladder and other urinary organs ..	..	..	..	..	..	..	..	..	..	2	..	1	2	3	2	6	4	..
190 Malignant melanoma of skin	..	..	..	..	..	..	..	..	..	1	..	..	2	..	1	1	3	..
191 Malignant neoplasm of skin	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	2	2	..
193 Do. brain and other parts of nervous system ..	..	..	..	..	..	..	..	..	..	1	..	1	3	1	..	2	4	..
194 Do. thyroid gland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
196 Do. bone including jaw bone	..	..	..	..	..	..	..	1	..	1	1	1	1	1	1	3	3	..
198 Do. Lymph Nodes	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..
199 Malignant neoplasm of other and unspecified sites	..	..	..	..	..	..	..	..	..	1	..	3	4	3	4	7	8	..
200 Lymphosarcoma and reticulosarcoma	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..
201 Hodgkins disease	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
202 Other forms of lymphoma (reticulosis)	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	2	1	..
203 Multiple myeloma	..	..	..	..	..	..	..	..	..	..	..	3	3	3	..	3	3	..
204 Leukæmia and aleukæmia	..	..	..	..	..	..	2	..	3	1	2	3	..	1	5	7	..	..
TOTALS	..	1	..	..	1	..	1	2	1	..	22	15	139	88	150	121	314	227
COMBINED TOTALS	1	..	..	..	1	..	3	..	1	..	37	..	227	..	271	..	541	..

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respira- tory.	Digestive.	Violent Causes.
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	1,356	531	115	141
1952 ...	489	1,221	376	93	125
1953 ...	452	1,079	351	94	99
1954 ...	526	1,106	367	101	140

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1954.

WARD.	Estimated Population.	Acreage (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.		CANCER (All Forms)		HEART DISEASE.	
										New Cases	Attack Rate.	Deaths.	Death Rate.	New Cases	Attack Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
Armstrong ..	14,500	239.6	60.8	364	25.0	189	13.0	6	16.5	31	2.14	4	0.27	7	0.48	1	0.07	19	1.31	28	1.93	59	4.06
Arthur's Hill	14,650	318.1	46.0	230	15.6	219	14.9	5	21.6	17	1.16	2	0.14	3	0.21	1	0.07	27	1.84	24	1.63	50	3.40
Benwell	14,520	246.8	58.5	240	16.5	136	9.3	3	12.5	25	1.72	1	0.07	..	..	..	..	15	1.03	21	1.44	37	2.55
Byker	13,870	245.4	56.2	254	18.3	163	11.7	7	27.5	13	0.94	1	0.07	4	0.29	2	0.14	17	1.22	28	2.01	48	3.45
Dene	14,020	865.4	16.2	153	10.9	129	9.2	2	13.0	16	1.14	4	0.28	4	0.29	1	0.07	14	1.00	21	1.50	43	3.06
Elswick	13,850	215.0	64.5	232	16.7	173	12.5	10	43.0	25	1.80	10	0.72	1	0.07	..	..	18	1.30	24	1.73	53	3.82
Fenham	16,210	650.5	24.9	239	14.7	167	10.3	5	20.9	21	1.29	2	0.12	3	0.18	..	..	22	1.35	32	1.98	51	3.14
Heaton	14,690	315.3	46.6	177	12.0	170	11.5	2	11.3	10	0.68	2	0.13	3	0.20	..	..	8	0.54	33	2.25	53	3.60
Jesmond	16,130	416.6	38.6	173	10.7	227	14.1	3	17.3	20	1.24	4	0.25	2	0.12	..	..	14	0.87	35	2.16	87	5.40
Kenton	23,990	1938.0	12.4	418	17.0	217	9.4	11	26.3	41	1.71	5	0.21	7	0.29	..	..	24	1.00	33	1.37	69	2.87
St. Anthony's	14,020	240.9	58.0	232	16.5	157	11.2	9	38.7	31	2.20	8	0.56	5	0.36	..	..	25	1.78	27	1.92	41	2.91
St. Lawrence	15,130	315.3	47.8	278	18.4	158	10.4	3	10.8	28	1.85	7	0.46	3	0.20	1	0.07	22	1.45	30	1.98	40	2.65
St. Nicholas .	10,020	438.2	22.8	204	20.3	111	11.1	3	14.7	23	2.30	3	0.30	1	0.10	..	..	15	1.49	28	2.78	26	2.59
Sandyford....	13,880	245.9	56.2	183	13.2	162	11.6	4	21.8	16	1.15	..	..	5	0.36	1	0.07	13	0.93	30	2.15	44	3.16
Scotswood ..	15,330	395.5	38.6	256	16.7	145	9.5	8	31.2	22	1.44	5	0.32	..	..	..	..	16	1.41	18	1.17	28	1.83
Stephenson .	16,750	310.2	53.8	446	26.6	224	13.4	22	49.2	35	2.10	9	0.54	4	0.24	1	0.06	24	1.44	33	1.97	63	3.75
Walker	17,280	499.9	34.6	371	21.5	164	9.5	11	29.6	19	1.10	4	0.23	..	..	..	..	13	0.75	32	1.85	43	2.48
Walkergate..	14,920	525.2	28.4	206	13.8	152	10.2	3	14.5	18	1.20	3	0.20	1	0.07	..	..	14	0.94	31	2.08	50	3.35
Westgate ...	12,740	293.6	43.0	202	15.8	168	13.2	7	34.5	19	1.49	3	0.23	2	0.16	..	..	27	2.12	33	2.60	37	2.90
CITY ...	286,500	8705.4	33.0	4858	16.9	3,231	11.3	124	25.5	430	1.50	77	0.27	55	0.19	9	0.03	347	1.21	541	1.89	922	3.21

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, INFECTIOUS DISEASES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1954,
TOGETHER WITH LONDON, GLASGOW AND EDINBURGH.

	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.	London County Council.	Glasgow.	Edinburgh.
R.G.'s ESTIMATED POPULATION	1,117,700	286,500	444,900	248,000	264,600	249,800	300,000	507,200	287,300	786,100	699,000	286,500	311,500	217,500	243,600	171,500	503,400	*194,300	274,100	181,800	3,322,000	1,084,700	469,297
COMPARABILITY FACTOR :—																							
(a) Births	0.94	1.00	0.99	0.94	0.95	0.99	0.96	0.98	0.99	0.92	0.95	0.95	0.93	1.02	1.02	0.95	0.99	0.98	0.94	0.94	0.87	0.94	0.87
(b) Deaths	1.14	0.97	0.96	1.07	1.27	0.90	1.15	1.08	1.02	1.29	1.13	0.95	1.09	1.02	0.98	1.16	1.06	1.03	1.24	1.16	0.99	not in use.	not in use.
CRUDE BIRTH RATE PER 1,000 POPULATION	16.36	16.4	15.64	18.11	15.76	14.3	18.3	15.9	15.36	20.02	16.94	16.95	16.05	16.46	15.23	16.72	13.64	16.69	15.6	19.7	15.24	19.3	15.5
BIRTH RATE AS ADJUSTED BY FACTOR	15.378	16.4	14.89	17.02	14.8	14.2	17.6	14.7	15.21	18.42	16.16	16.10	15.24	16.79	15.33	15.88	13.36	16.36	14.7	18.5	13.26	—	—
CRUDE DEATH RATE PER 1,000 POPULATION	10.64	14.78	11.61	11.58	8.2	10.6	10.7	11.3	11.28	11.38	12.20	11.27	10.61	10.79	10.76	12.02	11.56	9.60	11.0	10.7	10.68	11.8	12.9
DEATH RATE AS ADJUSTED BY FACTOR	12.13	14.34	11.15	12.39	10.4	9.5	12.3	12.2	11.51	13.65	13.78	12.40	11.36	11.01	10.54	13.94	12.26	9.89	13.6	12.4	10.57	—	—
INFANTILE MORTALITY RATE PER 1,000 LIVE BIRTHS	24.23	31.4	29.77	34.06	39.4	19.0	33.9	26.0	27.19	30.81	29.47	25.53	24.35	28.21	23.71	30.35	23.88	23.59	33.0	29.4	29.7	35	25
NEO-NATAL MORTALITY RATE PER 1,000 LIVE BIRTHS	16.79	20.0	15.84	21.82	22.0	14.0	19.3	17.8	17.45	20.71	20.01	18.32	14.78	19.83	14.61	19.33	15.87	16.26	23.87	19.0	15.1	21	19
STILLBIRTH RATE PER 1,000 TOTAL BIRTHS	21.62	24.9	23.35	25.39	29.9	22.2	27.6	24.2	23.24	24.78	31.80	25.48	19.79	24.52	24.96	24.83	24.16	23.05	31.5	21.9	19.8	29	21
MATERNAL MORTALITY RATE PER 1,000 TOTAL BIRTHS	0.803	0.42	0.58	1.30	1.2	0.82	0.71	0.64	0.44	0.49	0.49	0.20	0.59	1.09	1.31	1.36	0.43	0.31	1.59	—	0.66	0.67	0.1
TUBERCULOSIS RATES PER 1,000 POPULATION :—																							
(a) Primary notifications :																							
Respiratory	0.99	0.92	0.868	1.19	1.6	0.845	1.15	0.93	0.947	1.44	0.96	1.50	1.29	1.49	0.82	0.939	0.97	1.330	1.084	1.19	1.27	2.03	1.70
Non-respiratory	0.12	0.12	0.11	0.24	0.16	0.108	0.11	0.16	0.15	0.18	0.15	0.19	0.08	0.12	0.07	0.152	0.13	0.176	0.109	0.16	0.12	0.22	0.18
(b) Deaths :																							
Respiratory	0.20	0.11	0.151	0.30	0.15	0.112	0.25	0.16	0.237	0.295	0.27	0.27	0.23	0.14	0.156	0.227	0.179	0.296	0.27	0.25	0.18	0.387	0.19
Non-respiratory	0.01	0.02	0.016	0.02	0.015	0.016	0.02	0.01	0.028	0.015	0.03	0.03	0.01	0.01	0.03	0.012	0.028	0.011	0.022	0.02	0.02	0.033	0.01
†DEATH RATES PER 1,000 POPULATION FROM :—																							
Cancer (all forms including Leukaemia and Apleukaemia)	2.05	2.30	2.084	2.06	1.5	1.94	1.98	2.03	2.064	2.01	2.24	1.93	1.90	1.83	1.98	2.397	2.22	2.022	1.966	2.06	2.31	2.063	2.45
Meningococcal Infections	0.00	—	0.00	0.004	—	0.00	0.01	0.005	0.014	0.01	0.00	—	0.01	0.00	0.01	—	0.01	0.011	0.018	0.02	0.01	0.015	0.01
Whooping Cough	0.01	—	—	—	—	—	0.00	—	—	0.006	0.01	0.007	—	—	0.01	0.006	0.01	0.005	—	0.00	0.006	0.01	—
Influenza	0.03	0.12	0.04	0.032	0.019	—	0.02	0.03	0.010	0.019	0.05	0.063	0.03	0.00	—	0.02	0.035	0.03	0.016	0.044	0.02	0.024	0.04
Measles	—	—	—	—	—	—	—	—	—	0.0038	0.00	—	0.00	—	—	0.012	—	—	0.0146	—	0.00	0.004	0.00
Acute Poliomyelitis and Encephalitis	0.00	—	0.00	—	0.004	0.00	0.01	—	0.0035	0.00	0.00	—	—	—	—	0.00	—	—	—	0.01	0.00	0.003	0.00
Diarrhoea (under 2 yrs.)	0.01	0.02	0.00	0.048	0.012	0.00	0.02	0.02	0.010	0.01	0.02	0.007	0.00	0.04	0.02	—	0.02	0.018	0.219	0.02	0.020	0.01	—
Diarrhoea (under 2 yrs.) per 1,000 live births	0.71	1.30	0.15	2.67	0.7	0.28	1.28	1.05	0.680	0.57	1.01	0.41	0.2	2.51	1.08	—	1.46	0.956	1.404	0.84	1.28	1.57	0.96

†Where no deaths have occurred at all, a "dash" is inserted. Where the number of deaths is too small to express as a rate, the figures 0.00 are inserted. *In calculating these rates a population figure of 187,950 is used, which is a working population taking into account the boundary change on 1st April, 1954. †Includes one death with interval of 30 years between pregnancy and death.

(excluding Diarrhoea of the new born)

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES.
1954.

	Newcastle upon Tyne.	Gateshead.	South Shields.	Sunderland.	Tynemouth.	Northumberland.	Durham.
R.G.'s estimated population	286,500	113,610	107,500	181,800	67,000	445,900	910,690
Comparability factor :—							
(a) births	0.95	0.95	0.93	0.94	0.95	1.00	0.97
(b) deaths	1.10	1.15	1.11	1.16	1.08	1.03	1.15
Crude birth rate per 1,000 population	16.95	17.1	19.0	19.7	18.06	16.26	17.3
Birth rate as adjusted by factor	16.10	16.2	17.7	18.5	17.16	16.26	16.8
Crude death rate per 1,000 population	11.27	11.8	11.3	10.7	11.84	12.23	11.5
Death rate as adjusted by factor	12.40	13.5	12.2	12.4	12.79	12.60	13.2
Infantile mortality rate per 1,000 live births	25.53	28.7	31.8	29.4	34.7	27.03	31.0
Neo-natal mortality rate per 1,000 live births	18.32	23.06	17.7	19.0	27.3	19.03	21.2
Stillbirth rate per 1,000 total births	25.48	26.9	19.3	21.9	29.7	23.83	25.2
Tuberculosis rates per 1,000 population :—							
(a) Primary notifications :							
Respiratory	1.50	1.76	1.66	1.19	1.05	0.92	0.87
Non-respiratory	0.19	0.22	0.19	0.16	0.13	0.20	0.14
(b) Deaths :							
Respiratory	0.27	0.33	0.32	0.25	0.21	0.15	0.19
Non-respiratory	0.03	0.03	0.03	0.02	0.01	0.01	0.02
Death rate per 1,000 population from :							
Cancer (all forms including Leukaemia and Alaukaemia)	1.93	2.05	1.93	2.06	2.19	1.99	2.06

II.—NATIONAL HEALTH SERVICE ACTS

MATERNITY AND CHILD WELFARE STATISTICS.

Birth Rate.

There were 2,548 male live births and 2,310 female births registered producing a crude birth rate of 16·95 per 1,000 population. Of these births 117 males and 101 females were illegitimate.

Still-Birth Rate.

There were 127 still-births giving a still-birth rate of 25·48.

Infant Mortality Rate.

Eighty-nine babies died in the first month of life and 35 died between the first month and the end of the first year. This gave an infant mortality rate of 25·5, and a neo-natal rate of 18·3.

These infant deaths follow the usual pattern which is so difficult to change—namely the greater proportion occurring in the first few days after birth. Prematurity is still responsible for the greatest number of these infant deaths, and in the past year the incidence of prematurity has been increasing. A record was kept of various social factors in relation to all the premature births occurring in home confinements, but without the same knowledge in the case of all premature babies born in hospital, and of all normal home and hospital confinements no definite conclusions can be drawn. However, it is hoped that this group will form a satisfactory basis for follow-up in order to obtain some information on the mental and physical development of prematurely born infants.

Maternal Mortality.

Only one death has been assigned to this cause, and the rate is therefore reduced to 0·20 per 1,000 total births.

CARE OF MOTHERS AND YOUNG CHILDREN.

During 1954 two new child welfare centres were started. In June the maternity and child welfare centre at Blakelaw was opened. This serves a large new estate and in it are held two child welfare clinics each week with facilities for diphtheria and whooping cough immunization and vaccination and one ante-natal clinic. It also serves as a centre for special staff education meetings, and a mothers' club has been started and holds its evening meetings there.

Another child welfare session was started in August in a miners' welfare hall in Slatyford Lane to serve another new estate. This is a temporary measure to serve the people until a new centre is built. In May the special vaccination and immunization clinics were discontinued, and this service was offered at all child welfare sessions.

Apart from the ante-natal clinic at Blakelaw there were no new ante-natal clinics opened in 1954. The attendances remained small because ante-natal care in a large proportion of cases was given by the doctors who were booked for the confinement. Arrangements are made for ante-natal relaxation classes but comparatively few expectant mothers avail themselves of these facilities.

In June the Ministry of Food arrangements for the distribution of dried milk and vitamins ceased and these duties were taken over by the local health authority. For a temporary period of three months while a new building was made ready the old Ministry of Food premises were rented for this purpose. At the beginning of September the new building in the centre of the city was opened and the welfare foods distributed from there. The taking over of this scheme necessitated the appointment of 9 new staff—an organizer, four full-time clerks and four part-time clerks—to undertake the distribution from the ante-natal and child welfare centres. In spite of the fact that there was very little time to organize the change over everything went comparatively smoothly, and the service now benefits from the close link-up with the child welfare service.

An effort was made, with the co-operation and approval of the general practitioner, to follow up all premature babies, not under other medical care, at the child welfare centres and carry on the iron and vitamin C. therapy which had been begun in the first weeks of life. By this means we hope to prevent many of the anaemias one meets in premature infants in the latter half of their first year.

During this year three new play groups were started in child welfare centres during sessional hours. These were in addition to one started in the previous year, rather as an experiment. They are organized by the Superintendent Nursery Warden, and the children at each centre are looked after by one or two members of a particular nursery staff who are seconded on a rota basis for the clinic sessions. These play groups have proved valuable in many ways. They help to cement a link between the health visitors and the nursery staff: they are a real asset in the training of the nursery student by giving her active experience in her senior year of the running of a child welfare

centre, and giving her an opportunity to show initiative and take responsibility without constant supervision. They also have an educational value for the mothers by unobtrusive demonstration of the management of young children, and of simple play material needed by children at different stages of development. Care is taken to provide only simple inexpensive equipment, which, in many cases, can be made at home out of old household commodities.

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS DURING 1954.

(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.
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	
1954.....	2,064	42	1,614	42	7,271	42	11
1953.....	2,181	65	1,674	65	7,925	65	14

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES DURING 1954.

(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.	
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1954....	9,249	3,413	423	2,854	5,607	39,144	18,079	30
1953....	9,367	3,420	693	2,854	6,003	40,401	20,369	33

Births.

2,776 live births in families belonging to Newcastle occurred in institutions as shown in the following table :—

Nursing Homes.....	10
Princess Mary Maternity Hospital	611
Hopedene Maternity Home	217
Newcastle General Hospital	1,379
Other outside Hospitals	559
Total number of Live Births notified	4,858
Proportion of Live Births taking place in	
Institutions	56.4%
Proportion in Newcastle Hospitals	45.0%

Deaths of Infants.

	1950.	1951.	1952.	1953.	1954.
Deaths of Infants during first week of life.....	91	87	73	81	77
Deaths of Infants aged one to four weeks	12	18	15	17	12
Deaths of Infants aged one to twelve months	67	57	52	34	35
Deaths from Prematurity.....	39	42	37	37	28
Deaths of Twins and Triplets....	24	9	9	3	2
Infant Mortality Rate	33.6	34.56	29.21	26.82	25.5
Total Live Births Registered ...	5,051	4,803	4,792	4,922	4,858

Care of Illegitimate Children.

Total number of illegitimate live births..... 218

Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility :—

Brettargh Holt	13	St. Raphael's.....	1
Coledale Hall	1	Elswick Lodge	10
St. Agnes	1	Heworth House	3

The following table shows the illegitimate infant mortality rate compared with the overall infant mortality rate :—

Year.	Illegitimate Births.	Illegitimate Infant Mortality Rate.	Overall Infant Mortality Rate.
1950.....	230	56	34
1951.....	191	42	34
1952.....	223	36	29
1953.....	202	35	27
1954.....	218	32	25

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1954.

37A

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
Whooping Cough.....	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
Other Forms of Lymphoma (Reticulosis)....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	1	1
Diabetes Mellitus	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Meningitis, except Meningococcal and Tuberculous	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Acute Upper Respiratory Infection of Multiple or Unspecified Sites	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Bronchopneumonia	..	..	..	..	..	..	..	..	..	..	3	2	3	1	..	..	..	1	6	4
Pneumonia, Other and Unspecified	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Acute Bronchitis	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Bronchitis, unqualified	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	2	..
Hernia of Abdominal Cavity without mention of Obstruction	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Gastro-Enteritis and Colitis except Ulcerative	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2	..
Spina Bifida and Meningocele	2	1	1	3	..	..	..	..	3	4	1	..	..	1	..	..	..	..	5	4
Congenital Hydrocephalus.....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	1
Other Congenital Malformations of Central Nervous System and Sense Organs.....	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Congenital Malformations of Circulatory System	2	1	..	..	..	..	..	..	2	1	2	..	..	..	..	..	..	..	4	1
Congenital Malformations of Digestive System	..	..	..	1	..	..	1	..	1	1	..	..	..	..	..	..	..	..	1	1
Other and unspecified Congenital Malformations	..	2	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	2
Intracranial and Spinal Injury at birth....	6	5	..	..	..	..	..	..	6	5	..	..	..	..	..	..	..	..	6	5
Post-natal Asphyxia and Atelectasis.....	6	3	..	1	..	..	..	..	6	4	..	..	..	..	..	..	..	..	6	4
Pneumonia of Newborn	5	1	1	..	..	..	..	..	6	1	..	..	..	..	..	..	..	..	6	1
Other Sepsis of Newborn	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Haemolytic Disease of Newborn (Erythroblastosis)	3	2	1	..	..	..	..	..	4	2	..	..	..	..	..	..	..	..	4	2
Haemorrhagic Disease of Newborn	1	2	1	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	2	2
Ill-defined diseases peculiar to early infancy	1	2	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	1	2
Immaturity with mention of any other subsidiary condition	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1
Immaturity Unqualified	17	10	1	..	..	..	..	..	18	10	..	..	..	..	..	..	..	..	18	10
Certain symptoms referable to nervous system and special senses	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Inhalation and Ingestion of food causing obstruction and suffocation	..	..	..	..	1	..	..	..	1	..	1	..	..	1	..	..	..	..	2	1
Accidental Mechanical Suffocation in bed..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	3	1
	44	32	5	5	1	1	1	..	51	38	12	6	9	3	2	2	..	1	74	50

ORIGINAL ARTICLES	
1	THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
2	PUBLISHED WEEKLY
3	CHICAGO, ILL., U.S.A.
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Specialist Treatment.

Children continued to be referred, with the approval of the general practitioners, to various clinics and hospitals for specialist advice and treatment, as shown below :—

No. of Children referred to Orthopaedic Department	134
„ „ „ „ for Speech Therapy	17
(including deaf or partially deaf).	
„ Children referred to Ear, Nose & Throat Hospital....	26
„ „ „ „ Eye Hospital.....	48
„ „ „ „ Royal Victoria Infirmary	33
„ „ „ „ Newcastle General Hospital	6
„ „ „ „ Fleming Memorial Hospital	14
„ „ „ „ for Ultra Violet Ray	36

Handicapped Children.

The number of handicapped children kept under regular supervision is as follows :—

No. of mentally defective children passed to Mental Health Department	4
No. of backward children under supervision	76 (Mental defectives included).
No. of children who have had fits and are under supervision	15 (Under 5). — (School age).
No. of spastics under supervision.....	9 (Under 5). 1 (School age).

Sewing Classes.

A total of 246 classes were held at five centres. The number of attendances was 1,874—an average of eight mothers at each class.

Day Nurseries Return.

No. of Nurseries	Total Capacity.	Children on Register 31st Dec. 1954	Children on Register during 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.
7	340	239	785	16,054	35,426	51,480	202	457	545	19

Applications as sole support or sickness of either parent are admitted almost immediately without further interview. Health Visitors' reports are necessary where housing conditions are stated to

be unsatisfactory. All other applicants are interviewed and a temporary admission for six months is arranged where necessary and the case is reviewed after that time.

In April the Committee decided to increase the charges for day nursery care. These were increased from 2/- per day in all cases to 3/- per day in cases where only one parent was able to work, and 5/- per day in cases where both parents were working. This did not appear too much of a burden where there was only one child to consider, but when there were two children for nursery admission many parents felt they could not afford the increased charge. This was particularly the case in the 5/- group because only those families in which the father's wage is in the region of £5 - £7 per week are considered for nursery admission. It is evident that the high cost of living has created great difficulties for young married couples with small children and there are others, besides the very low income group whose financial burden would be eased if the young mother could go out to work. In many cases the applications are made by people who want to work only to be able to create better home conditions for their families or who, unable to obtain a Council house, hope to build up some savings to buy their own home. It is difficult to draw the line somewhere but some of these people genuinely deserve help.

Figures below show the total of children in the nurseries at the end of 1954, and the reasons for their admission :—

Unmarried mothers	21	Financial difficulties	75
Widows	7	Confinements	6
Widowers.....	6	Doctor's recommendation ...	2
Separated or Divorced	66	Difficult child.....	3
Mother ill.....	31	Housing conditions	4
Father ill	12	H.V. recommendation	6
			239

Home Accidents.

The following table shows the number of home accidents ascertained by health visitors and district nurses. Probably the only realistic figures are those for the children under 5 years as the accidents in other age groups do not always come to the notice of the health visitor.

ACCIDENTS IN THE HOME 1954.

Type of Accident.	Under 1 yr.	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	Over 65 yrs.	Total.
Burns	9	26	2	1	4	4	2	48
Scalds	3	33	4	1	2	9	3	55
Lacerations	..	25	3	1	2	3	2	36
Fractures	..	22	..	..	1	6	1	30
Sprains & Bruises ..	2	5	1	..	2	1	2	13
Asphyxia	1	..	..	..	..	..	..	1
Poisoning	..	..	1	..	..	..	..	1
Total	15	111	11	3	11	23	10	184

Number of Fatal Accidents—2.

Burns and Scalds.

(Contributed by Dr. D. C. Morley, B.A., M.D., M.R.C.S., L.R.C.P.,
Registrar, Fleming Memorial Hospital.)

For every 7 children killed by road accidents, 10 die from accidents in the home. Accidents which result in burns and scalds are the most easily prevented. They occur frequently in children. There were about a hundred children treated as in-patients in Newcastle hospitals during 1954. Five of these children died. The average stay in hospital was five weeks and thirteen of the children were detained in hospital for more than three months. An analysis of the causes of accidents in the 100 cases shows three main groups.

(i) "Tea Pot" Scalds.

There were 45 instances of this type of injury and they occurred in children from 10 months to about the age of two years. The tea pot or cup of tea perched on the table is a source of fascination to the exploring toddler. These scalds affect the arm, chest and occasionally, the face. They are seldom very severe but may require one skin graft and a stay in hospital of several weeks.

(ii) Clothing Set Alight.

When clothing is set alight the burn is often very severe and the worst burns in Newcastle series of cases were caused in this manner. Nightdresses are particularly dangerous. Rayon, artificial silk and fleecy cottons are all equally inflammable. The universal use of pyjamas for children is advisable. Probably the most suitable materials are knitted cotton (stockinette) or wool.

Children sitting round unguarded fires from which coals may fall are in particular danger, especially when they reach to take an object from the mantelpiece. There were 25 cases in this series and which accounted for most of the deaths, and the more severe burns.

(iii) **Remaining Causes.**

The other 30 burns were caused by many different accidents. Boiling water is put into baths before the cold and the children either fall or get into it ; petrol is left in old tins and is too much of a temptation for small boys while November 5th brings the danger of a squib in someone's pocket as a joke.

Prevention of Burns and Scalds.

Prevention can be brought about only by education of the parents of the children. The attitude of mind that makes them think that such accidents could never happen to their child must be overcome. Suggestions have been made that all clothes should be made fireproof. At least one of the major manufacturers of children's clothing is investigating treating children's clothing in this manner. At the present time there is no economical method of treating clothing to make it fire-resisting after repeated washing.

PROBLEMS OF CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

SPECIAL CASES SUB-COMMITTEE.

During 1954, the Special Cases Sub-Committee held five meetings. The work has been based mainly upon Ministry of Health Circular 78/50. 18 new cases were referred to the Committee. The under-mentioned are members of the Committee :—

- Medical Officer of Health (Chairman).
- Chief Nursing Officer.
- Lady Almoner, Maternity and Child Welfare Department.
- Children's Officer (Vice-Chairman).
- Deputy Children's Officer.
- Organiser of Child Care.
- Superintendent School Nurse.
- Head Teachers' Representative.
- Headmistress' Representative.
- Principal Probation Officer.
- National Assistance Board Representatives.
- Inspectors of the National Society for the Prevention of Cruelty to Children.

The following sources referred cases to the Special Cases Sub-Committee :—

	1951	1952	1953	1954	Total.
Co-ordinating Committee	3	—	—	—	3
Superintendent School Nurse	3	14	7	7	31
Paediatrician, Newcastle General Hospital....	1	—	—	—	1
Chief Nursing Officer	—	6	6	5	17
National Society for the Prevention of Cruelty to Children	—	7	5	5	17
Lady Almoner, Maternity and Child Welfare Department.....	—	1	1	—	2
Probation Service.....	—	1	1	—	2
Head Teachers' Representative	—	—	—	1	1
	7	29	20	18	74

In addition to the problem families discussed at the meetings, the Committee also considered multiplicity of visiting, family service units, clothing grants and handicapped children.

Ministry of Health Circular No. 27/54 of the 30th November, 1954, was considered by the Health Committee and some slight adjustments were made in the general services provided by the Committee. The Special Cases Sub-Committee had already been working along lines much in accord with the suggestions made in this Ministry circular.

After just over three years of working, this Sub-Committee has shown very encouraging results. It has knitted together the work of the various officers and associations and in doing so has encouraged as far as possible a line of direct approach of worker to worker rather than resorting to a large amount of official correspondence.

The Local Health Authority have increased their domiciliary services, and this has undoubtedly helped in keeping families together, and at the same time probably lessened overall expense, by retaining members of the family in the home and not sending them away for hospital or institutional treatment or to residential accommodation. The Health Committee's Domestic Help Service and the after care service have been of great use in this connection. The Health Visitors of the City are in close contact with many families in their districts and especially those with young children. The work of other officers of the Local Authority is well known to the Health Visitors and they are in a position to call in those who have the training to deal with special circumstances. In addition, there are available the services of two Almoners employed by the Local Health Authority, who deal with special social and financial aspects of the problems.

The experiments of selected Home Helps working with the mothers have given encouraging results and in this respect probably better results have been obtained than would be forthcoming by the sending away of family units elsewhere for residential training.

As the Health Department works closely with the welfare workers of the other Committees of the City Council and with the voluntary associations, there is a close liaison which now shows results in the lessening of the number of visitors going into the same households.

Report on the Priority Dental Service for Nursing and Expectant Mothers and Children under School Age for the year 1954.

It is now more than five years since arrangements were made to augment and expand the dental services for patients attending the Maternity and Child Welfare Centres.

Prior to 1948 dental examination and treatment for mothers and young children was undertaken by the officers of the School Dental Service, but as these dental officers were already fully engaged with their work on the school children, only a limited amount of their time could be given to Welfare patients. Also the service they were able to provide was by no means comprehensive, as the school clinics had no laboratory facilities and treatment was therefore more or less limited to extractions and simple conservative work and did not include the provision of artificial dentures. In 1948 therefore a separate Maternity and Child Welfare Dental Service was established, based on St. Anthony's Welfare Centre and a full time dental officer and mechanic engaged for the treatment of mothers and young children; while in addition the part time services of the school dental officers were retained.

By the following year the reorganised service was fully established and had as much work as it could cope with. It was anticipated then, that these arrangements of one full time officer and the part time help of the staff of the school service, were but a beginning and that the service would gradually be expanded and augmented as it became better known and more popular.

In fact, however, the years since 1949 have shown no great increase in demand for the free Priority Service and while there has certainly been no dropping off in the amount of work carried out, the expected need for expansion has not materialised.

This is undoubtedly due, in part at any rate, to the free services available for mothers and children under the General Dental Services for treatment other than that involving the provision of dentures, but it is strongly felt that apathy on the part of our prospective patients to dental treatment, plus a natural desire to avoid any suffering also plays a considerable part in the disappointing lack of response to our offers of service.

During the past year or two since we lost the services of our full time officer, the service has had to be conducted on a sessional basis by two part time officers. Their time has been fully occupied with the provision of actual treatment and it has not been possible for them to visit the various clinics and conduct inspections of the mothers and children in attendance. Thus although every mother and child using the Welfare Clinics has had an offer of examination and treatment by circular letter, the "personal touch" has been missing, and it seems apparent that had the mothers and children had the opportunity of meeting the dental officers at the clinic at which they usually attend, our acceptances of treatment would have been higher. However, with only two part time officers available it would not have been possible for them to hold regular inspections at the various centres, scattered as they are throughout the city and the most advantageous use possible was made of the officers' time.

There is no doubt however, that lack of understanding of the need for dental care and attention is at the bottom of the apathetic outlook of our patients, and that the way to combat this lack of interest is to hold inspection sessions at the Welfare Centres where the officers can talk to the mothers and children present. It is suggested therefore that in addition to the part time services of the two officers at present employed, a further full time officer be appointed as soon as possible, who in addition to his clinical chairside duties would be able to visit the patients at the Welfare Centres at regular intervals and explain the benefits of using the service to the mothers in attendance. The parents would then have the opportunity of having their teeth and their childrens' teeth examined more or less on their doorstep instead of, as at present, frequently having to travel a considerable distance. He would also, at each centre, instruct the parents and children and possibly the Health Visitors and nurses on dental hygiene and the importance of the care of the teeth from an early age.

With the same end in view, the employment, part time or full time, of an oral hygienist might be considered, whose duties are such

that she can undertake a considerable amount of work carried out by the dental officer, thus resulting in a considerable saving of professional time.

In looking at the details of work carried out during the year it will be noticed that the figures for extractions greatly exceed those for the conservation of teeth. This again reflects on the attitude of the parents to conservative dentistry and points to the parents and children attending the clinics only when driven to by pain or other dental distress.

From every angle, therefore, if the scheme is to play its part in bettering the health of the nation, our efforts must be directed to educating the parents in every possible way to look after their own and their children's teeth and to make use of the service regularly and not only when an aching tooth drives them to remember it.

The work of the service generally over the year compares favourably with the figures for last year and earlier years. Nearly four hundred patients were supplied with artificial dentures as compared with three hundred last year and of just over 1,300 young children found to be in need of dental attention some 1,250 were made dentally fit. Most of the teeth extracted were removed under general anaesthesia which is usually the method of choice where young children are concerned. In this connection the poor facilities for recovery and immediate post operative care must be mentioned and steps taken to provide an adequate recovery room at the Central Clinic and particularly at St. Anthony's Welfare Centre. At this latter clinic patients have only a small kitchen adjoining the dental surgery at their disposal and urgent provision must be made either to equip this room with a couple of recovery cubicles and couch, or to build on an extension to the south side of the dental surgery.

For the rest, facilities for X-ray diagnosis were available at the Central Clinic, where also the mechanical work for the service was carried out and the existing arrangements for referring patients to hospital where necessary were maintained and functioned smoothly.

Details of the work of the service throughout the year are given on next page.

NUMBERS PROVIDED WITH DENTAL CARE DURING 1954.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	483	471	408	328
Children under five	1923	1312	1286	1248

FORMS OF DENTAL TREATMENT PROVIDED DURING 1954.

	Ex-trac-tions.	General Anæsthetics.	Fill-ings.	Scalings or Scaling and gum treat-ment.	Silver Nitrate treat-ment.	Radio-graphs.	Dentures provided	
							Complete.	Partial.
Expectant and Nursing Mothers.....	2659	316	225	150	6	26	236	126
Children under five	2201	1108	222	..	374	..	..	..

DOMICILIARY MIDWIFERY.

During 1954 there were 77 less city births delivered by domiciliary municipal midwives than in 1953, and an increase of 78 City births delivered in Newcastle hospitals. Twenty-four more living premature infants were born on the district and three more premature stillbirths than in 1953. The proportion of survivals was about the same.

Approximately 90 per cent. of the expectant mothers still book a doctor and midwife, but 75 per cent. of these cases were delivered by the midwife.

961 home visits were made by the Non-Medical Supervisor of Midwives and her Deputy and the midwives to expectant mothers who wished for hospital confinement to assess the need for admission on social grounds. Fifty per cent. of the homes were suitable for a home delivery. This, therefore, although a time-consuming duty, is well worth while for its saving of beds for more needy cases. 1,588 cases were discharged from maternity hospitals before the fourteenth day, and 8,340 follow-up visits were paid to these cases by the domiciliary midwives.

There were 266 cases which the midwives were called upon to accompany to Dilston Hall Maternity Hospital. The midwifery staff wish again to express their appreciation to the Ambulance Service Staff for their help in conveying them, and the gas/air analgesia machines and premature infant equipment, to the patients' homes. Gas/air analgesia and pethedine has been administered to the majority of mothers on the district. The Central Midwives Board have now given permission for the midwives holding the gas/air analgesia certificate to administer trichloroethylene, after instruction and a demonstration, with the machine approved by the Central Midwives Board.

3,199 more ante-natal visits were paid to expectant mothers in their homes by the midwives. There were 137 extra clinic visits and 5,574 more nursing visits than in 1953.

The flying squad from the Princess Mary Maternity Hospital was called out 48 times by practitioners to Newcastle mothers. Great tribute should be paid to the team and staff of this service. The practitioners and midwives appreciate this service and feel that many lives have been saved by it.

The medical students from the Princess Mary Maternity Hospital continued to attend deliveries on the district with the practitioners and midwives. Student nurses from the Royal Victoria Infirmary and Newcastle General Hospital visited the patients' homes with the midwives to see the domiciliary midwifery service. Thirty-six pupil midwives were trained in 1954, and all were successful in passing the Central Midwives Board examination. Six midwives attended a midwifery post-graduate course from which they derived great benefit.

Deliveries attended by Midwives.

Note.—This table relates to women delivered, not in the case of multiple births, to infants.

Number of Deliveries attended by Midwives in the area during the year.

	DOMICILIARY CASES.				Total.	Cases in Institutions.
	Doctor not Booked.		Doctor Booked.			
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Dr. or another).	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by Authority	15	211	526	1,369	2,121	—
(b) Midwives employed by Hospital Management Committee or Boards of Governors under the National Health Service Act	—	29	—	—	29	3,545
(c) Midwives in Private Practice (including Midwives employed in Nursing Homes).	2	3	—	—	5	369
TOTALS	17	243	526	1,369	2,155	3,914

Domiciliary Midwives attended 1,588 cases on discharge from Institutions before the fourteenth day.

There are no voluntary organisations operating in the City under arrangements with the Local Health Authority.

Summary of Municipal Midwives' Work.

No. of Ante-Natal visits.	No. of Clinic visits by mid-wives.	NUMBER OF BIRTHS.				No. of Nursings.
		Doctor not booked.		Doctor booked.		
		Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Dr. or another)	Doctor not present at time of delivery of child.	
23,704	2,567	20	216	531	1,375	56,789

Still Births.

Among the 1,591 births attended by the municipal midwives nine still-births occurred. In the 551 cases where midwives attended in the capacity of maternity nurse 13 still-births occurred.

Of the total of city births registered 127 related to still-births, which gives a rate of 25·48 per 1,000 total births.

The following table shows the suggested causes of still-births :—

Ante-Partum Hæmorrhage..	15	Prematurity	6
Placental Insufficiency.....	20	Rh. Negative	1
Foetal Defects	25	Asphyxia	2
Malpresentation	7	Anoxia	9
Toxæmia of Pregnancy.....	9	Other Causes	32
Cerebral Hæmorrhage	1		
		Total	127

Puerperial Pyrexia.

Of 174 notified cases of puerperal pyrexia 131 were city cases and 43 extra mural. Of the 131 city cases 116 occurred in hospital and 15 were notified from the district. 131 were visited and all recovered.

Ophthalmia Neonatorum.

There was one case of ophthalmia neonatorum notified which was visited and recovered.

Notices for Medical Aid sent by Midwives.

During Pregnancy—

Ante-Partum Hæmorrhage....	10
Miscarriage	2
Illness (Miscellaneous)	9
	21

During Puerperium—

Rise of Temperature.....	17
Other Illnesses of Mother.....	14
	31

During Labour—

Prolonged Labour	13
Uterine Inertia }	6
Malpresentation }	
Retained Placenta	5
Post-Partum Hæmorrhage ...	6
Ruptured Perineum	72
Other Abnormalities	13
	115

For Child—

Prematurity	9
Discharging Eyes	47
Congenital Defects	—
Illness of Baby	22
Still-Births	1
Rashes	4
	83

Total calls for mother and child — 250.

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

	1951	1952	1953	1954
For prolonged labour-malpresentation.....	24	11	18	10
For post-partum hæmorrhage.....	8	6	6	2
For ante-partum hæmorrhage	10	9	8	9
For illness of mother	20	19	21	15
For illness of child	15	14	12	11
For premature birth	9	10	8	6
For discharging eyes	38	34	25	27
Ruptured perineum	66	46	57	41
Other	11	13	14	10
	201	162	169	131

Care of the Premature Infant.

The number of premature infants notified on the district during 1954 was 148 :—

131 Living births.

17 Still-births.

Of the 131 live births 125 were attended by the premature infant nurse. Two very small infants died within a few minutes of birth. Four were admitted to hospital immediately after birth (two of these were hospital booked cases and two were emergencies from unsuitable homes). 13 premature infants were transferred to hospital within 14 days.

Result of 112 "Specialled" Cases.

Birth Weight.	Survived 28 days.	Died.
2 lbs. 3 ozs. and under	—	4
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	—	1
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	15	4
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	28	2
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	57	1
Total	100	12

Of the 100 surviving babies "specialled" by a premature nurse :—

- 61 were entirely breast fed at end of one month.
- 10 were receiving complementary feeds at the end of one month.
- 29 were artificially fed at the end of one month.

Visits :—The total number of visits made by the premature infant nurses during 1954 was 3011, plus 10 nights on duty.

Equipment :—Full sets of premature nursing equipment were issued to 88 homes during 1954.

Details of the 17 premature babies admitted to Hospital.

Birth Weight.	Total.	Lived.	Died.
2 lbs. 3 ozs. and under	3	—	3
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	5	3	2
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	6	—	6
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	—	—	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	3	2	1
	17	5	12

Five of the infants transferred to hospital were returned to the district and nursed by the special nurse until finally discharged.

Age groups of deaths of "specialled" premature babies :—

Under 24 hours	6
24 hours to 1 week	5
1 to 2 weeks	—
2 weeks to 1 month	1

Weight groups of deaths of "specialled" premature babies :—

Birth Weight.	Died under 24 hours.	Died between 24 hours and 1 week.	Died within 2 weeks and 1 month.
2 lbs. 3 ozs. and under	2	1	—
2 lbs. 3 ozs. to 3 lbs. 4 ozs. ..	1	2	—
3 lbs. 4 ozs. to 4 lbs. 6 ozs. ..	3	2	—
4 lbs. 6 ozs. to 4 lbs. 15 ozs. ..	—	—	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs. ...	—	—	1
TOTAL	6	5	1

Thirty-one premature infants born in hospital were discharged from hospital to the care of the district special nurse.

HEALTH VISITING.

The centenary of Florence Nighingale's visit to the Crimea was celebrated throughout the World, and in our City at St. Nicholas' Cathedral, on May 12th, 1954. This pioneer of the nursing, health visiting and social fields, in her writing showed how aware she was of the need of a first class preventive service and that the hospital should remain only an intermediate phase in a patient's life.

"We are only on the threshold of nursing. In the future which I shall not see, for I am old, may a better way be opened. May the methods by which every infant, every human being, will have the best chance of health, the methods by which every sick person will have the best chance of recovery, be learned and practised. Hospitals are only an intermediate stage of civilization, never intended, at all events, to take in the whole population!"

Our health visitors have continued to implement realistically the National Health Service Acts to the entire family in so far as staffing has allowed, but if the National Health Service is to be completely fulfilled all who work within this service will need to realise the value of each member of the team and work together.

Health visiting now includes the ante-natal and post-natal care of the mother; the infant from 14 days; the physical and mental after-care of patients referred from St. Nicholas' Hospital; diabetic patients referred from the General Hospital; elderly people from many sources—voluntary agencies, hospital and welfare services and infectious diseases—including tuberculosis. The school child has been visited for infectious diseases and visits are made to special cases referred by the School Health Service with whom the health visitor works in close conjunction.

Decentralization has continued and 20 of our health visitors are now working direct from welfare centres in their areas. This plan is invaluable but further decentralization cannot take place until such time as accommodation is available. The value to the young mother and father, the old person, the adolescent, of knowing that their health visitor is available to them daily in the centre at a particular time prevents many serious complications arising, and may even at times save the life of a child or adult.

The extension of our City housing is heartening, but new housing estates create a real problem to the health visitor. Transport is

poor, distances are greater, and the families have no "port of call" as to where to find their family visitor. There are many young mothers and children who need frequent assistance, some of whom 'phone or send a card for the service of the health visitor and they are encouraged to do this, but there are others who need constant daily visiting and easy access is essential.

General practitioners are informed by the health visitors of all new infants visited, and undoubtedly there is an increasing awareness by the family doctor of the health visiting service. It is sincerely hoped that this will ultimately enable the family to receive a well co-ordinated medical and health service.

Pre-natal visiting of City mothers entering hospital continues to be of concern to the health visiting service, as unless they are visiting these homes because of other children no home visit is made until the mother is discharged from hospital. It is expected that this service will shortly be established with the hospital.

Premature infants continue to receive close attention from the health visitor and in many cases daily visits are necessary until the mother is taught how to manage the care of her infant and both are satisfactory. A close liaison is maintained with the premature baby nurse, the premature baby service at the General Hospital, Princess Mary Maternity Hospital and the family doctor. A complete record is maintained of every premature infant until 5 years and in some cases medical examinations are arranged at five years.

Close relationship with the General, Infectious Diseases, Children's and Psychiatric Hospitals has continued, in detail between doctor, almoner, sister and domiciliary staff. There is still need for a greater realization of the value of the domiciliary services to the hospital service and how much contact with the health visitor can very often prevent a return to hospital, and above all create satisfactory arrangements at home before discharge.

Health and parentcraft reports are given to the Guardian *ad litem* on all adoption cases. The Children's Officer continues to give us written notice of children taken into care and returned home each month.

Visiting of the elderly has increased and it is encouraging how many send in notes to the department or contact the health visitor direct when help is needed. 5,419 visits were paid to aged people during the past year.

The Housing Department have recognised the value of the health visitor in assisting the need for housing in special cases, and more and more liaison is being created between the officers. Housing of our families, particularly those who are breaking-down in mental health because of the conditions, continues to be of the greatest importance. Every new house and flat which is erected is a joy to the health visitor, as this may mean the prevention of ill-health, not only to mother and family but to the children within the family unit.

Health Education has been carried out in Women's Clubs, Welfare Centres, Ante-natal Centres, and more and more are the staff being enabled to give talks to groups on the prevention of ill-health, home accidents and infectious diseases. The Mothers' Club in the East End of the City at St. Anthony's Centre has grown from strength to strength and during the year they covered a variety of subjects in their teaching. The Mothers' Club at Wharncliffe Street Centre has continued to function and many of the mothers have shown real interest in the progress. In many of the centres mothers, with the aid of the health visitors, organized Christmas parties for their children. This is encouraging as so many learn by seeing how to organize simple parties for their own children.

The staff, both clerical and health visitors, have continued to co-operate magnificently with the student nurses from the Newcastle General Hospital, Royal Victoria Infirmary, Walkergate Infectious Diseases and the Fleming Hospital. Social Science students from Durham University and many students from abroad have been introduced to the work of the department by the health visitors and we have been pleased to welcome this year the medical students from Durham University who visit with the health visitors. The number of students of all kinds taken out by the health visitors was 320.

Six health visitors were sent to Refresher Courses held under recognised health and nursing organizations. The staff appreciate these courses, they give them stimulus and encouragement to continue in their chosen work and they bring back new ideas to their colleagues, and this in itself assists in the progress of the service generally.

Staff education has continued throughout the year and speakers have been invited to deal with subjects relevant to the progress of our service.

Miss Margaret Thompson, health visitor, returned to us from Australia, having had one year's leave of absence. She spent a valuable year seeing something of the public health nursing, midwifery, and hospital services of Australia. One of our health visitors— Miss Iris Hall— was given leave of absence to attend a Course at the Rochester University and Health Department, United States of America. Both these members of staff have been responsible for their own expenses, and it is encouraging that staff are ready and willing to enhance the services by their own efforts. Thanks are due to the Health Committee for granting leave of absence in these two cases.

The Student Health Visitors' Course during 1953 to 1954 was small. The recruitment of health visitors is causing deep concern throughout the Country, as this silent service, which is so necessary to the health of our nation, has yet to be recognised by so many. It is distressing to young health visitors to find that the service is not yet truly recognised, and in this modern age material advantages mean so much, from necessity in many cases, and this is undoubtedly affecting our recruitment.

Student health visitors during the year have continued to carry a small family case load and to work closely with the health visitor in her particular area. The qualified health visitor gives readily of her knowledge and experience to the student.

Assistance is offered to the student by the local health authority to enable them to qualify for the health visitors certificate, and students are accepted from other local authorities or independently. Bursaries and grants would be welcomed by health visitors from Voluntary Agencies or Education Committees for this valuable training. The students have access to a growing library and a very pleasant lecture room for study, and they have contact with all members of the domiciliary nursing staff during training. Northumberland County co-operates with us in giving rural visiting experience and we are always more than grateful to them for their ready assistance. The standard of teaching throughout the Course is high and is reinforced by many University lecturers.

WORK OF HEALTH VISITOR.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births	5,191	31,303	36,494
Measles	724	721	1,445
Pneumonia	281	346	627
Whooping Cough.....	975	1,181	2,156
Whooping Cough Survey	..	9,199	9,199
Poliomyelitis	37	35	72
Children over One Year	..	67,849	67,849
Hospital Cases	..	339	339
Expectant Mothers	1,118	1,462	2,580
Special Visits.....	..	6,112	6,112
Housing	..	774	774
Aged Persons	1,084	4,335	5,419
Unsuccessful Visits (Out and Removals)	..	29,155	29,115
Orthopædic Work	166	792	958
Orthopædic Treatments	..	*3,124	*3,124
Tuberculosis Cases	740	10,485	11,225
Tuberculosis Contacts	490	3,476	3,966
Diphtheria Visits.....	..	—	..
Venereal Diseases—Contacts	..	1,141	1,141
Home Accidents	..	169	169
Sanitary Defects	..	65	65
Totals	10,810	148,939	159,749
No. of Households Visited	..	..	108,051

* Not counted in Totals.

Infants on Visiting List.

Of 4,039 children under one year who were visited in 1954, 3,543 completed their first year, and of the remainder:—

124 died.

307 left the city.

59 could not be traced.

6 were admitted to institutions.

The following figures are therefore based on the 3,543 who completed the first year plus 124 who died, making in all a total of 3,667, and of that total 2,537 or 66.34 per cent. attended the welfare centres.

Illness among the children visited—61 or 1.7 per cent. contracted measles; 133 or 3.6 per cent. contracted whooping cough; 170 or 4.7 per cent. contracted diarrhoea; 464 or 12.68 per cent. contracted bronchitis or pneumonia.

Details as to children who should have attained the age of five years during 1954 :—

Well and attending School	3,971
Ill and not attending School.....	7
Left City or failed to trace	1,825
Died in 2nd Year	6
Died in 3rd Year	2
Died in 4th Year	3
Died in 5th Year	2
Total surviving whose whereabouts are known.	3,978
Total deaths	13
Total reported upon	5,816

The addresses of 1,557 children who left the City in 1954 were sent to the Medical Officers of Health for the districts to which they had gone.

HOME NURSING.

In this year of celebration of the centenary of Florence Nightingale it is distressing that nursing in the home still continues to be looked upon as a service that is given by the less well skilled. It is heartening that the Government has seen right to set up a Working Party to advise on the training of the home nurse. Surely every nurse, and even every woman, should be a home nurse. A trained nurse is able to teach and guide the mothers and daughters of our families. If our hospitals are giving us well trained general nurses they should be equally well skilled in nursing in the homes as in hospital.

Our services in the City continue to give satisfaction, and it is encouraging that both the community and the family doctor show continued appreciation of this service. It is important that the right use of skilled nurses is made and they work in a team with the health visitor and the midwife, so whenever possible preventing an overlap of service, for in every case, each and all are trained nurses. The home nurses work directly from their own homes and are encouraged to have direct contact with the family doctor, and hospital, so that the nurse in her district is responsible for the smooth running of her area and has the advice and guidance of her nursing superintendent whenever necessary.

The areas have been made as compact as possible, but it is impossible to direct where patients are going to be ill, and the amount of travel time of the nurses is an increasing source of worry, as so much time could be saved by adequate transport and housing arrangements.

The nurse who arrives to nurse a pneumonia case with a sopping wet overcoat is not the ideal person. Her energy is needed for her nursing and should not be used in battling her way through the hazards of our North East weather. Messages for the district nurse go directly to her home or may be relayed from the district superintendent, or the health department.

Staff education has continued throughout the year and speakers and films have been made available. For the first time home nurses attended Refresher Courses. This was much appreciated by the staff and has shown to them how they are becoming members of the domiciliary nursing team which services the community.

The home nurse has given valuable assistance with the student health visitor, medical students, hospital nursing students, and foreign visitors throughout the year.

Care of the elderly continues to be a major responsibility and no one more than the home nurse realizes that at the eventide of life a little more care than even she can give is needed. The difficulty of hospital accommodation is often very distressing to the nurse, who finds she is the only visitor to the house, particularly at the weekends.

The Health Committee's scheme for the training of home nurses continues and we are grateful to all those lecturers who have assisted. This course is of great value to the general trained nurse who enters the field of district nursing with no experience of district and domiciliary care, and it is hoped that the hospitals jointly with the Health Department will consider experimentation of the training of nurses giving them both experiences during general training.

During 1954 the number of new cases was 4,822 and the cases brought forward from the previous year were 877. During this year there has been no increase of staff, which is a real necessity to enable first class bedside nursing to be carried out to all those who need the assistance of skilled nursing care.

VACCINATION AND IMMUNISATION.

Vaccination.

During the early part of the year special clinics were held for the vaccination of children against smallpox, but as attendances at the clinics had been rather poor for some time, it was decided to dispense with all but one of these clinic sessions and offer vaccination at every infant welfare session. Accordingly, each child welfare centre was provided with the necessary equipment, and the scheme came into operation at the beginning of May. Wide publicity was given to the changed arrangements, and the number of vaccinations increased very considerably, although there was a decrease in the numbers carried out by general practitioners.

The table below shows the number of individuals who were vaccinated or re-vaccinated during the year, either at clinics or by their own doctors, and it will be seen that 2,833 children under the age of one year were vaccinated, representing a rate of 58 per cent as against 2,404 or 47·7 per cent. in 1953. This result is very encouraging, but it is still far from satisfactory, particularly in view of the fact that the speed of travel nowadays has greatly increased the vulnerability of this country to the introduction of smallpox from abroad.

TABLE I.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY VACCINATION AND RE-VACCINATION IN 1954 DIVIDED INTO AGE GROUPS.

(1953 figures in brackets.)

Born:—	1953-54 Under 1 yr.	1950-53 1-4 yrs.	1940-49 5-14 yrs.	Before 1940 15 yrs. and over.	Total.
<i>Clinics—</i>					
Primary	1,138 (667)	42 (44)	— (10)	9 (20)	1,189 (741)
Re-vaccination.	— (—)	— (—)	— (6)	69 (78)	69 (84)
<i>Private Practitioners—</i>					
Primary	1,695 (1737)	112 (84)	32 (58)	77 (78)	1,916 (1957)
Re-vaccination.	— (—)	3 (12)	17 (35)	130 (304)	150 (351)
<i>Totals—</i>					
Primary vaccination.	2,833 (2,404)	154 (128)	32 (68)	86 (98)	3,105 (2698)
Re-vaccination.	— (—)	3 (12)	17 (41)	199 (382)	219 (435)

Diphtheria Immunisation.

Once again the City was fortunate in that not a single case of diphtheria was notified during the year. If the present decline in the number of babies immunised should continue we might soon have a repetition of an outbreak perhaps similar to that in 1951 when, it may be remembered, there were 14 cases notified (none of whom had been properly immunised). During that year, two children died from this disease.

As in the case of vaccination facilities, the various special clinics were closed at the end of April last, and immunisation was offered at every child welfare session. This change, unfortunately, did not meet with early success, for there was a further decrease in the number of children immunised at the clinics. An increase in the number carried out by general practitioners, however, slightly offset this decline, but even so the overall figure was lower than last year, as will be seen in Table II below.

The object of the diphtheria immunisation campaign is to secure the protection of not less than 75 per cent. of babies before they reach their first birthday. In Newcastle this figure is lamentably low, for only 1,580 such babies were immunised, amounting to 32·4 per cent. of all children aged under one year, and the interest of parents must be further stimulated to take advantage of the immunisation facilities offered by their own doctors or at the clinics.

Table III, which is a copy of the annual return sent to the Ministry of Health, shows the number of children who have been immunised or re-immunised during the past five years, expressed as a percentage of the estimated population in the various age groups. These figures relate to children who were actually in the age groups on the 31st December, 1954, and this fact should be borne in mind when studying the figures.

TABLE II.
NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR
RE-IMMUNISATION DIVIDED INTO TWO AGE GROUPS.
(1953 figures in brackets).

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics	1,582 (1,724)	34 (75)	1,616 (1,799)
Private Practitioners	1,551 (1,454)	17 (36)	1,568 (1,490)
<i>Re-immunisation—</i>			
Clinics	971 (1,201)	242 (363)	1,213 (1,564)
Private Practitioners	640 (541)	440 (391)	1,080 (932)
<i>Totals—</i>			
Primary	3,133 (3,178)	51 (111)	3,184 (3,289)
Re-immunisation	1,611 (1,742)	682 (754)	2,293 (2,496)

TABLE III.

IMMUNISATION IN RELATION TO CHILD POPULATION.
NUMBER OF CHILDREN AT 31ST DECEMBER, 1954, WHO COMPLETED COURSE
OF IMMUNISATION SINCE 1ST JANUARY, 1940.

Age at 31/12/54, i.e., Born in Year.	Under 1 1954	1—4 1953-1950	5—9 1949-1945	10—14 1944-1940	Under 15 Total
Last complete course of in- jections (whether primary or booster)—					
A. 1950-1954	213	11,994	18,062	2,836	33,105
B. 1949 or earlier	..	..	1,255	15,142	16,397
C. Estimated mid-year child population	4,880	18,120	42,400		65,400
Immunity Index—100A/C.....	4.35	66.0	49.3		50.5

Enteric Fevers and Cholera.

During the year, 7 persons were inoculated at the clinics against enteric fever, 13 against cholera, and 2 against both diseases using combined vaccine. Three persons were given combined enteric fever and tetanus inoculations.

Whooping Cough.

The experimental whooping cough vaccination scheme, which is being conducted in conjunction with the Medical Research Council, has continued, and during the year, 1,789 children were inoculated either by their own doctor or at one of the special clinics.

AMBULANCE SERVICE.

The total patient and mileage figures for the year under review, shown in Table I, are 137,880 persons moved by ambulance or sitting case car, and the miles travelled in connection with these amount to 728,561.

The patient figure is an increase over last year of 12,394 persons, and the mileage figure is reduced by 7,622.

Analysing the figures into the pattern of demand and usage of the Service reveals that the increase is solely in connection with the City's own population, where we have been called upon to carry 13,035 more patients than last year and this has increased the miles travelled by 7,299. Part of this increase is accounted for by the greater number of children attending the Occupational Centres and the development of the Spastic Schools, and the figures for the year

in respect of this work show that 19,000 children were transported and 32,667 miles were travelled ; co-ordination of pick-up made the average journey per child 1.7 miles.

The movement of these children morning and night has become quite a feature of the Service's work and involves the use of 7 buses for 3 hours of the day. It is a duty of the Ambulance Service to supply means of transport and the costs reflect in the overall estimate of the Service

There is a drop in the number of cases and miles of the non-City cases which are our responsibility for various reasons under the Act, insomuch as this year there were 1,777 cases against 2,174 last year, and 43,609 miles against 52,926.

It is evident from the demands that changes and developments are taking place at the hospitals in our administrative area, and particularly at the Newcastle General Hospital, which accounts for a considerable percentage of the increased City load. The Committee will no doubt welcome this indication as it will be remembered that at one time there was a general feeling by the public that ambulance facilities were not readily available at this hospital and many complaints were received by Committee members of the difficulties of getting the necessary certification for the use of the Service.

During the year a survey was taken for the purpose of ascertaining from where the main demand for the Service originated, and the following table reveals clearly that the hospitals now are assuming responsibility for the ordering of the majority of the Ambulance transport :—

Hospitals	74%
General Practitioners	12%
Midwives	5%
Emergency Calls	6%
Other Sources	3%

Visiting vehicles of the outside Authorities have been able to carry back 11,034 cases into their own area, when returning empty from the hospitals in Newcastle ; this is an increase of 1,661 cases over last year, and are all cases which are our responsibility under the National Health Service Acts. Sometimes these arrangements though economically satisfactory, unfortunately cause delay and inconvenience to the patients.

Vehicles.—In accordance with the Committee's policy, a further four new vehicles were purchased during the year, of these three were the traditional 2/4 stretcher ambulance, and one was a 6-seater utilecon capable in emergency of carrying 1 stretcher case.

Of the four vehicles these replaced, two Austin Welfarer Ambulances and one Morris Car were sold by public auction, reaching a price which exceeded the reserve put on by the Committee and the remaining vehicle, also an Austin Welfarer, was converted into a van to operate in the Service on the new responsibility of distribution of welfare foods.

Maintenance.—The effect of the replacement programme, as regards the ratio of new vehicles to old, has not yet been felt, and indeed this year repairs and maintenance have been heavier than in any other period. No doubt this is understandable when it is realized that a large proportion of the fleet has now completed over 100,000 miles.

Statistics of the workshops reveal that during the year, 61 vehicles went through the shops for a 10,000 miles inspection and overhaul, this entailing complete strip down of the undercarriage components, and the fitting of replacements where needed, and usually involved some 30 to 40 man hours. 205 vehicles had the routine 2,000 miles check, this operation usually takes some 10 hours, and there were 505 occasions where it was necessary to dock the vehicle for some minor repair or adjustment that had occurred between the checking periods.

During the year, 8 reconditioned engines were built up and fitted by the staff in addition to 43 various component reconditions ranging from water pumps, clutch assemblies, steering boxes to gear boxes and rear axles.

The painting programme for the year included 16 vehicles completely re-painted both inside and out in addition to the usual touching up and repairs to coachwork.

The internal costing system for the vehicle maintenance side of the Service shows that the total expenditure for the year amounts to £4,935. In this figure is included the cost of parts, wages of engineering personnel and tyres, thus showing an overall maintenance cost of approximately 1·6 pence per mile.

Premises.—It appears that my last report on this subject was a little optimistic for at the end of the year the new premises scheduled for the East End of the City were not even started, and it now appears that we will be fortunate if they are ready for the 1955 winter.

This lack of accommodation is most disappointing both to the administrative and operational staff—especially when it is recalled that we gave up suitable premises. Not only does it cause unrest amongst the staff, it is detrimental to the vehicle establishment, due to the fact that they are not properly housed, and it creates difficulties in giving an efficient service to this part of the City.

The Committee may soon be faced with a further problem in connection with premises as the Central Depot at Sandymoor Road is scheduled for demolition due to the development of the new City Civic Centre.

Staff.—There has been a wastage of some 6% of staff over the year, chiefly due to the attraction of higher wages and overtime work in private commerce. However, there was a substantial increase in salary for the operational workers during the year and this has had a steadying effect on the movement.

First Aid.—The requirement of the Ministry of Health has been carried out on this subject, and all staff are encouraged to take a keen interest, and not to be satisfied with the minimum qualifications.

Progress with the "Post Entry Training" as suggested by the Ministry has unfortunately not been possible, owing to the demands on the Service. It is felt that there is a very definite need to introduce a scheme of this nature, as it is important that staff should be constantly kept up to date with new procedure, and also they should have some form of team-work training and standardization of methods of working—and this is very much emphasized when one considers the amount of training the members of the Voluntary Societies carry out.

Sickness.—Fortunately, it is again possible to report a further drop in the time lost through sickness.

This year there have been 6,176 hours lost by the operational staff against 9,088 last year, and the administrative staff lost 35 days as against 75 days last year.

Safe Driving—Awards.—77 members of the staff entered for the “ Safe Driving Competition ” and 57 members’ names have gone forward for an award.

Accidents.—During the year there have been 20 accident reports made to our Insurer through the City Treasurer’s Department. Fortunately, these were all minor incidents, and the number of actual claims made were 4 involving a cost in respect of repairs to the Service’s vehicles of approximately £89.

Civil Defence.—Work connected with this branch of the Service has greatly increased, insomuch as we now have some 250 volunteers under training.

New regulations have tended to put more training responsibility on to the Section, and from the 1st January, 1955, volunteers will come direct to the section without first carrying out their “ Basic ” at Civil Defence Headquarters ; also the new Sub-Section formed for Casualty Collection has been attached to the Ambulance Service, thus making a target of some 600 persons to be trained.

It would appear that the response to the recruiting campaign for this Section is good and there is now no lack of volunteers and indeed it may be necessary to make some new arrangement to maintain training for the volunteers already in the Service.

TABLE I.
ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE DURING 1954.

Year	City.		Northumberland.		Durham.		Other Authorities		Co-ordinated Cases.	Ancillary Mileage.	Mid-wives' Service. Mileage.	Chargeable Mileage.	Civ. Def. Training Mileage.	Totals.		Working Hours.
	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.						Cases.	Mileage.	
1954	127,601	474,130	1,029	15,205	6,389	98,444	2,861	53,109	11,034	19,380	19,247	45,143	3,903	137,880	728,561	219,800
1953	114,566	466,831	1,607	30,183	6,525	108,347	2,788	51,949	9,373	21,693	17,456	37,157	2,567	125,486	736,183	215,793
Difference	+13,035	+7,299	-578	-14,978	-136	-9,903	+73	+1,160	+1,661	-2,313	+1,791	+7,986	+1,336	+12,394	-7,622	+4,007

TABLE II.
ANALYSIS OF CASES CONVEYED DURING 1954.

Year	Total No. of Patients Carried	ADMISSIONS				Out-patient Treatment Cases	Discharges	Mental Cases
		Emergency	Infectious	Maternity	Admissions			
1954	137,880	5,320	232	2,028	8,707	93,630	27,250	713
1953	125,486	5,058	246	2,137	8,719	80,213	28,496	617
Difference	+12,394	+262	-14	-109	-12	+13,417	-1,246	+96

HEALTH EDUCATION.

The two most outstanding features of the department's health educational activities during the year were the staging of an "atmospheric pollution" exhibition, and the wide distribution of a new illustrated brochure describing the health services of the City.

To ensure the success of the former, the co-operation of various bodies was obtained, including the Meteorological Office, the National Smoke Abatement Society, the Solid Smokeless Fuels Federation, the Coal Utilisation Council, the Gas Council, and the Civil Engineering Department of King's College. The exhibition only lasted three days, and was held in conjunction with the Flower Show, but it is estimated that approximately 6,000 people saw our exhibit, and the film "Smoke Menace" was shown on 60 occasions. The exhibit which attracted most attention was the "smog" demonstration, an electrically operated apparatus which produced and dispersed very effective looking "clouds of fog" in an enclosed cabinet, kindly loaned by the Meteorological Office.

A display of exhibition material, films and film strips, was also arranged in connection with a special course held at Walkergate Hospital.

Valuable features of any health education programme are the talks and instruction given by the Health Visitors to individual mothers in their homes, and to groups of mothers at the clinics, and to encourage this, advantage is always taken of the Central Council for Health Education's offers to hold special instructional courses for the benefit of the staff. The course this year dealt with "The future of the Child Welfare Centre," when the health educational functions of the centres were discussed at some length.

During the year, display topics, posters and leaflets, covering a variety of subjects were displayed in the Welfare Centres and in the Health Department enquiry office, and additional posters were shown on public notice boards throughout the City and in certain shops.

Arrangements were also made with the Electricity Board to stage cookery demonstrations at all clinics, using the standard type of electric cooker being installed in a number of houses just now. It was felt that many of the young mothers attending the clinics, and indeed some of the older ones, would benefit from such a demonstration before or shortly after moving into new houses, and particular emphasis was placed on the "safe" use of these modern appliances. Whilst these

demonstrations were greatly appreciated by those mothers who were able to see them, it was generally felt that the hustle and bustle of an ordinary infant welfare session was not the ideal atmosphere, and it is hoped that we can arrange future demonstrations at some of the Mothers' Clubs.

Talks have again been given to various organisations by members of the staff, and continued use has been made throughout the year of the film and film strip projectors. The following table summarises this work :—

	No.	Total Attendance.	Average Attendance.
Film shows at clinics	6	240	40
Films and film strips to Health Visitors, Nurses, Midwives, etc.	15	345	23
Film shows and talks to various organisations	21	950	45
Film strips and talks to various organisations	8	177	22
Film strips and talks at clinics.....	12	300	25
Talks only	9	480	53
Totals	71	2,492	35

ALMONER'S DEPARTMENT.

During 1954, 912 new patients were referred to the Almoner's Department. 219 of these were referred by their doctors: 263 by Health Visitors, Home Nurses, Midwives and other Local Authority officials. 193 by other statutory and voluntary societies and 237 came of their own accord. 1,114 interviews were given and 557 domiciliary visits paid.

The number of old people on the register totalled 6,630 at the end of 1954. All these old people are receiving some form of help either from the statutory or voluntary bodies. Their names are passed on to the Health Visitors who visit them and the Almoner is contacted when some social problem occurs.

LIST OF MATERIAL ASSISTANCE ARRANGED.

Convalescence	200	Chiropody	21
Clothing	109	Extra Nourishment	2
Permanent bedding, cots prams		Wireless for the housebound	7
financial aid	112	Accommodation.....	4
Care of children	48	Meals on Wheels	17
Referred to Domestic Help Dept.	43	Care of unmarried mothers	25
Visitor	21	Housecleaning	1
Escorts, sitters-in, shoppers	18	Rehabilitation	1
Admission to home or hospital,		Fireguards	1
hospital or medical treatment	84	Transport	13
District Nurse	15		

636 patients were advised on personal problems.

Convalescence.

The Local Health Authority has maintained 208 patients in convalescent homes. Of these, 48 were arranged by Hospital Almoners, Chest Clinic Almoners and Psychiatric Social Workers. Arrangements for convalescence for 200 patients were made by this Department; of these the Local Health Authority maintained 160.

224 patients were referred to this Department for arrangements for convalescence 24 were unable to go but 200 were convalesced.

The table below shows the diagnosis of the adult patients.

General & Nervous debility	64	Other diseases	2
Chest Conditions	23	Cardiac conditions	6
Neurosis	14	Diabetes	1
Rheumatism	2	Disseminated Sclerosis	2
Pleurisy & Pneumonia	8	Tonsillitis	2
Gastric conditions	4	Anæmia	5
Hypertension	5	Spinal Disease	1
Post Natal	3	Senility	2
Post Encephalitis	1		

Payment was arranged as follows :—

Local Health Authority (Patient assessed for contribution)	160	Voluntary Funds & Regional Hos- pital Board	31
Patient paying full cost	9		

Invalid Loan Depot.

This is now a well known and established service and increasing use of the equipment is made each year. In 1954, 1,857 patients were loaned nursing equipment as compared with 1,698 in 1953.

LIST OF EQUIPMENT LOANED.

Blankets	187	Invalid chairs	105
Sheets	255	Dunlopillo mattresses	89
Flannelette sheets	18	Plastic covers	71
Draw sheets	779	Towels	3
Pillowcases	140	Bed tables	20
Pillows	75	Commodore	106
Rubber Sheets	649	Hot water bottles	13
Bed rests	541	Fracture boards	4
Air rings	436	Adult cots	6
Sorbo rings	8	Garden shelters	1
Bed pans	516	Douche cans	1
Rubber bed pans	28	Spinal carriages	3
Urinals (Male)	291	Pulleys	12
Urinals	64	Sandbags	4
Bedsteads	91	Sputum mugs	4
Mattresses	82	Westbury Walking Machine	3
Mattress covers	84	Book holders	3
Air beds	13	Lifting poles	5
Feeding cups	36	Rubber gloves	1
Bed cages	95	Dunlopillo pillows	1

DOMESTIC HELP SERVICE.

The Domestic Help Service continues to fulfil its important role as part of the National Health Service by solving, so far as is possible, the domestic problems of the sick, aged, blind, maternity cases, and those who have children under school leaving age, or mental defectives.

The ever increasing number of aged people makes the greatest demand on the service. In the majority of cases it is only possible to provide help once or twice a week for a few hours to do the heavy work, which they themselves are unable to do, but nevertheless this assistance is of immense value.

Every effort is made to give adequate and efficient service to the greatest number of people with the personnel available. The cases are grouped so that one home help may serve several cases: she may spend her first hour with some bedridden or aged patient whose immediate need is a cup of tea and a fire, then go on to one or two more homes before her day is done. Perhaps one of the greatest worries of the home helps is the knowledge that some of these old people must be left entirely alone at nights and perhaps at weekends also. So many are without any friends or relatives who could help at these times. There is great scope here for voluntary workers.

The strength of the service at the end of 1954 was :—

Full-time workers	46
Part-time workers	285
	—
	331
	—

The decentralization of the service in the City continues to work satisfactorily and enables the three Assistant Organizers to keep in personal touch with the cases in their areas.

The work of a home help is no sinecure, requiring as it does, intelligence, sympathy, understanding and a capacity for hard work, and they deserve full credit for their efforts. The difficulties in going from home to home and having instantly to sum up the immediate situation can be fully appreciated only when visits are made to the homes, and in most cases it can be recorded that the service given has been entirely satisfactory. The efficiency of the home help is the all-important factor in the service, and every effort is being made to increase this in the individual.

In this direction the training course of six evening classes held in one of the most up-to-date modern girls' schools, under the auspices of the local education authority, is likely to prove most valuable, as is the course of six lectures given by the medical and nursing staffs of the health department. The comprehensive nature of the training can be gauged when it is understood that under the education authority the helpers are taught by a trained domestic science teacher practical cookery and housekeeping, and from the medical and nursing staff of the health department they learn hygiene, common infection, home nursing, prevention of home accidents, and the care of infants and old people. A certificate at the end of the course guarantees the required standard. The results to date have been most encouraging and the organizers have felt that the home helps have benefitted, not only by better methods and more imaginative cooking, but by a greater understanding of their place in the personal health services, and realising also how they can take part in health education by example in all their activities in the home.

Sickness among the home helps themselves is one of the problems of the service. This is understandable when one realises that the majority are married women with their own homes to run in their off-duty hours. The work itself is no light labour and the most suitable women are usually those in their mid-forties or early fifties when their health is often not at its best. The position is carefully watched and those whose health does not measure up to the task are advised to find less arduous work.

The figures below show the number and type of cases who have had help throughout the year and a comparison with the two previous years. The number of home helps has remained fairly constant over these years, so it is obvious that their case loads have increased. This increase is entirely in respect of the aged and chronic sick. The other groups will probably remain fairly stable but there is always a demand for the service for old people. Considered financially the service is a costly one because so many of the patients are old age pensioners and have free service, but when one considers the benefits to the people and the cost of institutional care which in many cases, if available at all, is the only alternative one realises that the Domestic Help Service is one of the most essential of all our personal health services.

CASES ATTENDED DURING 1954.

	1954	1953	1952
Maternity	387	459	367
Short-term illness	194	187	114
Long-term illness (under 65 years).....	287	336	270
Child Care	60	21	30
Aged sick (over 65 years)	1,141	884	719
Cancer	14	..	..
Tuberculosis	91	..	..
	<u>2,174</u>	<u>1,887</u>	<u>1,500</u>

MENTAL HEALTH SERVICES.

I.—Administration.

The main development in this service in 1954 lies in the extending provision of Occupation Centre training for mental defectives dealt with under part II (c) (iii) (a) of this report. Otherwise the administration of the City's Mental Health Service remains as outlined in the Annual Report for 1953 and previous years.

(a) CONSTITUTION OF THE HEALTH SUB-COMMITTEE.

This sub-committee is composed of 8 members of the Health Committee and an experienced social worker is a co-opted member. Increasing time is given to matters concerning the Occupation Centres.

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

There has been an increase of staff dealing with mental deficiency. The qualified Supervisor of both Occupation Centres was assisted by four female assistants, two being qualified. A second female visitor was appointed early in the year to the Mental Deficiency Section. Otherwise the Staff remains unchanged from that in the Annual Report for 1953.

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

There is close liaison between the authorised officers and the staff of St. Nicholas Hospital for the care and domiciliary supervision of mental patients due for discharge. There is also developing a close link between the hospital staffs and the health visiting service of the City.

(d) DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

There is no formal delegation, but cases are referred to such bodies when it is thought they might be able to help.

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

Most of the staff dealing with Lunacy and Mental Deficiency have attended lectures arranged by the Department of Psychological Medicine, Durham University.

II.—Account of Work undertaken in the Community.

(a) UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946—
PREVENTION, CARE AND AFTER-CARE.

Many cases were referred to the duly authorised officers of the City by general practitioners, police and magistrates' courts, probation officers, the social services and the National Assistance Board and not least by the local authority's domiciliary services.

The general practitioners enjoy ready assistance and advice from their close relationship with the authorised officers, which is of great preventive value, whilst the duly authorised officers' help in arranging booked appointments at the specialist clinics for cases of early mental disorder and in persuading acceptance of hospital treatment or of a visit at home by a psychiatrist, assists in prompt and appropriate disposal of cases.

From the follow up of mental cases discharged from hospital in conjunction with the hospital staffs and psychiatric social workers the duly authorised officers provided social histories and reports on home conditions to enable the psychiatrist to assess progress. This visiting also assists the family to understand their part in helping the patient and reducing the chance of relapse.

The authorised officers do advise and help anyone (including private cases) as far as possible and it is customary for voluntary patients to be accompanied to hospital if there are no relatives or assistance is required. The lunacy section, over and above the number of cases actually removed to hospital, has conducted investigations into 350 cases, most of which occurred out of normal working hours and involved social problems at times the province of other departments. It is of interest to report that being a hospital centre, 80

cases resident outside Newcastle were referred by out-patient departments as follows :—

Northumberland...41	Cumberland 2	Hartlepool 1
Durham .....22	North Shields..... 2	North Yorks. 1
Gateshead 4	South Shields 1	Bucks. 1
London 1	Scotland 4	

The Local Health Authority is most concerned about the serious shortage of hospital beds for cases of mental disorder and mental deficiency and has consistently pressed the Regional Hospital Board for attention to this shortage and which at times embarrasses the Local Health Authority as for example in carrying out orders of the Courts.

The difficulty in obtaining hospital accommodation is still acute and waiting lists continue to seriously affect care and after-care and deny the preventive value of immediate hospital treatment or care, apart from which the duly authorised officers endure much worry and frustration in discharging their duties under the Lunacy Acts and indeed an extra burden of visits often at night for patients (including attempted suicides), which clearly are urgent hospital cases often in danger at home. The waiting list, at the end of the year for mental hospital cases, was 8 (6 males). That urgent cases may have to wait at all is unsatisfactory but where some may not obtain admission for a month or so it is a very serious matter.

The lack of beds for mental defectives also remains of serious concern even for difficult and urgent court cases. The waiting list at the end of 1954 was 38 (24 males) compared with 75 (41 males) in 1953, 67 in 1952, 79 in 1951 and 69 in 1950. Against these figures 24 (11 males) cases were admitted to hospital in 1954, 1953, 1952 and 1951, admission totals being 32, 26 and 45 respectively. The long periods over which the defective may have to wait before admission may be serious for the case itself and disruptive to the family, especially for cases which must remain at home all the time. Admission may be also delayed by the need to admit a case (sometimes till then unknown) which suddenly becomes an urgent problem as on the death of a last surviving relative. Some waiting cases under the care of the Children's Officer cause difficulties in supervision and the lack of beds at times prevents the magistrates from exercising their powers under Section 8 of the Mental Deficiency Act. Apart from this the flow from special schools to occupation centres is impeded as these centres are holding children which are hospital cases.

Ascertainment of mental defectives is improving but cases continue to come to light through the courts, police, probation services and various voluntary bodies, which were not ascertained in their earlier years and suffered thereby a lack of help and guidance. There is still a long way to go before ascertainment can be regarded as satisfactory, and together with the visiting and supervising of the defective in the home and the reduction of adverse or unsatisfactory features ascertainment is preventive as well as affording care and after-care especially when there is continuity of supervision from an early age. These functions are also assisted by the work and interest of the Mental Cases Sub-Committee.

ATTENDANCES AND DISPOSAL OF DEFECTIVES APPEARING
BEFORE NEWCASTLE MAGISTRATES ON VARIOUS CHARGES.

Year.	Cases.			Orders made by the Courts.			Attendance at Court by "Mental Deficiency Officer."
	Male.	Female.	Total.	Male.	Female.	Total.	
1949.....	3	1	4	3	1	4	6
1950.....	12	5	17	4	1	5	17
1951.....	13	1	14	2	—	2	14
1952.....	3	5	8	1	—	1	8
1953.....	10	3	13	1	—	1	22
1954.....	6	3	9	2	—	2	23

Of the 9 cases dealt with during 1954, the disposal was :—

Males— 2 juveniles Order to Hospital.
 3 cases No further action.
 1 case proved later not to be defective.

Females— 2 cases dealt with later by petition.
 1 case removed to County area.

Temporary hospital accommodation from 2 weeks to 2 months was arranged in mental deficiency hospitals under Circular 5/52. Total for 1952-1954 are as follows :—

	1952	1953	1954
Males	6	10	20
Females	11	13	15
	<u>17</u>	<u>23</u>	<u>35</u>

Care of the Aged.

The problem of senile dementia is difficult and is increasing and stress must be made again on the need to alleviate it. The home help and the neighbour are not always appropriate or adequate and there

is no other option at times when they become acute either to admit to the psychiatric unit with the effect of congesting it and delaying admission of more treatable patients to obtain hospital care by admission to hospital by certification under the Lunacy Acts, a procedure which can only be viewed with concern. In June of this year the psychiatric unit at Newcastle General Hospital was transferred to St. Mary's Hospital, Stannington, pending the completion of structural alterations, which has added to the time and cost in admitting patients. Geriatric and Welfare departments still cannot meet the demands on them and there is certainly a need for some service "in between."

The Mental Health staff have been very well served by the City's Ambulance Service which has given additional assistance this year, and they wish to record their appreciation for the ever prompt response given by the Ambulance Officer and his staff to the needs of a service which operates over 24 hours.

(b) UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890—1930,
BY DULY AUTHORIZED OFFICERS/MENTAL HEALTH STAFF :

The following table shows the category of cases received into hospital :—

ANALYSIS OF THE 613 ADMISSIONS TO MENTAL HOSPITAL OR CLINIC.

	Psychiatric Unit.		St. Nicholas Hospital.		Other Hospitals.		Totals.	
	1954	1953	1954	1953	1954	1953	1954	1953
Under Section 20— By duly authorised officers.....	184	293	113	62	8	9	305	364
Under Section 21— On Magistrate's Order.....	1	1	5	—	—	—	6	1
Certified at home before admission	—	—	111	124	9	—	120	124
Under Magistrate's Courts Act 1952								
Certified	—	—	4	4	1	1	5	5
Voluntary	—	—	—	—	—	—	—	—
Voluntary Cases ...	—	—	142	144	33	—	175	144
Temporary Cases...	—	—	—	1	2	—	2	1
	185	294	375	335	53	10	613	639

The annual hospital admissions were 819, 703, 677, 639 and 613 in the years 1950—1954 respectively, showing a steady fall. Cases dealt with by the duly authorised officers under order for the same years respectively, are 566, 434, 411, 365 and 311. Domiciliary certification before admission as seen from the figures for the same years, namely, 14, 99, 118, 124 and 120 now seems to show a fairly constant figure.

SUMMARY OF DISPOSAL OF HOSPITAL CASES.

	<i>Psychiatric Unit.</i>		<i>St. Nicholas Hospital.</i>		<i>Other Hospitals.</i>		<i>Totals.</i>	
	1954	1953	1954	1953	1954	1953	1954	1953
To Mental Hospitals—								
(a) Certified cases removed	23	34	24	11	11	27	58	72
(b) Transfers from Section 20 to Voluntary Class	43	3	57	40	3	3	103	46
(c) Transfers from Section 20 to Temporary Class	—	—	—	—	—	—	—	—
	<u>66</u>	<u>37</u>	<u>81</u>	<u>51</u>	<u>14</u>	<u>30</u>	<u>161</u>	<u>118</u>

	<i>Totals.</i>	
	1954	1953
Home or otherwise—		
(a) Home from Psychiatric Unit	29	73
Home from St. Nicholas Hospital	1	10
(b) Died in Psychiatric Unit	9	7
(c) Discharges from Section 20 to General Wards, etc.—		
Newcastle General Hospital	121	166
(d) Discharges from St. Nicholas Hospital	298	273
(e) Deaths in St. Nicholas Hospital	68	105
	<u>526</u>	<u>634</u>

(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.

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1954	1953	1954	1953	1954	1953
Cases awaiting vacancies in institutions	24	46	14	34	38	80
Cases removed to hospital	11	15	14	17	25	32
Cases ascertained	57	36	33	19	90	55
Cases reported	65	44	40	26	105	70*
Percentage of ascertained to reported cases	—	—	—	—	85.7	78.6

*Five cases were found not to be mentally deficient and five were deferred.
One case was found to require action under the Lunacy Acts.

SOURCES OF CASES REPORTED TO THE MENTAL DEFICIENCY SECTION.

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1954	1953	1954	1953	1954	1953
Education Department	46	25	19	13	65	38
Hospitals	2	—	3	—	5	—
Miscellaneous Sources	11	11	6	7	17	18
Health Department	1	4	1	2	2	6
Police and Courts	1	2	2	1	3	3
Probation Service.....	—	2	3	1	3	3
General Practitioners.....	1	—	—	2	1	2
Youth Employment Officer	—	—	3	—	3	—
National Assistance Board	1	—	1	—	2	—
Parents	2	—	—	—	2	—
Children's Officer	—	—	2	—	2	—
	<u>65</u>	<u>44</u>	<u>40</u>	<u>26</u>	<u>105</u>	<u>70</u>

DISPOSAL OF CASES BY THE MENTAL DEFICIENCY SECTION.

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1954	1953	1954	1953	1954	1953
To hospitals	3	6	9	2	12	8
Placed under statutory supervision	52	29	23	17	75	46
Placed under voluntary supervision	—	3	—	—	—	3
Lunacy Act	1	1	—	—	1	1
Died or removed	1	—	1	1	2	1
Not defective	4	—	1	1	5	1
In place of safety	—	1	—	—	—	1
Action deferred.....	5	5	5	4	10	9
	<u>66</u>	<u>45</u>	<u>39</u>	<u>25</u>	<u>105</u>	<u>70</u>

(ii) Guardianship and Supervision.

The staff of the Mental Deficiency Section visit established cases. All new cases reported to the section are visited by the Mental Deficiency Officer to establish friendly relations with the defective and his family from the outset. A case history and a report on the home conditions is obtained and a medical report provided for consideration by the mental cases Sub-Committee as to the ultimate disposal of a case. Reference numbers and not names and addresses are given on the agenda to prevent identification beyond the Committee.

The Mental Deficiency Officer also carries out administrative duties working directly under the Medical Officer of Health and co-operates with general practitioners, hospital staffs, clinics, Courts, probation officers, etc., apart from taking a keen interest in talks on

mental deficiency to public groups throughout the year. He is, with an assistant mental health worker, authorised to present petitions and to take a person to a place of safety where necessary. A second female mental health worker appointed in February has enabled more frequent case visiting as seen below.

PARTICULARS OF VISITING AND REPORTING ON DEFECTIVES UNDER
LOCAL AUTHORITY SUPERVISION.

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1954	1953	1954	1953	1954	1953
Total cases under—						
Statutory Supervision	246	216	217	210	463	426
Voluntary Supervision	7	6	6	4	13	10
Guardianship	2	3	1	3	3	6
No. of Statutory Visits paid	578	160	537	525	1,115	685
Home and progress reports to hospitals	106	112	59	54	165	166
No. of petitions presented	11	13	13	17	24	30
City Cases—						
In mental deficiency hospitals	325	313	249	237	574	520
In places of safety	—	1	—	1	—	2

In 1954 only 2 cases were changed from Statutory Supervision to guardianship and 1 case under guardianship was admitted to an institution. No case went from institutional care to guardianship.

(iii) Occupation and Training.

Arrangements for carrying out the statutory duty to thus provide for defectives in the City is as follows :—

(a) *Occupation Centres.*

(1) Byker Park.

This full-time well equipped centre opened on the 7th August, 1952 in a prefabricated building, catered from mid April, 1954 for 27 children in a junior group of 17 (ages 7—11), and a low grade group, the 10 children of which attending either for two or four days each week. A midday meal was cooked on the premises and ambulance transport to and from the childrens homes was provided, the staff acting as escorts.

(2) Jubilee Road.

Part of the site and buildings in Jubilee Road formerly leased by the City to the Princess Mary Maternity Hospital were opened on 10th March, 1954, the conversion having provided an excellent centre both light and commodious in a central and accessible part of the City.

There is a splendid lofty hall, 75 feet by 29 feet, which gives ample room for games and dining with a servery at one end. This hall is separated by a corridor from 5 classrooms and 2 handicraft rooms. There is a considerable area, concreted, for open air play, being relatively secluded and protected.

When this centre opened, the one day group of adult females and the older children (now in two groups) were transferred from Byker Park. There was a period of difficulty before the staffing became stabilized but by the end of the year the activities were able to be extended. Ambulance transport was provided as for the children at Byker Park with escort mainly by the centre staff assisted by female ambulance attendants whenever possible. School meals were supplied but it is the intention to build next year a kitchen to cater for a maximum of defectives likely to attend this centre when it is fully developed.

The Parents Association for those whose children or adult daughters attend the centre met at intervals providing an extra opportunity for parents and centre and administrative staff to meet.

(3) An adult male centre in New Bridge Street near Oxford Street for which plans were well advanced could not be opened as the final consent of the Ministry of Health was not forthcoming. As such a centre is considered necessary efforts will be made to open one without delay and it is in mind that this will be within the premises at Jubilee Road although separate and self-contained in every way from other parts of the premises.

(b) *Adult Girls Club.*

A very successful Christmas Party was held; twenty-five girls attending including a few 'home bound' cases who had been persuaded to attend.

III—Out-patients' Clinics.

(a) St. Thomas' Psychiatric Clinic: This clinic serves St. Nicholas Hospital, Gosforth, St. George's Hospital, Morpeth, and St. Mary's Hospital, Stannington, in a building provided by the Regional Hospital Board, which serves as an extension into the City of hospital departments.

The source of the 446 City patients attending is as follows :—

	1954	1953
*Own doctor	273	292
Probation Officer	29	41
School Health Service	50	40
Ex-hospital in-patients follow-up.....	65	47
Ministry of Labour	4	5
Duly Authorised Officers	19	18
Ministry of Pensions	5	3
Marriage Guidance Council.....	1	—
	446	446

*The Authorised Officers have been associated with many cases referred by doctors.

(b) Special Mental Deficiency Clinic, Wharnccliffe Street Centre.

<i>Source of persons referred.</i>	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1954	1953	1954	1953	1954	1953
Newcastle Mental Deficiency Section	7	20	9	10	16	30
Northumberland Health Authority.	1	4	3	4	4	8
Consultant in mental deficiency....	—	2	—	1	—	3
General Practitioners.....	—	—	—	2	—	2
Probation Service.....	—	—	—	1	—	1
City Education Department.....	—	—	—	—	—	—
Licence cases.....	1	—	2	—	3	—
Lunacy Cases	—	—	1	—	1	—
	9	26	15	18	24	44

NATIONAL ASSISTANCE ACT, 1948

and

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

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

Whilst several visits were made in connection with the above, it was not found necessary to take action under Section 47.

INCIDENCE OF BLINDNESS.

At the end of the year there were 793 persons in the City registered as blind and 132 registered as partially sighted, of the latter 32 are likely to become blind during the next four years. 51 per cent. of the blind and 30 per cent. of the partially sighted are over 65 years of age. During the year 136 forms B.D.8 were received, resulting in the

registration of 73 blind persons and 30 partially sighted. Amongst the former were one baby and one school child, whilst the latter included four school children.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends :—	CAUSE OF DISABILITY.							
	Cataract.		Glaucoma.		Retrolental Fibroplasia.		Others.	
	Blind.	Partially Sighted.	Blind.	Partially Sighted.	Blind.	Partially Sighted.	Blind.	Partially Sighted.
(a) No treatment ...	7	Nil	3	Nil	Nil	Nil	25	13
(b) Treatment—								
Medical	1	Nil	4	2	Nil	Nil	11	3
Surgical	18	4	2	Nil	Nil	Nil	1	4
Optical	Nil	1	Nil	Nil	Nil	Nil	Nil	1
Educational ...	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..	13	1	5	2	Nil	Nil	11	6

OPHTHALMIA NEONATORUM.

- (i) Total number of cases notified during the year 2
- (ii) Number of cases in which :—
- (a) Vision lost 1
- (b) Vision impaired 1
- (c) Treatment continuing at end of year Nil.

PREVALENCE, PREVENTION AND CONTROL.

III—INFECTIOUS DISEASE

FEVERS, FOOD POISONING

DISINFECTION, etc.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

There were 4,509 (7,294)* notified cases of infectious disease in 1954. Table A shows incidence of infectious disease and deaths by age groups, and Table B the ward incidence including deaths from pneumonia, diarrhoea under 2 years, and all forms of tuberculosis. Both tables compare totals by diagnosis and ward distribution for 1953 and 1954.

It is gratifying to record no deaths from diphtheria, only 2 from whooping cough and none from measles in 1954; whilst for non-notifiable diarrhoea from gastro-enteritis there were 14 deaths, compared with 17, 17, 21 and 12 in 1950-53 respectively, giving a death rate per 1,000 of the population of 0.05 (0.04).

The routine visiting of cases of notifiable infectious disease (and non-notifiable if necessary on request) is carried out almost entirely by Health Visitors and special sanitary inspectors. Health Visitors visit up to recovery all notified cases of whooping cough, measles, pneumonia, poliomyelitis and rubella, whilst cases of puerperal fever, ophthalmia neonatorum and pemphigus are similarly visited by the non-medical Supervisor of Midwives or her deputy.

The following cases on information sent to the Health Department, received surveillance: Three contacts of smallpox, 14 of scarlet fever, 1 of dysentery, 5 of paratyphoid "B" and 17 of poliomyelitis. No schools were closed in 1954 because of infectious disease.

Chicken Pox.—1,529 (2,514) cases were notified with 47 (60) primary cases in adults. Two adults were admitted to hospital. There was a fairly even incidence over the year but an increased incidence for 2 months beginning in early June reached a peak of 98 cases in one week in early July.

Diphtheria.—No cases occurred during 1954. Immunisation is referred to on page 59.

Dysentery.—129 (117) confirmed cases were notified, all being Sonne type. There were no deaths. Annual Incidence from 1945-1953 was 350, 173, 14, 35, 118, 364, 244, 44 and 117 respectively.

* Figures in parenthesis refer to 1953.

The surveillance of home nursed cases and carriers until considered free from infection showed (from bacteriological examination) 2 persons engaged in the handling of food to be non-clinical carriers. Each case ceased employment voluntarily until considered free from infection.

There was a small incidence of 27 cases of dysentery in the Municipal Nurseries (compared with 26 cases in 1953, 9 in 1952 and 93 in 1951), which is shown below :—

Gosforth Street..	10 cases. 1 carrier.
Cresta	2 „
Renwick St.	1 case.
West Parade	2 cases. 1 carrier.
Woodlands	1 case.

The Armstrong Road Residential Nursery had 11 cases and 15 carriers.

Enteric.—Of 4 (10) confirmed cases of paratyphoid “B,” all were admitted to hospital. Immediate contacts were subject to bacteriological tests and surveillance and no further cases developed. Two cases were in early June and two in late August.

Erysipelas.—46 (36) notified cases occurred evenly over the year, 2 being admitted to hospital.

Encephalitis.—2 cases were notified and both received hospital treatment.

Food Poisoning.—75 (44) cases were notified. The types of 9 cases of Salmonella infection were : *S. typhi-murium* 5 : *S. enteritidis* 1 : *S. Dublin* 1 : *S. Virchow* 1 : *S. Oranienburg* 1. A heat resistant strain of *C. Welchii* caused 64 cases in 2 outbreaks. In the larger, 61 clerical staff of a local organisation were affected returning from a Sunday trip to Seahouses and Bamburgh where meals were taken. The local authority concerned was informed. All cases were mild recovering in a few hours. Routine bacteriological tests revealed that it was 5 months before all cases became free from infection. There were also 3 cases in Newcastle (part of an outbreak in a nearby area) suspected as due to peas-pudding, as 7 of the personnel engaged on the premises were excreting *C. Welchii* in their stools, 4 being non-clinical carriers. One employee was given temporary leave of absence and 6 were diverted to other work on the premises not intimately concerned with food handling. Two employees were still infective at the end of the year. Two cases of food poisoning giving negative tests were suspected as being due to eating tinned jellied veal.

Measles and Rubella.—There were 873 (2,747) cases of measles, with no deaths, and 228 (284) of rubella notified during the year. Health Visitors visited 99.7 per cent. of notified cases of measles,

further cases in a family usually being notified by them. 844 or 97.1 per cent. of notified cases of measles ran a normal course.

Malaria.—0 (3) cases were notified.

Meningococcal Infection.—15 (12) cases were notified, but no deaths were recorded. All were admitted to hospital.

Ophthalmia Neonatorum.—Only 1 (2) case was reported.

Pneumonia, including Influenzal Pneumonia.—269 (348) notifications of pneumonia included 14 (27) of influenzal pneumonia. Health Visitors visited all cases.

Poliomyelitis, Polioencephalitis.—There were 23 (6) confirmed cases of poliomyelitis with no deaths, 19 being paralytic. 10 cases were nursed at home and 11 were admitted to hospital. 11 cases were males. There were 12 cases in the age group 0—2 (8 female) and 8 cases in the age group 4—7 (6 male).

All the cases were the subject of a pilot study in association with the Ministry of Health which included other local authorities in the North and North-East.

The first case occurred at the end of June, and apart from 5 cases in one week in early July and 4 in the last week of August, only odd cases occurring weekly up to the end of October. There was a general distribution throughout the City and 20 non-adult cases were divided equally between the eastern and western halves of the City with an average age of $4\frac{1}{2}$ and $1\frac{1}{2}$ years for these areas respectively. No case was traced to another, although possible sources of infection were investigated for the 3 weeks preceding onset. There was no case of illness in any contact suggestive of poliomyelitis. The three adults (ages 17—19) were not food handlers. Seven cases were of school age.

Puerperal Pyrexia.—Of 131 (127) cases reported 116 (115) occurred in hospital.

Scarlet Fever.—Of 141 (316) confirmed cases, all were mild, and this infection is now almost entirely nursed at home. There were 123 single cases and 6 households in which 2 cases occurred, and 2 households with 3 cases each. The attack rate per 1,000 of the population was 0.49 (1.1). Most cases occurred unevenly in the first half of the year.

Whooping Cough.—There were 1,043 (732) notifications and 2 (1) deaths. This disease chiefly affects the young child. (There were 571 (501) cases under 5, and 348 (206) between 5 and 15 years). The quarterly totals were 164, 275, 371 and 233.

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

WARD.	Diphtheria.	Erysipelas.	Enteric Fever	Infectious Encephalitis	Food Poisoning	Scarlet Fever.	Meningococcal Infections.	Poliomylitis.	Malaria	Measles.	Rubella.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Acute Primary Pneumonia.	Acute Influenzal Pneumonia.	Chickenpox.	Dysentery.	Whooping Cough.	Tuberculosis (all forms).	Total 1954	Total 1953	DEATHS.		
																						Pneu- monia	Diarr- hoea under 2 yrs.	Tuber- culosis all forms.
St. Nicholas	..	..	..	..	..	1	1	..	..	22	6	3	..	6	1	30	2	13	24	113	253	8	1	3
Kenton	..	..	..	..	..	16	..	..	..	56	25	10	..	19	1	36	20	130	48	375	995	6	..	5
Scotswood	..	7	..	..	..	4	1	..	..	72	24	4	..	20	2	60	9	53	22	282	383	6	..	5
Stephenson	..	4	1	..	..	11	1	4	..	197	18	11	..	22	..	143	17	104	39	573	479	13	1	10
Armstrong	..	4	..	..	..	7	2	2	..	110	14	14	1	11	2	111	8	72	38	398	387	8	..	5
Elswick	..	..	1	..	..	4	..	2	..	65	14	8	..	15	1	27	3	61	26	230	337	8	..	10
Westgate	..	..	..	..	..	4	..	..	..	52	9	7	..	15	..	23	4	33	21	174	374	12	..	3
Arthur's Hill	..	1	..	..	..	10	2	..	..	86	18	5	..	14	2	44	..	67	20	273	382	13	..	3
Benwell	..	2	..	..	..	6	1	2	..	26	8	10	..	23	2	134	13	80	25	337	389	7	..	2
Fenham	..	3	..	..	..	10	..	1	..	53	25	4	..	18	..	32	4	86	24	262	423	7	..	2
Sandyford	..	2	..	..	..	4	..	1	..	49	8	7	..	9	1	25	2	16	21	147	356	3	..	1
Jesmond	..	1	..	1	27	12	1	..	..	11	12	3	..	7	..	41	4	41	22	183	271	8	..	4
Dene	..	2	..	..	1	7	1	1	..	5	9	3	..	9	1	52	1	22	20	134	371	3	..	5
Heaton	..	2	..	..	2	17	..	..	..	13	9	2	..	11	1	55	7	43	13	175	364	2	..	2
Byker	..	1	..	..	..	4	1	1	..	13	3	9	..	8	..	85	8	41	17	191	371	5	..	3
St. Lawrence	..	..	..	..	..	7	..	2	..	16	5	8	..	16	..	104	11	43	31	243	402	9	..	8
St. Anthony's	..	1	..	..	1	4	..	..	..	13	7	5	..	12	..	77	7	38	36	201	274	6	..	8
Walker	..	3	2	..	5	2	3	7	..	5	5	13	..	9	..	257	1	55	19	386	581	5	..	4
Walkergate	..	3	..	..	3	11	1	..	..	9	9	5	..	11	..	193	8	45	19	317	446	6	..	3
Total 1954 ..	..	46	4	2	75	141	15	23	..	873	228	131	1	255	14	1529	129	1043	485	4994	..	135	2	86
Total 1953 ..	..	36	10	5	44	316	12	6	3	2747	284	127	2	321	27	2514	117	723	544	..	7838	140	4	93

HOSPITAL ADMISSIONS.

419 Newcastle patients were admitted to Walker Gate Infectious Diseases Hospital during the year, of which 17 died. Details are given in the following table.

NEWCASTLE CASES ADMITTED TO WALKER GATE INFECTIOUS
DISEASES HOSPITAL.

Disease.	Cases.	Deaths.
Enteric Fever	4	—
Erysipelas	3	—
Influenza	7	—
Measles	9	—
Rubella	2	—
Cerebro Spinal Meningitis	6	1*
Pertussis	14	—
Puerperal Fever	3	—
Scarlet Fever	3	—
Varicella	4	—
Glandular Fever	3	—
Dysentery	18	—
Gastro Enteritis	22	1
Salmonella Infections	4	—
Alimentary Diseases	20	—
Pneumonia	39	4
Respiratory Infections	59	2
Poliomyelitis	10	—
Meningitis and Encephalitis	17	—
Mumps	1	—
Tuberculosis—Pulmonary	7	—
Meningeal	2	—
Other forms	3	—
Cardio Vascular diseases	21	8
Genito Urinary diseases	2	—
Sepsis and Skin	32	—
Naso pharyngeal infection	3	—
Tonsillitis etc.	18	—
Rheumatism	12	—
New Growths	2	—
Unclassified	39	1
N.A.D. and healthy persons	30	—
	419	17

*Death due to meningococcal septicaemia.

SPECIAL SKIN CLINIC.

(Figures in parenthesis refer to 1953).

Of the 758 total attendances 12·5 (14·1) and 87·5 (85·44) per cent. were for scabies and pediculosis respectively. The number of treatments still falls, due to the increasing proportion of pediculosis cases which usually need only one treatment. Those attending comprised 587 males and 53 females, or 91·5 (93) and 8·5 (7) per cent. respectively, with an age distribution of:—

0-1 years	1 (2)
1-5 years	13 (17)
5-15 years	26 (21)
15 years and over	600 (647)

The 296 (236) or 46 (34) per cent. of persons referred by the Health Department were all pediculosis cases, mostly from the two common lodging houses, and this total exceeded by 116 the total of 180 or 28 per cent. from the Salvation Army and Prudhoe Street Mission. Of the 5 (12·2) per cent. from the Newcastle General Hospital, ten-elevenths were cases of pediculosis, whilst of the 11·4 (19·1) per cent. of cases self referred, almost half came with scabies. Of the 30 cases or 4·7 (4·5) per cent. from 16 (15) doctors, four-fifths were cases of scabies. The National Assistance Board referred 5 (6) cases, the School Health Service 14 (3) cases, and the Welfare Department 5 (1) cases.

There was 1 (3) other conditions, requiring special bath. There were no cases referred from other authorities and no double infestations of scabies and pediculosis.

The following tables show (a) cases dealt with and treatments given over recent years and (b) the sex and age distribution of scabies and pediculosis cases treated in 1954.

I can record again the good work and interest of the clinic staff.

G. HAMILTON WHALLEY,

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

CASES AND TREATMENTS 1945-54.

Year.	PATIENTS TREATED.				No. of Treatments.	Average No. of Treatments per Patient.
	Scabies.	Pediculosis.	Other.	Total.		
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
1952	182	498	42	722	1,004	1.39
1953	97	587	3	687	910	1.32
1954	79	560	1	640	758	1.18

*Not extracted from final diagnoses.

SEX AND AGE DISTRIBUTION

Age Group.	SCABIES.			PEDICULOSIS.						Total.
	Male.	Female.	Total.	Capitis.		Corporis.		Pubis.		
				Male.	Female.	Male.	Female.	Male.	Female.	
0-1	- (1)	1 (1)	1 (2)	- (-)	..	..	..	..	..	..
1-5	2 (4)	9 (12)	11 (16)	- (-)	2 (1)	..	..	..	..	2 (1)
5-15	11 (8)	9 (6)	20 (14)	- (1)	6 (6)	..	..	..	..	6 (7)
15—	30 (47)	17 (18)	47 (65)	- (-)	7 (2)	532 (568)	1 (-)	11 (9)	1 (-)	552 (579)
Totals .	43 (60)	36 (37)	79 (97)	- (1)	15 (9)	532 (568)	1 (-)	11 (9)	1 (-)	560 (587)

VENEREAL DISEASE STATISTICS.

It is gratifying to note that the downward trend in the Venereal Diseases statistics recorded over recent years, has been maintained during 1954. New registrations, however, amounted to no less than 860, of whom 662 (77%) were found to be free from venereal infection. The total attendances (13,493) showed a slight increase over the figure for the previous year.

The fact remains that 696 patients suffering from syphilis, 38 of whom reported for the first time during 1954, still attend either for treatment or surveillance for this disease, mainly the latter.

Syphilis in pregnancy : As a result of routine ante-natal serologica investigations, 7 women were eventually investigated in this department and 6 of them were found to have syphilis. They, together with 19 already attending here when they became pregnant, made a total

of 25 who received what we hope will prove to be adequate anti-syphilitic treatment during their pregnancies. So far, 11 infants have been examined and were found to be free from syphilis, while the remainder have yet to be born, or investigated.

Laboratory work : 5,312 specimens were examined, and of those, 1,821 were investigated in the Venereal Diseases Department.

The decline in the incidence of venereal infections in the city during recent years by no means implies a corresponding decline in sexual promiscuity. From the evidence available, the converse would appear to hold good, and the fall in venereal disease statistics is solely attributable to the efficacy of modern therapy in venereology.

The vigilance of the medico-social unit is reflected in the number of visits (1,019) made, either to patients defaulting from treatment or surveillance, or to establish contact with others believed to be sources of venereal infection.

Of 136 contacts (including 22 men) named in the Newcastle area last year, 73 (11 men) were sought, and 52 (10 men) identified. None of the men were named more than once but 7 women were responsible for 14 infections, so that the number of persons involved were 35 women and 10 men. Of those, 36 (9 men) were examined, and 33 (8 men) were found to be infected.

W. V. MacFARLANE,
Physician-in-Charge.

**CHEST CLINICS.
MASS RADIOGRAPHY.**

IV—TUBERCULOSIS.

**CONTACT CLINICS.
CARE AND AFTER CARE.**

TUBERCULOSIS.

There has been a decrease in the number of new cases of Tuberculosis notified (430 pulmonary and 55 other forms, as against 476 and 68 respectively in 1953), and the death rate for pulmonary tuberculosis has fallen slightly from 0.280 in 1953 to 0.268 in 1954. There were 77 deaths from pulmonary tuberculosis and 9 from non-pulmonary, as against 81 and 12 respectively in 1953. The number of cases on the register at the end of the year was 2,976 pulmonary and 447 other forms, a total of 3,423.

Notifications.—During the year, primary notifications were received as follows:—

<i>Lungs.</i>	<i>Other Forms.</i>	<i>Total.</i>
430 (East 189) (West 241)	55 (East 27) (West 28)	485 (East 216) (West 269)

There were also 53 second notifications which appear on the register as duplicates.

Source of Notification:—

	Total.	East.	West.
General Practitioner	164 or 33.8%	115 or 53.0%	49 or 18.2%
Clinical Medical Staff	228 or 47.0%	57 or 26.5%	171 or 63.6%
Other Sources (hospitals, death returns, etc.)	93 or 19.2%	44 or 20.5%	49 or 18.2%
	485	216	269

In addition 88 notifications (81 lung and 7 other forms) were received of cases previously notified elsewhere which had moved into Newcastle during the year.

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1954.

	Age Groups.													Total.
	Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and upwards	
Respiratory—														
Males	1	..	2	11	5	14	29	49	40	44	29	12	2	238
Females	..	2	1	5	9	34	57	43	17	12	8	4	..	192
Non-Respiratory—														
Males	..	2	1	5	3	1	2	5	2	..	..	2	1	24
Females	..	1	..	3	4	1	3	11	4	1	1	2	..	31
Totals	1	5	4	24	21	50	91	108	63	57	38	20	3	485

AGE DISTRIBUTION OF DEATHS DURING 1954.

	Under. 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and up- wards	Total
Respiratory—														
Males	..	..	..	..	..	..	1	3	6	16	16	10	2	54
Females	..	..	..	..	..	..	3	5	6	3	2	4	..	23
Non-Respiratory—														
Males	..	..	..	..	1	..	1	1	..	..	..	1	1	5
Females	..	..	..	..	..	1	..	2	..	1	..	..	..	4
Totals	..	..	..	..	1	1	5	11	12	20	18	15	3	86

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

	Deaths which occurred in these years :—										East				West			
	1947	1948	1949	1950	1951	1952	1953	1954				M.	F.	Total.	M.	F.	Total.	
								M.	F.	Ch.	Total.							
Persons not notified.	12	18	16	22	14	19	12	10	1	..	11	2	1	3	8	..	8	
" notified under 1 month	27	30	17	15	9	5	9	2	..	..	2	..	..	..	2	..	2	
" between 1 and 3 months	23	16	26	9	5	3	1	2	1	..	3	1	..	1	1	1	2	
" between 3 and 6 months	24	20	15	7	5	4	2	2	1	..	3	1	1	2	1	..	1	
Total under 6 months.....	86	84	74	53	33	31	24	16	3	..	19	4	2	6	12	1	13	
Persons notified between :—																		
6 and 12 months.....	24	30	21	8	11	7	7	6	1	..	7	2	..	2	4	1	5	
12 and 18 months.....	13	15	23	15	8	6	2	2	3	..	5	2	..	2	..	3	3	
18 and 24 months.....	26	9	12	13	6	6	5	2	3	..	5	1	3	4	1	..	1	
2 and 3 years	30	22	16	20	14	8	12	9	2	..	11	6	1	7	3	1	4	
over 3 years	80	70	76	74	38	36	31	18	12	..	30	7	7	14	11	5	16	
Totals	259	230	222	183	110	94	81	53	24	..	77	22	13	35	31	11	42	

COMPARATIVE FIGURES OF ATTACK AND DEATH RATES (ALL FORMS) PER 1,000 POPULATION.

	1950		1951		1952		1953		1954	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle on Tyne..	0.70	2.05	0.43	1.90	0.37	1.70	0.32	1.88	0.30	1.69
England and Wales..	0.36	1.13	0.316	1.12	0.24	1.09	0.20	1.05	0.18*	0.99*
Glasgow	0.98	2.56	0.74	2.35	0.586	2.35	0.47	2.45	0.42*	2.25*
Scotland	0.54	1.87	0.43	1.80	0.32	1.69	0.54	1.73	0.45*	1.61*

* Provisional figures.

For comparable figures of 20 large towns in England and Wales see page 28A.

The City is served by two Chest Clinics under the control of the Regional Hospital Board, each covering one half of the City and each with a Chest Physician in charge. The Physicians also supervise the domiciliary visiting and preventive measures on behalf of the Local Health Authority, and I am indebted to them for much of the information in this Report. It is perhaps unfortunate that for the purposes of this report the areas served by the two Clinics do not coincide with the City boundaries, and in consequence the figures relating to the work of the Clinics are based on an additional 96,000 persons not resident within the City. While this may be a disadvantage in trying to assess the figures for the City alone, the boundaries are so arbitrary—in some cases dividing a street between two Local Authorities—that in the end the total figures probably give a truer picture. Not the least argument in favour of this is that a considerable number of the outside population are former Newcastle residents who have been rehoused on estates which, through scarcity of vacant land within its own boundaries, the City has had to build in the area of other Local Authorities. The total population of the area covered by the Clinics is 382,580 of which 96,080, or just over 25% live outside of the City boundaries.

Daily sessions are held for the examination of old and new patients and contacts, with an evening clinic for those whose work prevents day time attendance. Each Clinic has facilities for x-ray examinations.

The total examinations at the two Clinics amounted to 50,283, 5,411 more than in 1953. Of this total, 3,742 were in respect of new patients and 2,317 of new contacts: 53 cases of tuberculosis were found in the new contacts.

15,679 examinations of old patients were carried out and the remaining attendances were for artificial pneumothorax and pneumoperitoneum refills, Mantoux tests, etc. The medical staff paid domiciliary visits to 278 patients, a considerable increase on last year (175).

16,160 x-ray films were taken at the Chest Clinics, including 2,279 70-m.m. films, while 2,253 contacts were referred to the Mass Miniature Radiography Unit for x-ray ; in addition, 222 films (including 178 Tomograms) were taken at Walkergate Hospital.

The Mass Radiography Unit continues to play an ever increasingly important part in the examination of contacts and suspects and in the early diagnosis of tuberculosis and I am indebted to Dr. G. Hurrell, the Medical Officer in charge of the Unit, for the report which appears on page 106. There can be no doubt that the ready availability of the Mass X-Ray Unit to the general practitioners of Newcastle upon Tyne has been of great value in ascertainment. 14,981 patients were directly referred by general practitioners to the Mass X-Ray Unit in 1954.

Care and After-Care.

A whole-time Almoner is attached to each Clinic to deal with Care and After Care of patients. Although they are in the direct employ of this Local Health Authority, by agreement with Northumberland County Council, their work embraces all patients attending the Clinics, irrespective of residence, a satisfactory arrangement in that it ensures continuity of service to those patients who are re-housed outside of the City's boundaries.

Although the Health Department has no direct responsibility for the re-housing of tuberculosis patients, they do make representations in many cases to the appropriate Committee and it is pleasing to report that 169 patients were re-housed during the year, an increase of 71 over 1953.

The employment of treated patients remains a problem. Many of course, take up their former place in society without much assistance, but there remains a hard core of patients without trade or vocation and little adaptability, particularly the more elderly, which presents a serious difficulty. Regular meetings with the Disablement Resettlement Officer of the Ministry of Labour were held, and of some 169 cases dealt with, 130 were found employment in one form or another, either with private firms, Industrial Rehabilitation Units, or Government Training Centres. In addition Occupation Therapy Classes are held on four afternoons each week at specially adapted premises.

During the year the Almoners interviewed 552 new patients, gave 3,890 other interviews, paid 143 home visits, and in all assisted 1,789 patients. The help given took many forms, ranging from extra clothing and nourishment, to convalescence and training in art therapy. In this work the Almoners were able to call upon the resources of numerous benevolent Societies and Organisations, to augment the relief given through the National Assistance Board and the Ministry of Pensions and National Insurance. Assistance was also forthcoming for Newcastle patients from the local Voluntary Tuberculosis Care and After Care Council, which, although functioning as a Sub-Committee of the Health Committee, has represented on it the Voluntary Organisations in the City, and during the year it gave assistance in 96 cases, either as expenditure which could be incurred under Section 28 of the National Health Service Act, or from its separate Voluntary Fund.

Convalescence was arranged in 202 cases, mostly to local convalescent homes and one patient was admitted to a Tuberculosis Colony.

Working in close co-operation with the Chest Clinics, the District Health Visitors carried out routine visiting of patients and contacts and during the year 946 primary visits and 12,015 subsequent visits were made.

B.C.G.

Special Contact Clinics are held for children under five years of age and for school children, and a report of this work will be found on page 108. At the Chest Clinics, 174 contacts were vaccinated with B.C.G.

Chronic Infectious Pulmonary Tuberculosis.

As stated in last year's Report, an exact assessment of the true "Infector Pool" can hardly be made, but the figures given in the Ministry of Health Annual Return (Memo. T.145) on Page 105, portray the extent of the problem of tuberculosis as graphically as possible. At the end of the year there were 3917 definite cases on the registers, and of these 213 were known to have positive sputum during the preceding six months.

The registers of chronic infectious cases, i.e. cases which, having had all the clinical treatment available or desirable, remain infective, were kept under continual review, and at the end of the year, 508 remained.

Although the Chest Physicians are of the opinion that this figure on the registers is slowly declining, nevertheless they point to the possibility that at present it is likely to be under-estimated, as not every patient is intensively investigated in this respect.

The problem of these chronic infectious cases can only be minimised by constant preventive work. It is to these cases that special attention should be directed, to render them less infective and so lessen the risk to the community. The provision of a hostel—possibly attached to a hospital or sanatorium—to accommodate patients living in lodgings or tenements where they may remain a source of infection, might assist in the control of the disease. Such a provision would need careful thought and especially as far as staff and discipline for patients would be concerned.

Working Capacity of those on the Tuberculosis Register.

During the last months of the year, with the co-operation of the Health Visitors who paid a special visit to each family, an enquiry was held into the working capacity of all cases of Pulmonary Tuberculosis in the East End of the City between the ages of 15-65, i.e. the normal working community, and the results are as follows :—

	Newcastle.		County.		Totals.
	Males	Females.	Males.	Females.	
<i>Under treatment :—</i>					
Chemotherapy at home.....	39	42	13	11	105
In Hospital or Sanatorium..	83	59	20	17	179
<i>Not under active treatment :—</i>					
Unfit for work.....	96	32	18	10	156
Fit but not working.....	46	22	21	16	105
Fit and at remunerative work	391	175	174	41	781
Housewives engaged in house work only.....	—	263	—	89	352
Housewives with outside jobs	—	18	—	10	28
	655	611	246	194	1,706

This table illustrates the extent to which use is made of the domiciliary nursing service for treatment at home and it will be seen that in the month under investigation approximately 105 hospital beds were “spared”. Also is shewn the extent to which the housewife contributes actively to the domestic income, by doing work in addition to her domiciliary duties. This group of persons require especially careful supervision to ensure that their eagerness to shoulder additional work does not bring about a breakdown.

A similar analysis, applied to the 277 chronic infective cases in the area gives the following picture (as at 31st December, 1954).

	Males.	Females.	Total.
<i>Active Treatment.</i>			
In hospital.....	24	16	40
<i>Not on active Treatment.</i>			
Not working	94	54	148
At remunerative work	52	4	56
Housewives—housework only	—	33	33
	170	107	277
<i>Died in 1954.....</i>	13	11	24

New Cases of Tuberculosis.

Notifications of tuberculosis while less than in 1953 are still considerable and give little cause for complacency. While in Newcastle City the deaths from pulmonary tuberculosis are but a third of what they were twenty years ago, no such change has taken place in the number of new cases notified. But to infer from this that there has been no progress in controlling tuberculosis would be to take too pessimistic a view. Since the high incidence during the war years and the three years following, there has been a fairly consistant fall down to the present figure, 430, only two more than the lowest ever recorded in Newcastle (1933 and 1939).

If we ignore the first five years of notifications, that is from 1912 to 1916, when the number of new cases, as might be expected, was unusually high, we find that the highest point was reached in 1948 when 596 new cases were notified. In a span of only six years, therefore, we are now down practically to the lowest number, but the attack rate per 1,000 population has altered only slightly.

Institutional Treatment.

For the first time there has been no shortage of either hospital or sanatorium beds and it has been possible to offer treatment to patients with little or no delay after diagnosis ; a considerably different picture from the former state of affairs when the waiting time was up to two years. The results of the work of the Regional Hospital Board in respect of tuberculosis bed provision are indeed excellent.

Conclusion.

Tuberculosis is on the retreat but still remains a formidable foe and until there is a further decline in the notification figures, it must be still regarded as such. A disturbing feature in the Chest Clinics' work,

is the menace of Bronchial Carcinoma, which is steadily growing. Some of this rise may, of course, be due to our greater awareness, but all concerned do feel it is in fact a true increase in the incidence.

I feel that I cannot complete this Report without mentioning the retirement of Dr. C. G. R. Goodwin, in September. Dr. Goodwin served this Local Authority as Medical Superintendent of Barrasford Sanatorium from 1921, when the Corporation acquired the Sanatorium, until 1948 when it was transferred to the Regional Hospital Board, and he continued in the post until his retirement.

In addition, from 1930 onwards he conducted clinics at New Bridge Street Dispensary, and more latterly at the West End Chest Clinic. Thus, for 33 years, during which time he gained a wide reputation both as a clinician and an administrator, Dr. Goodwin was identified with the Tuberculosis Service of the area, and never had it a more able servant. Throughout the years he earned the respect of patients, colleagues and councillors alike ; we can only hope that he will long enjoy the retirement which he has so deservedly earned.

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1924.

105A

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.
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
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70
1953	476	81	0.28	1.64	68	12	0.04	0.24	544	93	0.32	1.88
1954	430	77	0.37	1.50	55	9	0.03	0.24	485	86	0.30	1.69

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 CLINICS.

DIAGNOSIS.	Respiratory.			Non-Respiratory.			Totals.			Grand Totals
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
(1) No. of definite cases of T.B. on Clinic register on 1st January, 1954	1,548	1,285	293	89	151	238	1,637	1,426	531	3,604
(2) Transfers from clinics under other Hospital Management Committees	84	95	14	1	9	6	85	104	20	209
(3) Children transferred to adults during the year	11	10	..	4	..	..	15	10	..	25
(4) Lost sight of cases returned	11	8	1	4	2	..	15	10	1	26
No. of new cases diagnosed										
T.B. minus	151	148	64	19	38	34	170	186	98	454
T.B. plus	122	90	1	..	..	..	122	90	1	213
Totals of A. and B.	1,927	1,636	373	117	200	278	2,044	1,836	651	4,531
No. of cases in A. and B. written off during the year										
(1) Recovered	66	59	20	13	22	20	79	81	40	200
(2) Died (all causes)	72	29	2	1	3	..	73	32	2	107
(3) Removed to other areas	97	95	14	4	7	4	101	102	18	221
(4) Children transferred to adults during the year	..	..	21	..	..	4	..	..	25	25
(5) Other reasons	25	15	4	3	10	4	28	25	8	61
Totals of C.	260	198	61	21	42	32	281	240	93	614
(1) No. of definite cases of T.B. on register on 31st December, 1954	1,667	1,438	312	96	158	246	1,763	1,596	558	3,917
(2) No. of above known to have positive sputum within preceding 6 months	150	63	..	..	..	..	150	63	..	213
(a) No. of persons (excluding transfers) first examined during the year	..	..	..	..	..	..	2,143	1,982	841	4,966
(b) No. of those in (a) who attended as contacts and who were—										
1. Diagnosed as T.B.	..	..	..	..	..	..	23	19	21	63
2. Not-tuberculous	..	..	..	..	..	..	751	865	614	2,230
3. Not determined as at 31st December, 1954	..	..	..	..	..	..	11	13	..	24

MASS RADIOGRAPHY UNIT.

This unit situated in the grounds of Newcastle General Hospital, consists of a static unit and a Standard Mobile Mass Radiography Unit housed in two vans, one for the x-ray machine and the dark room, and the other for the generator, completely self-contained and fully equipped. Since its acquisition in 1953 this latter Unit has helped greatly in extending the scope of Mass Radiography. The following table showing the work of both the static and the mobile unit covers the work carried out not only in Newcastle upon Tyne but in the adjacent areas also.

	Number examined.	Obsn. at M.R.U.	Ref. to C.C. for invn.	Cases of confirmed active tuber- culosis.
<i>Special Investigations.</i>				
Doctors' cases	14,981	30	956	249
Maternity cases	3,326	5	32	12
Patients sent by Clinics	1,707	..	100	15
National Service Recruits	7,518	3	81	28
Schools—children	2,184	3	10	4
„ —staff	90	..	1	..
General Public Sessions	5,938	6	65	18
Surveys	30,420	28	242	67
D.I.H. large film Colliery Survey.	900	..	8	1
St. Nicholas and Bensham Mental Patients	1,225	..	29	7
TOTALS	68,289	75	1,524	401 or 6 per 1000

Of special significance is the increasing use of the Unit made by General Practitioners for a rapid x-ray report. The special sessions for Doctors' and Chest Clinic patients started in 1944 have increased more than twenty fold over the years and the total during 1954 of 16,688 represents a mass x-ray survey of a special group of patients in which a comparatively large number of tuberculosis and other abnormalities are found. The following table shows the growth of these doctors' sessions. All the examinations were carried out by the static unit and the figures refer to work done in Newcastle upon Tyne itself, that is, patients referred by doctors and from the Chest Clinics. While it has not been possible to obtain separate figures for Newcastle residents only, it is probable that between 80-90% are in this category.

SESSIONS FOR DOCTORS' PATIENTS AND CHEST CLINIC PATIENTS.

	Number attending.	Number referred for further investigation	Number of cases of confirmed active tuberculosis.
1944	754	45 or 6%	Not available
1946	457	65 or 14.5%	do.
1947	348	25 or 7%	do.
1948	2,625	238 or 9%	do.
1949	1,985	119 or 6%	do.
1950	3,486	236 or 6.8%	do.
1951	4,503	313 or 7%	80 or 18
1952	8,753	600 or 7%	156 or 18
1953	12,102	765 or 6%	195 or 16
1954	16,688*	1,056 or 6%	266 or 17

(* includes 14,981 referred directly by General practitioners).

The final table gives the work carried out by both static and mobile units within the City, and again it is probable that between 80-90% of examinees are Newcastle residents. Of the total referred to the Chest Clinics for further investigation (1,405) 327 or 23.3% were confirmed as cases of active pulmonary tuberculosis; this represents 0.55% of all persons examined at the Unit in Newcastle.

WORK CARRIED OUT IN THE CITY OF NEWCASTLE UPON TYNE DURING 1954.

	Total Number Examined.	Referred to at Chest Clinic.
<i>STATIC UNIT.</i>		
SPECIAL INVESTIGATIONS.		
Doctors' Cases	14,972	956
Maternity Cases	3,326	32
Patients sent by Clinics	1,705	100
National Service Recruits	7,518	81
Schools—children	855	2
„ —staff	..	..
GENERAL PUBLIC SESSIONS	3,221	42
SURVEYS	6,511	38
	38,108	1,251
<i>MOBILE UNIT.</i>		
SPECIAL INVESTIGATIONS.		
Schools—children	729	4
„ —staff	6	..
SURVEYS	19,240	150
	19,975	154
GRAND TOTAL	58,083	1,405

The work of the Unit has progressed smoothly throughout the year and the fact that General Practitioners are sending ever increasing numbers of their patients is an indication of the value which they place upon it.

Liaison with the Cardio-vascular Department of Newcastle General Hospital continued to be of great benefit to doctors and patients alike. With the greater scope offered by the Mobile Unit, Mass Radiography in this area can look forward to an ever increasing role in combatting tuberculosis.

CHILDREN'S TUBERCULOSIS CONTACT CLINIC.

(Contributed by Dr. Mary Taylor, Childhood Tuberculosis Officer).

The work of the Children's Tuberculosis Contact Clinic has changed greatly in the past few years. This is partly due to the reference of many more children by the Chest Clinics, Health Visitors and Family Doctors, and partly to the availability of B.C.G. vaccine.

From its inception in 1941 children under 5 years and known to be in contact with persons suffering from tuberculosis, or themselves suffering from tuberculosis, have been referred to this clinic. At first sessions were held once weekly at the Newcastle General Hospital when children were tuberculin tested and if necessary x-rayed. The interval between subsequent visits depended on the risk under which the child was living. Each year quite a number of children underwent tuberculin conversion while under observation; some required hospital admission and some died. During the period June, 1941, to December, 1945, 520 children were seen at the clinic, of whom 369 were contacts of cases of pulmonary tuberculosis. Of the latter 142 children were tuberculin positive when first examined, 65 of them subsequently required hospital admission and 19 died. (See Table 1.)

TABLE I.
RESULT OF TUBERCULIN TESTING IN CHILDREN IN
CONTACT WITH TUBERCULOSIS.

Group A—children exposed to pulmonary tuberculosis.

Group B—children exposed to non-pulmonary tuberculosis.

Group.	No. seen, 1941-45.	No. tuberculin positive.	%	No. admitted to hospital.	No. died.
A	369	142	38.5	65	19
B	151	12	8.0	—	—

In 1951 the number of children attending this clinic necessitated the holding of a second session and this was begun in the East End Health Centre for the convenience of parents living in that part of the city. By this time also children from without the city boundaries but within the area served by the Chest Clinics established under the National Health Service were also attending the Contact Clinics.

B.C.G. vaccination became available towards the end of 1950 and at first it was offered only to those in contact with patients known to be infective, but its use has gradually been extended with the result that now a regular weekly session is held for vaccinating and tuberculin testing alone.

During 1954 B.C.G. vaccination has been offered to all contacts and, in the case of those in contact with known infective patients, the policy of segregation has been maintained. Only rarely now does this present a problem for adult patients are usually admitted to hospital shortly after diagnosis. Their child contacts are examined and if tuberculin negative arrangements are made for further testing and vaccination some six weeks after separation has occurred. Meantime the adult contacts are x-rayed. Arrangements for the vaccination of new-born infants of old cases of tuberculosis are now made antenatally if those infants are to be born in hospital. Occasionally this necessitates the admission of a tuberculous father or grandparent to a convalescent home in order that the child and his mother may remain together. Occasionally, in the case of a tuberculous mother, it may mean the admission of the infant to a residential nursery or foster home. More usually, however, the infant is cared for by a relative, the members of whose household have all been x-rayed to exclude the presence of active tuberculosis, until the mother and infant may safely be brought together. Unfortunately, a few babies have been delivered in homes containing tuberculous adults with whom they have come into immediate contact. These are becoming steadily more rare, and need not occur if the matter is considered in the antenatal period.

During 1954 segregation has not been insisted upon where the index case was considered non-infective. During this year a large proportion of the children seen for the first time have been contacts of old or quiescent cases. These comprise newly born infants, grandchildren, nieces, nephews and neighbours who have previously been included but rarely in the work of these clinics.

The Work of the Clinics in 1954.

The work of the clinics in 1954 is now summarised below :—

655 children under and 70 over five years of age were seen for the first time at this clinic. A further 1,660 old patients were also seen and there were 3,340 attendances in all.

TABLE II.

THE RESULT OF THE FIRST TUBERCULIN TEST IN CHILDREN
UNDER FIVE YEARS OF AGE.

<i>Year.</i>	<i>Children seen.</i>	<i>Tuberculin test positive.</i>	<i>%</i>	<i>Previous B.C.G. vaccination.</i>
1941-45	520	154	30	—
1952	469	76	16	—
1953	577	80	14	—
1954	655	45	7	147

Contacts of Newly Diagnosed Patients.

150 of the children were in contact with newly diagnosed patients and 29 of these were tuberculin positive. 10 others had had B.C.G. vaccination in maternity units. A comparison of these results with those of 1952 and 1953 is shown in Table III.

TABLE III.

CHILD CONTACTS OF NEWLY DIAGNOSED PATIENTS.

<i>Year.</i>	<i>Total No. of children.</i>	<i>No. Tuberculin positive.</i>	<i>No. having had B.C.G.</i>	<i>No. given B.C.G.</i>
1952	103	41	—	33
1953	141	34	—	80
1954	150	29	10	82

The relationship of the infector to those infected during the past three years is shown in Table IV.

TABLE IV.

RELATIONSHIP OF THE INFECTOR IN THE 104 CHILDREN INFECTED BY NEWLY DIAGNOSED PATIENTS IN 1952-54.

<i>Year.</i>	<i>Mother.</i>	<i>Father.</i>	<i>Other person.</i>	<i>Total.</i>
1952-53	32	31	12	75
1954	6	12	11	29
	—	—	—	—
Total	38	43	23	104
	—	—	—	—

The smaller number infected by the mother this year is probably due to the greater number of women now being x-rayed during pregnancy. In 1954 10 expectant mothers were found to have pulmonary tuberculosis requiring hospital care and their babies were vaccinated with B.C.G.

Tuberculin Positive Children.

During 1954, 45 of those children newly examined were found to be tuberculin positive of whom 12 were under 2 years of age. Six of the children were transfers in from other areas. 9 were contacts of old cases and 29 of new cases, and 1 child was referred on account of a primary infection where no infector was known. Although only 6 of these children have so far been admitted to hospital (April, 1955), three of these had meningitis and one had miliary tuberculosis. None has yet died.

Tuberculin Negative Children.

243 of these, the tuberculin negative children, have been vaccinated with B.C.G. and another 108 were awaiting vaccination at the time of this report. The parents of 11 children refused B.C.G. and a further 30 have so far failed to keep appointments, but it is hoped they will do so. These last 41 children represent 25 families. The remaining 71 children are either not in contact with tuberculosis at all or have removed.

B.C.G. Vaccination.

During the year 349 children have been vaccinated with B.C.G. in the Contact Clinics.

TABLE V.
VACCINATIONS CARRIED OUT IN THE LAST 3 YEARS.

<i>Year.</i>	<i>Contact Clinics.</i>	<i>Maternity Hospitals.</i>	<i>Chest Clinics.</i>
1952	92	70	25
1953	221	143	90
1954	349	185	182

REPORT OF THE
CHIEF SANITARY INSPECTOR

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

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR

for the year 1954.

I have pleasure in submitting the report upon the work carried out by my section of the Department.

Throughout the year the demand for service by the public was again constant, keen and heavy. This demand, despite administrative difficulties was fully met and the high standard of service well maintained. Normally each year as a result of departmental efforts, an occasional letter of appreciation is received. This year however, these acknowledgements were more numerous than the total received over the previous ten years.

The Temperance Festival.

A small township of showmen with their caravans, stalls, etc., springs up annually on the Town Moor in June for a period of three weeks. This year 500 living caravans housing 450 families were in residence and in addition a large number of sites were occupied daily by other stall owners. Amidst the thousand and one attractions set up for the amusement of the public, were over 200 food premises of varying types catering for the needs of the many thousands who daily attended the fairground during the main (Race) week. The health problems arising out of these circumstances were constantly in mind and whilst the arrangements enforced throughout the period of the Festival to maintain a "sanitary state" prevented other than minimum nuisances and discomforts there yet remains much to be done in regard to future festivals ere the sanitary arrangements may be deemed satisfactory. Agreement between the Town Moor and Parks Committee and the Health Committee has been reached on this matter but, owing to the visit of the Royal Agricultural Show to the Town Moor in 1956, the provisions will not be operative until the following year.

New Legislation.

Important legislation in the Housing Repairs and Rents Act, 1954 came into operation on the 30th August. Many responsibilities accrue to the Health Committee of which perhaps the main items are, the submission to the Minister of a programme of Slum Clearance on or before August, 1955, and the issue of Certificates of Disrepair in respect of dwellinghouses where the landlord claims a repairs increase of rent, but the tenant feels that the house is not in such a condition as to justify the increase claimed.

Slum Clearance.

The Health Committee were well prepared to meet the Minister's direction for Slum Clearance under the new act as a 10 year programme was approved by the City Council in June, 1953. This programme when completed will be by no means the end of the work, as a great number of houses, at present in a state as to be just above the standard of fitness, as set out in the Act, will assuredly fall to be dealt with in a subsequent programme or programmes as totally unfit houses.

In regard to the Council's approved programme the areas to be dealt with in the first two years of the work were detailed and the work of inspections etc., well advanced by the end of the year. The first public enquiry into an area of 275 houses, 619 families and 2121 population is to held by the Minister early in 1955. This area, "Scotswood Road (Noble Street) Compulsory Purchase Order" is proposed to be developed by the City Council for rehousing purposes. The two other areas of the first stage of the work are also under active preparation for presentation for public inquiry towards the end of 1955. These areas are the Blandford Street (153 houses, 339 families and population of 984) and Shieldfield of 556 houses, 1125 families and 3327 persons. Re-development of Blandford Street area is reserved solely for Industrial purposes whilst in the Shieldfield area development is zoned under the Town Planning Act partly for Industrial and partly for Rehousing purposes.

Condemned Dwellinghouses—Rehousing.

During the year 79 families were rehoused by the Housing Department. At the beginning of the year, 866 families awaited rehousing. This number was increased to 874 subsequent to the Health Committee's action in dealing with 5 Individual Unfit houses by way of 4 Demolition Orders together with a Closing Order, and at the end of the year 795 families awaited their new houses.

Report has been made from time to time as to the deplorable structural conditions in these hovels of which the great majority were condemned in 1939, and whilst inspectorial control has been exerted to the utmost to maintain a sanitary state as is practicable in the circumstances, the conditions become progressively worse. The only practical solution is the immediate rehousing of the occupiers which now becomes ever and ever more urgent.

Clean Food.

The importance of real cleanliness by all engaged in the handling, storage, preparation and sale of foodstuffs for human consumption is

a matter that must be and is, hammered in at all times. To this end, lectures and addresses have been given to the personnel of business firms and others, and in particular the policy of direct contact by the inspector with the person concerned, when cause for complaint was found, has been unfailingly carried out. In the latter way effective results have been obtained and generally proved of lasting value.

Much material assistance however would be afforded to the department by the public, if on cause for complaint being found the complaint be made immediately to the occupier of the premises concerned and thereafter to the department for immediate follow up action.

Food Supply Sampling.

Whilst all of the samples submitted to the Public Analyst were not fully in strict conformity with lawful requirements they were, in the main found to be wholesome and unadulterated. The deficiencies brought to light were in respect of the fat content of milk, a similar deficiency in ice cream, whilst beef sausages had too little meat content in them.

In the beef sausage samples (2) the meat content was 43·5 and 46·6 per cent. In his opinion the Public Analyst stated on his certificates 50 per cent. of meat should be the minimal amount. A prosecution was instituted in respect of the 43·5 per cent case and the defendant convicted and fined £10 plus £4 4s. 0d. costs. The Magistrates held that in their opinion beef sausage should have a meat content of not less than 50 per cent.

Household Drugs.

All the drugs in general use in households were sampled and in no instance were any samples found by the Public Analyst to be other than genuine.

FOOD AND DRUGS ACTS, 1938-1950.

Total Samples.

Samples of foodstuffs submitted to the Public Analyst totalled 1003, being one more than the previous years' total. Of this number, 691 were taken formally and 312 informally.

The sampling rate was 3·5 per 1000 population and 0·5 above the rate recommended by the Ministry of Agriculture and Fisheries.

Informal Samples.

The total number of informal samples taken was 1 more than last year's total of 311. Informal sampling still affords a most useful guide as to the quality and wholesomeness of foodstuffs on sale for human consumption, and where any are found non-genuine immediate action follows in the taking of formal samples.

Samples not Genuine.

Samples found "not genuine" by the Public Analyst were above those of last year. They totalled 15 (1.495 per cent of the total samples taken), as against the preceding year's total of 10 (0.998 per cent of the total samples). The non-genuine samples comprised one of milk (deficiency in milk fat), five of Ice Cream (fat deficiency), two of Beef Sausage (deficient in meat content), one bottle of milk contained a portion of cow dung, one Scone contained carbonaceous matter, one packet of Vermicelli contained flour moth, one portion of meat pie—mould formation on meat content, one portion of chocolate delight was rancid, and one of dressed crab contained a blow-fly.

Extraneous Articles in Food.

Apart from the extraneous articles found in the samples of foodstuffs submitted to the Public Analyst there is not the slightest doubt that many articles of food sold to the public do contain extraneous matters, harmful or otherwise. In a few instances only these are brought to official notice by way of complaint by the person aggrieved. It is impracticable to exercise a 100 per cent. control over all foodstuffs and in this particular matter, the co-operation of the public by way of complaint to the department together with the submission of the article under complaint would be of much assistance. As to the complaints received they were in respect of the following articles and after full inquiry into each, report was made to the Health Committee who authorised the action tabulated.

Extraneous Articles in Food.

<i>Article.</i>	<i>Extraneous Article.</i>	<i>Action by Health Committee.</i>
Milk bottle.	Cow Dung.	Caution letter.
Portion of Meat Pie.	Portion of meat had mould formation.	Summons. Fined £5 plus £7 17s. 5d. costs.
Scone	Contained carbonaceous matter.	Caution letter.
Vermicelli	Contained flour moth eggs and webbing.	Caution letter.
Chocolate Delight (Kunzle Cake)	Rancid	Caution letter.
Dressed Crab	Contained Blow-fly.	No action.
Milk bottle.	Dirt.	Caution letter.

Samples taken for Analysis during the Year 1954.



MILK BACTERIOLOGICAL EXAMINATION

Methylene Blue Test.

The Bacteriologist's reports as to the keeping qualities of the 721 raw milk samples sent to him, again show an unsatisfactory position. All of the samples, were taken immediately upon the arrival of the milk at the dairies in the City or very soon after, thus no question of delay in taking samples in the City arises. Whilst improvement this year of 2.20 per cent, over last year's raw milk samples failing to pass the test is recorded, its import is to emphasise that the methods of production and distribution over which control is exercised elsewhere, must be very materially improved, as no less than 20.38 per cent. of this year's samples failed to pass the test. During the preceding years, the percentage failures were :—

1949.	1950.	1951.	1952.	1953.
25.18	18.73	15.63	24.36	22.58

The results of the tests of 383 processed milk samples were all satisfactory.

Designation.	No. taken.	Satisfactory.	Unsatisfactory.	
			Meth. Blue	%
T.T. (Farm Bottled).....	169	138	31	18.4
T.T.	217	187	30	13.8
Accredited	13	12	1	7.7
Undesignated	322	237	85	26.4
Total.....	721	574	147	20.38
T.T. (Past.)	165	165	..	..
Pasteurised.....	218	218	..	..
Total.....	383	383	..	..

TURBIDITY TEST.

Designation.	No. taken.	Satisfactory.	%
Sterilised.....	53	53	100
Total	53	53	100

Processed in City—24.

Processed outside City—29.

Phosphatase Test.

383 samples of processed milk (188 processed in the City and 195 outside) have been submitted to this test to ascertain whether heat

treatment of the milk had been carried out efficiently or otherwise. In 2 instances the samples failed the test.

PHOSPHATASE TEST.

Designation.	No. Taken.	Satisfactory.	%
T.T. (Past.)	165	165	100.0
Pasteurised	218	216	99.1
Total	383	381	99.48

Details of all the foregoing failures were reported to the Ministry and also to the Local Authorities concerned.

Milk Samples.

The milk supply to the City was again under constant supervision. Whilst a number of samples were taken from vendors on the streets, by far the great majority were taken as the milk arrived in the City and before it was dealt with by the dairymen and distributors. 606 samples (60.41 per cent. of the total samples of foodstuffs) were taken during the year and submitted to the Public Analyst—one only (0.165 per cent. of the total milk samples) being certified to be below the standard set out in the Sale of Milk Regulations, 1939—viz., non-fatty solids 8.50 per cent. milk fat 3.00 per cent.—any sample failing to reach this standard is presumed to be non-genuine until the contrary is proved. This sample was deficient in milk fat to the extent of 21.0 per cent.

A check sample was then taken which, upon analysis, was found to be genuine.

Tuberculous Milk.

384 samples were submitted to the Bacteriologist for examination. Of this total, two were reported "positive", one from a cow kept in a byre in the City and the other from cows on a farm in the County of Northumberland. Notifications of these findings were immediately forwarded to the controlling authorities.

Designation.	No. Taken.	Negative.	Positive.	Percentage Positive
T.T. (Pasteurised) ...	14	14	..	..
T.T. (Farm Bottled) .	26	26	..	..
T.T.	86	86	..	..
Accredited	3	3	..	..
Undesignated	237	235	2	0.84
Pasteurised	14	14	..	..
Sterilised	4	4	..	..
Total	384	382	2	0.52

The percentage of milk samples found to contain tubercle bacilli during the past 35 years is as under :—

Year-	Percentage of samples found Tuberculous.	Year.	Percentage of samples found Tuberculous.
1920-29	4.5	1946	2.1
1930-39	2.8	1947	1.3
1940	5.7	1948	2.3
1941	2.3	1949	1.8
1942	5.0	1950	0.7
1943	3.0	1951	1.06
1944	3.1	1952	0.76
1945	0.8	1953	0.26
		1954	0.52

The City, under the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1953, is a designated area. Retail sale of an unprocessed milk was restricted to the designations of Tuberculin Tested and Accredited. Since the 1st October however, the designation "Accredited" became excluded from the Order, and as from this date the only unprocessed milk on a retail sale is Tuberculin Tested.

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

All milk premises were under systematic inspections and apart from a few minor offences conditions were found to be generally satisfactory. During the year 55 applications were received for registration as retail purveyors of milk and after inspection and improvement of the premises where required all registrations were granted.

The total number of premises of all types registered to deal in milk is 820, and apart from the 4 large dairies supplying milk in churns to business premises, bottled milk is the bulk of the retail trade.

Milk (Special Designations) Regulations, 1949.

1182 licences to deal in designated milks were granted during the year.

The Public Health Act (Condensed Milk) Regulations, 1923, 1927.

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

Artificial Cream.

Artificial cream may be made only from the constituents of fresh cream and until April 1953 this latter commodity was prohibited for sale for human consumption. Restrictions have been removed on the sale of cream but as yet artificial cream has not been on sale on the two premises registered for this purpose.

Ice Cream.

Registration of premises again shows an increase, in all 51 additional premises (small shops from which a prepacked ice cream is sold) being registered. During the year 5 registered premises ceased to deal in ice cream, and at the end of the year the premises on the register totalled 786. Of these, 699 sell a pre-packed ice cream, 48 retail open ice cream and 39 deal in both. Altogether, 1126 inspections of these premises were carried out.

The quality of this foodstuff which is now an "all year round demand" was slightly below that of last year's supply. 46 samples were submitted to the Public Analyst and of these 5 were found to contain less than the minimal amount of fat (5.00 per cent.) as required by the legal standard. The average fat content of all the samples was 7.76 per cent. as against last year's average of 8.4 per cent. As to the grading, 110 samples were submitted to the Bacteriologist and a slight improvement is recorded inasmuch as 76.36 per cent. were satisfactory as against the previous year's 74.17 per cent.

In the instances where a local manufacturer's ice cream fails to reach a satisfactory grade an immediate investigation is carried out to find the cause and where the manufacturer's premises are situated outside the City notification is sent to the manufacturer and controlling authority. In no instance however was an unsatisfactory sample unwholesome or unfit for human consumption.

PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
5	5	..	— 5 per cent.
6	5	1	5 and 6 per cent.
10	9	1	6 and 7 ..
5	4	1	7 and 8 ..
6	5	1	8 and 9 ..
2	2	..	9 and 10 ..
4	1	3	10 and 11 ..
5	..	5	11 and 12 ..
3	..	3	over 12 ..
46	31	15	Average Fat Content 7.76%

BACTERIOLOGIST.

Provi- sional Grade	Manufactured in City		Manufactured Outside City		TOTAL	
	No. of Samples	%	No. of Samples	%	No. of Samples	%
1	48	57.83	22	81.5	70	63.63
2	10	12.05	4	14.8	14	12.73
3	9	10.84	1	3.7	10	9.10
4	16	19.28	..	..	16	14.54
	83		27		110	100%

Iced Lollies.

The total registered premises (included in the ice cream registration) number 501 and of these, ice lollies are manufactured and sold from 176, whilst on the remainder retail sale only is carried out.

Butter and Margarine Warehouses.

The number of premises registered comprise 2 Butter Factories and 31 Margarine Warehouses. Inspections of these premises were made on 96 occasions when conditions were found satisfactory.

11 samples of butter and margarine were submitted to the Public Analyst and all were certified genuine.

At the time of taking the samples, the containers, wrappers, etc., used in the packaging of these foodstuffs were examined and all were found to be in compliance with the requirements of the Act.

Preservatives in Food.

In all samples submitted to the Public Analyst the preservatives found were in compliance with the regulations. In one instance however, a sample of beef sausage declared to contain a preservative, was found, after analysis, not to contain it.

Bakehouses.

The number of bakehouses on the register at the beginning of the year was 145, being 7 less than the previous year's total. Of these, 2 are certified Basement Bakehouses.

As to the Basement Bakehouses they are certified as to their suitability for baking purposes in periods of 5 years or less. After inspection and report to the Health Committee last year, each occupier

was granted a certificate for a period of 2 years and informed that upon the expiry of this period, a renewal of certificate would not be granted.

During the inspection of these food premises minor offences were detected but generally conditions found were satisfactory.

No. of Factory Bakehouses. (Mechanical).....	96
(Non-mechanical)	45
No. of Basement Bakehouses. (Mechanical).....	2
(Non-mechanical)	—
Total	<u>143</u>

Restaurant Kitchens, etc.

Close supervision of these premises, particularly the kitchens wherein a very considerable number of main meals are prepared daily has again been exercised.

The willing and close co-operation in this work by the management and staffs of the premises was of much assistance and in the main ensured satisfactory conditions to prevail during the 1,387 official inspections.

The changes occurring during the year in the number and type of of these premises was a decrease of 5 Cafes, 1 Snack Bar, 10 Hotel Kitchens and 4 Canteens.

The number and type of premises on the register at the end of the year was :—

Hotel Kitchens	37
Cafes and Restaurants	92
Snack Bars	32
Refreshment Rooms	2
Canteens	86
Coffee Stalls	1
Total	<u>250</u>

Fried Fish shops.

Few of the 140 registered premises cater for consumption of the prepared foodstuffs on the premises, the main trade being carried out during the evening and to a lesser proportion at mid-day. In situation, the great majority of these premises are amidst the working class houses, old and new. Patrons, however, are by no means drawn exclusively from this type of area.

The premises are all well appointed for their purpose and inspections totalling 415 were carried out during the day and also during the evening hours of business, when conditions were found satisfactory.

WATER SUPPLY.

The supply of water is furnished to the City by the Newcastle and Gateshead Water Company who also supply other Tyneside areas. The main supply is pure upland surface water obtained from large catchment areas at Catcleugh (close to the Cheviots) and in lower Northumberland. Reservoirs are situated at Catcleugh, Colt Crag, East and West Hallington, Swinburne and Whittle Dene. Secondary water is drawn from the River Tyne at Barrasford and Wylam.

All the water is filtered and chlorinated at two stations situated at Whittle Dene and Throckley, 11 and 5 miles respectively west of the City.

The domestic water supply is piped from these stations into the City, whilst the riverside works are supplied by a separate trade main. The great majority of our 86,774 dwellinghouses are provided with an adequate internal water supply. In 350 of them, however (population approximately 1,400), the supply is by standpipes in the back yard, and in 2,800 others a supply is provided to the ground floor holdings by back yard standpipes, with an internal supply to the other floors.

The water supply throughout the year was satisfactory in quality and quantity and was not liable to have plumbo-solvent action.

In a colony of 10 houses situated in a rural outskirts of the City the water supply is derived from wells. From each one the water was periodically sampled.

The provision of a piped water supply to these houses is in progress and is to be completed early in 1955.

Bacteriological Examination.

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

Throughout the year 385 samples have been taken of which 1 (from a domestic tap) was suspicious. A check sample was taken and proved Class 1.

Chemical Analysis.

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

Public Baths.

11 Public Baths (6 Plunge, Slipper and Washhouses, 3 Plunge and Slipper and 2 Plunge only) are available to the public. In addition, 2 schools have plunge baths for the use of scholars. "Break Point" chlorinations of the water in each plunge bath is carried out. Samples of all the bath waters were regularly taken and submitted to the Bacteriologist for examination. In addition, the water was tested each week with the "chloroscope" by the inspectorial staff so as to ascertain its pH value and sterility.

Throughout the year all samples were satisfactory and the average pH value 7.33.

BACTERIOLOGICAL EXAMINATION OF WATER SAMPLES.

	Class 1	Class 2 1-2 b.coli.	Class 3 3-10 b.coli.	Class 4 over 10 b.coli.	TOTAL
WATERWORKS	155	1	..	..	156
DOMESTIC SUPPLIES .	158	1	1	..	160
WELLS.....	6	..	2	1	9
PUBLIC BATHS	59	..	1	..	60
	378	2	4	1	385

(Note—2 samples in Class 2 and 3 for Domestic supplies were taken from household taps).

NUISANCES.

Nuisances dealt with during the year were again of similar types to those dealt with in previous years. Whilst the great majority of these demanded immediate expert attention and official action for their abatement, others which came under official notice and action should not have occurred if reasonable care had been exercised by the persons responsible, if elementary sanitary precautions had been taken by them, and again if a "couldn't care less" attitude on the matter had not been adopted.

SANITARY INSPECTORS' TOTAL SUMMARY FOR YEAR 1954.

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	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTALS
*Complaints from Health Department	482	807	1100	845	647	567	655	795	780	689	636	580	8583
Complaints on District	44	53	66	49	57	43	55	34	62	56	38	34	591
*Nuisances found on District	45	41	52	37	39	48	22	38	71	46	54	34	527
Inspections of Dwelling Houses—													
Under P.H. Acts	580	1035	1186	843	646	676	702	776	803	725	660	623	9255
Housing Act (Sect. 9) and Consol. Regs.	..	..	..	..	..	..	..	..	..	..	..	..	..
Housing (Slum Clearance)	142	116	135	64	147	109	238	185	171	193	170	215	1885
Housing Applications	64	70	93	56	57	54	76	59	65	50	82	62	788
Housing Overcrowding	3	..	33	8	..	2	3	11	1	15	37	77	190
Housing Certificates of Disrepair	..	..	..	..	..	..	..	..	..	..	22	20	42
Tenement Holdings	39	39	126	171	88	90	128	84	87	129	88	85	1154
Tenement Yards, Courts, etc.	20	3	49	37	33	35	46	22	37	51	45	26	404
Tenement, as to Limewashing	..	2	..	..	..	..	..	..	..	..	..	..	2
Houses let in Lodgings	..	..	..	1	6	2	2	..	1	..	2	..	14
Houses let in Furnished Rooms	..	..	..	..	..	..	..	..	..	..	..	..	..
Revisits <i>re</i> Works Ordered	1743	1374	1959	1996	2032	1576	2231	1229	2121	2069	2156	1853	22339
Supervision of Work in Progress	25	27	85	101	72	202	83	34	51	100	92	56	928
Inspections of Drainage Work	14	14	15	15	34	14	23	21	29	32	38	13	262
Miscellaneous Visits	327	734	714	528	437	323	596	546	631	572	581	493	6482
Inspections of Other Premises—													
Offices (Sect. 92, P.H.A. '36)	10	3	33	14	10	17	7	28	4	20	11	7	164
Shops (Sect. 38 Shops Act)	22	15	16	21	22	69	12	94	160	17	37	3	488
Shops (Pet Animals Act, 1951)	3	9	2	6	..	4	1	5	3	6	2	..	41
Hairdressers' Premises	5	3	5	1	2	6	..	9	5	3	3	2	44
Hotels, Inns, Public Houses	22	24	83	80	80	54	88	57	77	75	74	87	801
Cinemas, Theatres, Halls, etc.	27	12	50	51	44	58	50	34	55	54	48	42	525
Stables, Manure Pits, etc.	3	6	7	7	6	2	12	1	2	4	3	4	57
Piggeries	6	5	6	7	5	6	4	2	4	6	..	2	53
Yards, Accumulations, etc.	13	2	15	9	8	20	10	11	13	16	16	15	148
Public Conveniences	23	30	31	32	41	83	38	33	11	34	15	23	394
Tents, Vans, Sheds, etc.	8	2	15	6	8	499	2	22	7	5	2	1	577
Ditches, Streams	..	..	1	..	..	..	..	..	..	1	..	..	2
Schools (Sanitation)	..	..	1	1	5	1	1	8	3	..	3	..	23
*Smoke Observations (½ hour)	61	24	53	78	41	23	118	144	94	63	18	35	752
Visits to Boiler Plant	10	6	10	10	14	11	4	4	8	23	5	8	113
Inspections of Drainage Work	4	5	2	17	9	10	6	12	8	18	15	33	139
Supervision of work in progress	1	2	2	7	22	3	22	15	10	29	2	3	118
Re-visits, <i>re</i> Works Ordered	15	17	19	24	33	22	27	24	20	9	23	24	257
Drainage Inspection (Rodent Control)	10	2	23	21	20	8	16	1	3	2	8	1	115
Miscellaneous (Rodent Control)	..	3	..	13	8	4	8	6	9	7	5	..	63
Exhumations	..	..	..	..	..	..	..	..	..	..	..	..	..
Miscellaneous Visits	47	95	97	47	74	49	76	37	48	63	40	46	719
Inspections of Food Premises—													
Cowsheds	2	5	7	4	3	..	2	..	2	..	..	..	25
Dairies (Bottling/Filling)	7	13	16	1	6	6	5	2	2	13	2	8	81
Milkshops (Retail)	85	116	74	91	123	62	88	55	58	41	77	65	935
Ice Cream Manufactories	4	5	6	11	19	7	11	12	11	11	6	10	113
Ice Cream Retail Premises and Applications ..	60	84	68	88	96	111	92	60	76	50	53	64	902
Ice Cream Vehicles	..	..	..	4	..	98	1	..	..	3	5	..	111
Margarine Warehouses	1	..	..	2	8	5	2	4	7	5	7	4	45
Butter Factories	..	..	1	..	2	..	1	15	..	8	..	1	28
Meat Retailers	41	45	33	39	42	41	51	42	78	32	57	45	546
Fishmongers/Poulterers	14	11	16	25	34	21	29	20	27	20	17	20	254
Grocers	42	59	38	51	61	38	45	38	51	36	49	30	538
Fruiterers/Greengrocers	49	54	49	52	68	47	69	33	51	42	39	37	590
Confectioners	62	83	56	61	67	482	71	61	69	35	64	51	1162
General Dealers	96	134	101	81	97	86	93	61	72	68	77	82	1048
Street Traders	27	34	87	44	126	240	82	115	56	127	45	91	1074
Food Manufactories (Sect. 14)	12	9	8	13	9	9	11	9	8	11	4	7	110
Catering Establishments	5	12	20	28	32	394	25	27	32	31	24	19	649
Bakehouses (Mechanical)	8	13	4	8	10	7	7	4	4	11	5	2	83
Bakehouses (Non-Mechanical)	8	9	10	7	2	4	9	3	10	5	4	18	89
Bakehouses (Domestic)	1	4	1	1	3	..	..	..	..	..	1	1	12
Fried Fish Shops (Day)	35	26	25	31	27	118	32	20	23	23	20	35	415
Fried Fish Shops (Night)	..	..	..	..	..	..	..	..	..	..	..	..	..
Inspections of Drainage Work	..	..	1	2	..	1	15	..	5	..	3	..	27
Supervision of Work in Progress	3	4	7	5	6	5	..	..	6	15	2	4	57
Miscellaneous Visits	12	16	23	27	19	219	21	9	8	4	2	6	366
Offensive Trades—Blood or Soap Boiler	9	2	..	..	..	2	..	10	8	..	..	4	35
Fat Extractor, Bone Boiler, Gut-Scraper ...	1	6	..	4	8	2	..	4	..	1	..	..	26
Glue and Size-Maker; Tripe Preparer	3	4	1	3	3	4	..	4	..	1	1	..	24
Hide and Skin Dealer; Rag and Bone Dealer ..	1	2	..	..	..	..	..	..	..	1	..	..	4
Supervision of Works in Progress	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL													57,935

*Not included in total number of Inspections.

Food Premises and Street Vendors.	Shops.	Offices.	Places of Public Resort.	Other Premises.	TOTALS.
29	2	2	2	9	130
5	..	..	..	..	7
..	..	..	..	..	..
..	..	..	..	..	..
..	1	..	..	..	1
..	..	..	..	..	3
2	2	..	..	..	698
38	7	1	..	6	562
6	8	4	..	3	105
3	15	..	..	3	78
1	9	6	1	2	58
8	14	6	6	3	568
1	7	14	42	16	449 $\frac{2}{3}$ yds.
49	31	..	..	..	135 $\frac{1}{2}$ yds.
15	..	3	1	1	1261
..	..	..	..	..	1
12	6	..	5	..	404
2	..	..	..	..	16
3	1	..	..	..	147
..	1	..	1	..	9
..	..	..	..	..	..
..	..	..	..	..	..
..	..	..	..	..	..
..	..	..	..	..	..
23	10	2	..	2	2111
105	18	5	8	1	262
7	4	1	13	..	63
26	7	7	17	..	1248
14	..	3	3	..	71
2	1	..	22	..	89
18	8	3	9	..	64
..	..	..	..	..	3
..	..	..	..	5	5
..	..	..	1	..	117
..	1	..	..	1	2
7	10	10	40	9	
..	9	9	..	..	
4439	2801		3538	3223	

A serious nuisance caused by the deposit of a fine grey dust over a large area in the west end of the City, emitted from the chimneys of a large industrial premises situated just outside of the City commenced in October, 1951. This nuisance in a much lesser degree continued throughout this year.

The Health Committee authorised the service of a statutory notice to abate the nuisance upon the firm and as a result, Electrostatic Grit Arrestors are to be installed by them at an estimated cost of £300,000.

The total number of nuisances dealt with was 9,701, being 2,089 more than the previous year.

Notices served.

The number of nuisances dealt with in turn caused an increase in the number of documents of all types sent out in respect of them. They comprised 4,697 informal, 3,538 formal notices, 1121 summons letters, 4,150 circular and 1,598 other letters, a total of 15,104 as against 13,939.

Pail Closets, Privies, etc.

Convenient sewerage facilities are not as yet available to the premises wherein these conveniences are and prevents their substitution by water closets. Generally however, all of them are in a reasonably sound structural state and are mostly situated in the semi-rural outskirts of the City.

NEWCASTLE CORPORATION (GENERAL POWERS) ACT, 1935.

The Medical Officer of Health and the Chief Sanitary Inspector are empowered under the above Act, to deal with defective and/or choked drains, conveniences, soil-pipes and waste-pipes from baths, sinks, etc., by service of a 24 hours notice. On default of an owner or occupier, as the case may be, the works required by the notice may be carried out and the costs recovered. In all, these very useful powers have been used in the service of 670 notices, and in 76 instances the specified works costing £140 6s. 9d. were carried out when default was made.

Atmospheric Pollution.

The total deposit of Aerial Sewage on the City over the year was 3,881 tons, a decrease of 92 tons over last year's deposit. The Sulphur Dioxide content of the air showed an average daily mean concentration of 0.08 parts per million and was slightly above last year, viz. :—0.076. The highest concentration occurring was 0.30 and the lowest 0.01, whilst during the previous year, the concentrations were 0.21 and 0.01 respectively.

Six stations were in operation in the City but owing to repeated damage by irresponsible persons to the deposit gauge at the Stotts Road Station, no reliable records could be obtained. At each of the other five stations is sited a deposit gauge and sulphur dioxide recorder. In addition sulphation is measured at a central station in Dean Street. Smoke observations on chimneys other than domestic ones were carried out as a routine measure, and where and whenever smoke was found to be emitted in such quantity as to be deemed a nuisance, the cause was at once investigated and appropriate action followed. A similar action was also taken where other emanations into the air were detected. Advice to the management of firms on the prevention of smoke nuisances and talks of a practical nature to stokers on their work were given, and whilst much success has followed these efforts, the deposit over the City for all practical purposes was the same as last year.

During the year 752 observations were carried out on chimneys of business premises. Nuisances were detected on 29 occasions and 1 formal and 25 informal notices were served on the firms concerned.

As a further means towards a cleaner atmosphere, it is hoped in the near future to establish "Smokeless Zones" in the City, i.e., areas or zones wherein it would be illegal for a chimney of any type of premises to emit smoke. On the establishment of an initial smokeless zone, others would be formed adjoining it or elsewhere in the City and in due course all of them would be merged into one and the City would thus become a smokeless zone. A smokeless zone is a practical proposition and has already proved of material value in reducing atmospheric pollution in two other cities in the country where they are now firmly established. The benefits accruing to the areas of the local authorities concerned are so manifest that additional smokeless zones are now to be promoted.

It is anticipated that within a short while power will be made available by new legislation to a local authority, who do not already possess the power, to promote a Smokeless Zone or Zones in their area. At the present time, if this power is desired the promotion and approval by Parliament of a local act is necessary for this purpose.

A reasonably clean atmosphere over the City and Tyneside is not a dream. It is a practical proposition and with goodwill and co-operation could be secured in a few years. This plain and common-sense end, however, needs the amalgamation of all Tyneside Authorities and the operation of a common policy together with the active interest of all of the Industrial Firms.

The present arrangement is that each local authority acts independently of the others and has not, and will not by any means dispose of atmospheric pollution.

Insofar as the City is concerned, the annual deposit accruing from sources within and outside of the City over the last 9 years was :—

	1946	1947	1948	1949	1950	1951	1952	1953	1954
Tons ..	3934	4260	3835	3882	3383	3779	3646	3973	3881

RESULTS FROM OPERATION OF FIVE GAUGES IN THE CITY

Site of Gauge.	Average Deposit.	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 .	2.47	0.16	3.38	4.18	5.35	13.08	1.12	1.24	0.29
	Annum	29.72	1.91	40.63	50.18	64.25	156.97	13.49	14.93	3.54
Westgate Cemetery	Month .	2.70	0.21	5.51	10.19	9.50	25.42	2.95	1.43	0.51
	Annum	32.49	2.52	66.20	122.29	114.02	305.04	35.39	17.21	6.14
Welbeck Reservoir	Month .	2.10	0.18	3.48	4.96	6.83	16.29	1.72	1.28	0.32
	Annum	25.25	2.20	41.80	59.53	81.95	195.54	20.67	15.40	3.87
Benwell Reservoir	Month .	2.44	0.18	3.72	7.35	5.97	17.23	1.42	1.04	0.33
	Annum	29.30	2.26	44.65	88.22	71.73	206.86	17.13	12.49	3.97
Wingrove Road	Month .	2.55	0.16	4.11	7.11	7.42	18.81	1.81	1.35	0.37
	Annum	30.63	1.90	49.42	85.39	89.07	225.78	21.80	16.19	4.52
Average per Gauge	Month .	2.77	0.178	4.04	6.758	7.014	18.166	1.804	1.27	1.82
	Annum	29.478	2.158	48.54	81.12	84.204	218.038	21.696	15.24	22.04
TOTAL DEPOSIT ON THE CITY DURING 1954.	Month.		3.168	71.912	120.292	124.894	323.3548	32.1112	22.606	32.396
	Annum.		38.412	86.401	144.3936	149.8831	388.1076	38.6188	27.1272	39.2312

Offensive Trades.

The offensive trades carried on are as scheduled under the Public Health Act, 1936.

Throughout the year 89 inspections of these trade premises were made and the offences found were not of a serious nature. Generally 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		27	

PLACES OF PUBLIC ENTERTAINMENT.

Theatres, Cinemas, etc.

In places of public entertainment, the suitability and sufficiency of the amenities provided for the patrons and staffs comes under attention together with the sufficiency and suitability of means of ventilation, heating, lighting and the state of cleanliness, etc. With regard to this type of premise upon an application being made to the Licensing Magistrates for a license for music and/or dancing, a Certificate of Sanitation from the Health Committee must be produced in support of the application. Two such applications were received, and after inspection of the premises, certificates were granted.

The total number of premises in respect of which Certificates of Sanitation have been issued is 179. They consist of 6 theatres and music halls, 36 cinemas, and 137 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 525 and sanitary conditions were found to be reasonably satisfactory.

HOUSING.

The Housing Act, 1936.

Inspections carried out during the year under this Act totalled 2,863.

Section 11.

4 houses, in a dilapidated state and beyond any repair, were represented to the Health Committee as being totally unfit for human habitation. Demolition Orders were subsequently made by the City Council in each instance and the houses, upon the tenants being rehoused by the Housing Department, were demolished. One other house was represented under Section 12 (Closing Order) and closed for further habitation on the tenants being rehoused.

Section 51.

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

Section 57—Abatement of Overcrowding.

The total number of families re-housed by the Housing Department from overcrowded dwellings into houses suitable for their needs was 1,240, with a population of 3,806. Last year 1,399 families, population 5,596 were so re-housed.

Application 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.

609 applications (88 less than last year's total) 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 632 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 306 such numbers were supplied to applicants after inspection and measurement of the rooms.

Tenemented Houses.

During the year 46 tenemented houses (111 holdings) were removed from the register.

The number of such houses on the register at the end of the year was 1,330 with 3,919 holdings therein, as follows : one-roomed holdings, 940; two roomed holdings, 2,425; three-roomed holdings, 489; four-roomed holdings, 51; five-roomed holdings, 7; Total : 3,919.

Inspections carried out of these houses numbered 1,560.

Slum Clearance (Demolition).

50 dwellinghouses (11 Undivided Unfit Houses and 39 condemned under pre-war Slum Clearance Orders) which had become empty, derelict and/or in a dangerous state, were demolished.

Tents, Vans, Sheds and Similar Structures.

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

Common Lodging Houses.

The accommodation in the remaining house is for 58 male lodgers, and throughout the year it has been to all intents and purposes fully occupied. (All single male lodgers). The highest nightly demand for beds was 58, the lowest 52, and the average 56.5.

HOUSING REPAIRS AND RENTS ACT, 1954.

Certificates of Disrepair.

During the four months operation of this new act 86 applications were received from occupiers of houses for certificates, subsequent to their receiving from their landlords a notice of increase of rent in the prescribed form. Four of the applications were withdrawn by the applicants and in regard to the other 82 certificates, after inspection and report being made to the Health Committee, were issued.

In each instance, follow up action under other powers was taken by the service of notice upon the landlords, to make good the disrepair found in the houses.

New Buildings and Sanitary Alterations.

169 plans were received from the Town Improvement and Streets Committee for examination. Improvements or objections on the proposals, where necessary, were notified on their return. The number of plans submitted last year was 194.

DISINFESTATION.

Eradication of Bed Bugs, Black Beetles, etc.

Rehousing.

The goods and chattels belonging to an incoming tenant of a new or a vacated Council house who lived in a verminous or query verminous house are thoroughly treated with an insecticide, whilst soft goods (bedding, etc.) are steam disinfected before removal to the new house.

Council and Private Houses.

When private houses are found verminous, 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 where necessary and disinfected by steam. Rooms are then thoroughly cleansed and re-decorated.

In Council Estate houses, all disinfestation work is carried out by the City Architect (apart from steam disinfestation) and when houses are found to be infested the foregoing procedure is carried out. 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, 55; Private Houses, 392; Other Premises, 21.

FACTORIES ACT, 1937.

Factories, manual or non-manual, come within the jurisdiction of the Health Committee. In the latter group however, powers are, to some extent, restricted.

The matters that come under attention are as to overcrowding, ventilation, heating, the provision of water supplies, washing facilities, sanitary accommodation, the handling, preparation and storage of food, and a host of others of a hygienic nature.

During the year, 4,747 inspections were made, including inspections under the Food and Drugs Act and Rag Flock and Other Filling Materials Act.

Outworkers.

A list of outworkers (persons carrying out work of scheduled trades in their own homes or other premises on behalf of a factory) must be submitted by the occupiers of factories in February and August each year to the Local Authority. 14 such lists were so received, and 139 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 during his inspection. In all, 17 notices were so received and attended to and the action taken in each instance 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.

PREMISES.	NUMBER OF		
	Inspections.	Written Notices.	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories with mechanical power	2,352	64	—
Factories without mechanical power.....	570	12	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	109	1	—
Total.....	3,031	77	—

2.—DEFECTS FOUND.

Particulars.	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecutions were instituted.
	Found.	Re-medied.	Referred by H.M. In-spector.	
(1)	(2)	(3)	(4)	(5)
Want of cleanliness (S.1)	37	55	8	None
Overcrowding (S.2)	—	—	—	
Unreasonable temperature (S.3)	6	2	—	
Inadequate ventilation (S.4)	2	7	—	
Ineffective drainage of floors (S.6)	—	1	—	
Sanitary } insufficient	9	4	4	
Convenience } unsuitable or defective ...	66	80	5	
ces (S.7) } not separate for sexes.....	1	—	—	
Other Offences	46	33	—	
(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	167	182	17	—

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	30	—	None
Cosaques, Xmas Crackers, Xmas Stockings, etc.	51	—	None
Total	81	—	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 1,118 inspections were made and the following defects found and dealt with:—

Want of cleanliness	6
Sanitary accommodation insufficient or defective ..	8
Other nuisances	2
Total	16

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.)	18	—
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, wholesale fish dealers, sausage makers, potato stores, jam making, sugar boilers, egg-sorters, etc.)	244	101
4	Laundries	25	—
5	Metal workers (comprises: blacksmiths, whitesmiths, coppersmiths, locksmiths, tinsmiths, brass-finishers, motor, electrical and general engineers, wireworkers, sheet metal workers, car-breakers, plumbers, engravers, mill-wrights, etc.)	516	55
6	Restaurant kitchens (including hotels, cafes, dining rooms, snack bars, works canteens, and community food supply centres.)	—	274
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.)	203	28
8	Wearing apparel (comprises: dressmakers, milliners, costumiers, mantle and gown makers, underclothing, bed linen, furriers, shirt makers, tailors, etc.)	209	47
9	Workers in leather (comprises: bootmakers and repairers, bookbinders, bag and trunk makers, belt makers, harness and saddlery, etc.)	104	23
10	Watchmaking and jewellery (comprises: watchmakers, opticians, instrument makers, etc.)	65	6
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.)	516	335
	TOTALS	2,055	869

Council and other Schools.

23 inspections were made of schools in the City. Defects of a minor nature were found and promptly remedied after request to the Education Authority.

Shops Act, 1950 : Section 38.

Inspections totalling 488 were made. 152 contraventions (none of a serious nature) were found and dealt with. Details of these inspections are embodied in the "Summary of Inspections" table on page 126B.

Pet Animals Act, 1951.

Premises on which pets are dealt with must be in a suitable state for this purpose and are licensed annually. During the year, 26 licenses were applied for and issued, all of them being in respect of premises licensed the previous year. 41 inspections of the premises were made, when conditions found were satisfactory.

The type of premises and pets dealt with are as follows :—

SHOP PREMISES (16 Licences)—Budgerigars, Canaries, Parrots, Tropical Fish, Rabbits, Tortoises, Puppies, Reptiles and Mice.

COVERED MARKET (9 Licences)—Dogs, Cats, Chicks, Goldfish, Budgerigars, Canaries, Pigeons, Pullets.

OPEN MARKET (1 Licence)—Budgerigars, Goldfish, Canaries, Parrots, Tortoises.

Rag Flock and Other Filling Materials Act, 1951.

This Act prescribes the filling materials to be used in the making of bedding, soft goods and other forms of upholstery. It also sets out a standard of cleanliness for each of the prescribed filling materials, and in addition, the premises whereon the specified works are carried out must be registered. Further, where Rag Flock is made or stored for distribution to registered premises, such premises must be licensed for this particular purpose.

In all, 28 premises are so registered, of which two are licensed for the storage and distribution of Rag Flock.

72 inspections were carried out during the year, and on each visit, the requirements of the Act were found to be complied with.

25 formal samples of filling material were taken and submitted to the Prescribed Analyst, who certified all to be in compliance with the standard of cleanliness.

SAMPLES.

Rag Flock	11
Algerian Fibre	1
Curled Hair	1
Woollen Felt	4
Feathers	3
Coir Fibre	5
Total	25

Fertilisers and Feeding Stuffs Act, 1926.

Apart from the control exercised under other enactments over the premises dealing with Fertilisers and Feeding Stuffs, 56 inspections were made under the above Act.

18 samples (6 of fertilisers and 12 of feeding stuffs) all formal, were taken and submitted to the Agricultural Analyst. Of these 13 satisfied the requirements of the Act. As to the deficient samples, 5 of Feeding Stuffs (Meat Protein) were found to have a Phosphoric Acid content higher than that declared in the statutory declaration and above the limit of variation allowed. Whilst the Agricultural Analyst stated his opinion that the 5 samples were not to the prejudice of the purchaser, the facts, together with details of the other analysis, were submitted to the Ministry of Agriculture and Fisheries for their attention.

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

Four premises are registered for the cold storage and chemical storage of eggs. During the year no eggs were found in storage. Inspection (included under Food Premises) was carried out on the registered premises and no contraventions of the Act were found.

Merchandise Marks Acts, 1926—1953.

222 inspections of shops, stalls, and articles carried by hawkers, etc. were carried out to ensure that imported articles of foodstuffs were marked with an indication of origin as required by the Act. Much ignorance of this responsibility is still found amidst the persons selling the foodstuffs and printed notices were therefore sent out to all concerned. Improvement in the number of "notice as to origin of foodstuffs" was found on subsequent visits.

A common offence was the labelling of "Channel Island" and "Canary Island" tomatoes as "English".

Pharmacy & Poisons Acts, 1933-1941—Listed Sellers of Part II Poisons.

Poisons scheduled under the Poisons List Part II may be sold on many types of premises subject to their suitability and being registered for the purpose.

Generally in the Food Shops, the poisons sold are in the form of sealed bottles of disinfectants, and much care is exercised so that such premises are kept, not only in conformity with the Act, but also with other lawful requirements.

During the year, two premises were registered and four others ceased to sell a listed poison, leaving a total of 160 (2 less than last year) premises on the register at the end of the year.

214 inspections of these premises were made and generally conditions were found satisfactory.

Prevention of Damage by Pests Act 1949.

The administration of the above Act is delegated to the Veterinary Officer. Close co-operation in its operation is, however, exercised with him and during the year many inspections of infested premises were carried out. Altogether, 178 tests were applied to drainage systems; works of reconstruction followed in many instances, and other control measures were supervised.

Exhumations.

Four exhumations and re-interments authorised by Home Office Licences were supervised during the year. The operations were carried out in the early morning in a reverent and sanitary manner and in full compliance with the conditions set out in the licences.

Staff Changes.

One officer (Inspector G. W. Hall) resigned his appointment after 12 months service upon taking up a more remunerative similar appointment with a nearby local authority. During the year, 5 new officers were appointed, Messrs. H. L. Bolton, T. Dinning, C. F. Dennis, W. Murray and J. A. Scott.

At the end of the year the Inspectorial Staff was 3 short of establishment.

Students Sanitary Inspectors.

Under the Health Committee Pupillage Scheme, 2 Students, T. C. Peacock and W. R. M. Gray were appointed. Both are well

advanced in their studies, and one, T. C. Peacock will be eligible to take his examination early in 1955 for his qualifying certificate.

Examinations.

Inspector L. Smalley passed the examination for the Certificate of Smoke Inspector.

Conclusion.

Changes in inspectorial staff due to officers securing other appointments are to be expected and previously caused little or no dislocation in the carrying out of the duties of the department. Of recent years however, these changes (due to loss of experienced officers and their replacement by newly qualified ones) have had an adverse affect which was not, and could not, be fully offset by the unstinted and never failing help in many forms ungrudgingly given to the newcomers by their experienced colleagues.

The results of this splendid spirit, however, together with the full and close co-operation of the Clerical Staf has been the means of overcoming many administrative difficulties and it is a pleasure to record the good work that has been carried out in furthering the interests of public health.

To each and all therefore, a full and sincere acknowledgement of their efforts is made. To the Health Committee and yourself I would again express my thanks for the support, so freely given at all times throughout the year.

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.

INFORMING OFFICERS OF THE
DEPARTMENT OF AGRICULTURE
INSPECTION OF MEAT AND OTHER FOODS
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

The following information is for the use of the
inspector in the inspection of meat and other
foods. It is to be used in connection with the
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ANIMALS ELAUGHTERED, CARCASSES CONFINED
MEAT AND BONES DESTROYED

**REPORT OF THE VETERINARY OFFICER
for the Year 1954.**

To the Medical Officer of Health.

SIR,

I have pleasure in submitting the following Report for the year 1954.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1954, no outbreaks of scheduled disease occurred amongst the animals within the City.

Foot and Mouth Disease.

No case of foot and mouth disease occurred within the City during the year, and although outbreaks of the disease occurred in other parts of the country the City was not affected by any restrictions.

Within Great Britain there were 12 outbreaks of the disease during the year, necessitating the slaughter of 1,318 animals, compared with 40 outbreaks during the previous year, in which 7,751 animals were slaughtered.

Tuberculosis.

During the year no animals were dealt with under the Tuberculosis Order of 1938.

Anthrax.

The City was completely free of Anthrax during the year under report, microscopic examinations of blood smears from the carcasses of 5 animals found in the City slaughterhouses all proving negative.

Within Great Britain 350 outbreaks were confirmed, 378 animals being attacked by the disease, compared with 609 outbreaks during the previous year, involving 641 animals.

Swine Fever.

During the year under report, no outbreak of swine fever occurred within the City.

Within Great Britain during the year, 1,455 outbreaks occurred, 284 swine being slaughtered, compared with 2,713 outbreaks during the previous year, in which 705 swine were slaughtered.

Visits were made to piggeries in connection with swine movements under the Regulations of Movement of Swine Orders of 1954, and also in connection with certain requirements under the Foot and Mouth Disease (Packing Materials) Order of 1925-26, the Diseases of Animals (Boiling of Animal Foodstuffs) Order of 1947, and the Movement of Animals (Records) Order of 1925.

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 a decrease in the number of outbreaks was reported, there being 798 as compared with 978 during 1953.

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

For the purpose of the Transit of Animals Orders of 1927 to 1947, 121 visits were made to the Collecting Centre and Cattle Market and the railway cattle docks during the year. The cleansing and disinfection were found to have been carried out efficiently. Four oxen, three calves, six sheep and seven pigs were found dead at the railway cattle docks and after inspection permission was granted for their removal for destruction.

TABLE 1.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1954.

Railway Cattle Docks.	Collecting Centre & Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Cattle & Pig Lairs.
85	121	44	240	55

TABLE 2. 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.				Beef.	Pork.
*1935...	1	2	1	1	38	..	..	..	..	..	..	..	..	2	35	6
1936...	1	2	..	1	38	..	..	..	..	..	..	..	..	..	..	6
1937...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1938...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1939...	..	..	..	2	205	..	..	..	..	..	..	..	..	..	..	..
1940...	2	1	2	4	336	..	..	..	..	..	..	..	..	..	..	4
1941...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1942...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
1943...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1944...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1945...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18
1946...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	8
1947...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
1948...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1949...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
1950...	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..
1951...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1952...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1953...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1954...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

•Years prior to 1935 are given in previous Annual Reports.

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

The first Cattle Market held since the 15th January, 1940, was on the 3rd July, 1954, as during this period the Government were sole purchasers of livestock for slaughter and the Market was used as a Collecting Centre. During the first six months of 1954, 12,950 animals passed through the Centre, including 1,549 cattle, 114 calves, 8,815 sheep and 2,472 swine, and during the latter six months a total of 60,688 animals were exhibited in the Market, including 9,132 cattle, 61 calves, 43,461 sheep and 8,034 pigs. All the animals both at the Collecting Centre and in the Cattle Market were subjected to ante-mortem inspection prior to leaving for slaughter.

TABLE 3.
NUMBER OF ANIMALS EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Year.	Cattle.	Calves.	Sheep.	Swine.	* Dairy Cows.
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	..
1952	4,259	306	13,470	4,919	..
1953	4,456	282	14,235	3,942	..
‡1954	10,681	175	52,276	10,506	..

* 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.

‡ Cattle Market re-opened 3rd July, 1954.

INSPECTION OF MEAT AND OTHER FOODS.

Animals slaughtered within the City.

The number of animals slaughtered within the City for food purposes during the year was 211,408, and the various classes of animals slaughtered are set out in table 4. The number of cattle and sheep slaughtered shows little change from the previous year, but the number of pigs slaughtered increased markedly from 21,848

to 33,710, this being accounted for by the relative cheapness of pork as compared with beef and a corresponding greater demand for the former. The number of horses slaughtered in the City continues to show a decline as there is now little demand for horseflesh for human consumption due to the relative plentitude of the other meat foods.

The control of the slaughter of livestock, which had operated from January, 1940 under the aegis of the Ministry of Food, ceased on 3rd July, 1954, and the purchase and slaughter of animals for human consumption has now reverted to the private trader. From the public health aspect this can only be described as a retrograde step, for during control the slaughter of animals within the City was concentrated in five Government-operated slaughterhouses and this enabled the Local Authority inspectors to examine the carcasses and organs of every animal slaughtered and thus ensure a disease-free meat supply. After cessation of control it was found necessary to license an additional number of slaughterhouses to provide facilities for retail butchers within the City and in the surrounding district who wished to do their own slaughtering, but this process of decentralization has had the effect of making it virtually impossible for the Authority's inspectors to inspect the carcasses and organs of every animal slaughtered. It will therefore be obvious that the erection of a public abattoir within the City is an urgent public requirement, for in this way, and in this way alone, can it be ensured that meat unfit for human consumption does not at times find its way on to the market.

In table 5 is set out the number of carcasses condemned during the year and the number of carcasses of which some part or organ was condemned. Tuberculosis in cattle and pigs continues to be a serious economic problem to the country as a whole, and it will be noticed from the table that 138 carcasses of beef required to be totally condemned on account of this disease, while in the case of a further 2,543 carcasses it was necessary to condemn certain parts or organs, a figure which is of necessity estimated because it is not practicable in every case to associate a particular organ with the carcass from which it is derived. Inasmuch as the number of animals actually slaughtered within the City during the first half of the year, *i.e.* while control was still vested in the Ministry, cannot be other than approximate, it is impossible to assess with complete accuracy the incidence of tuberculosis in the animals which furnish the City with its meat supply; a gradual though nevertheless significant fall in the incidence of this disease is however, undoubtedly occurring as a result of the Ministry of Agriculture's tuberculosis eradication scheme.

TABLE 4.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1954	1953	1952	1951	1950
Cattle	32,843	31,069	31,888	32,851	33,053
Calves	4,501	3,536	5,271	7,777	7,680
Sheep	139,581	139,666	127,763	101,973	125,536
Pigs	33,710	21,848	19,832	8,858	4,317
Horses	773	1,064	1,390	1,907	1,666
Total Animals ...	211,408	197,183	186,144	153,366	172,252

TABLE 5.

COMPARISON BETWEEN TUBERCULOSIS AND OTHER DISEASES AS CAUSES OF CONDEMNATION OF CARCASSES OF ANIMALS SLAUGHTERED WITHIN THE CITY DURING THE YEAR 1954.

TUBERCULOSIS.

	Cows.	Other Bovines.	Calves.	Sheep.	Pigs.	Total all animals.
Whole carcasses and organs condemned..	77	61	1	..	21	160
Partial condemnations	659	1,318	..	..	566	2,543
Total and Partial condemnations.....	736	1,379	1	..	587	2,703

OTHER DISEASED CONDITIONS.

Whole carcasses and organs condemned..	46	9	78	124	84	341
Partial condemnations	1,428	4,072	..	3,629	1,546	10,675
Total and Partial condemnations.....	1,474	4,081	78	3,753	1,630	11,016

NUMBER OF DISEASED ORGANS CONDEMNED.

	Bovine.		Swine.		Sheep.		Total.	
HEADS (including Tongues)—								
Tuberculosis	880	(125)	366	(1,248)	—	(—)	1,246	(1,373)
Other Conditions	64	(41)	3	(—)	6	(—)	73	(14)
LUNGS—								
Tuberculosis	1,758	(369)	—	(14)	—	(—)	1,758	(383)
Other Conditions	1,558	(72)	726	(213)	1,070	(37)	3,354	(322)
HEARTS—								
Tuberculosis	172	(31)	—	(—)	—	(—)	172	(31)
Other Conditions	62	(1)	586	(—)	57	(—)	705	(—)
LIVERS—								
Tuberculosis	222	(175)	—	(—)	—	(—)	222	(175)
Other Conditions	2,897 + 18,586 lbs.	(785)	564	(80)	1,187	(111)	4,648 + 18,586 lbs.	(976)
PLUCKS—								
Tuberculosis	—	(—)	218	(83)	—	(—)	218	(83)
Other Conditions	—	(—)	979	(45)	1,370	(30)	2,349	(75)
UDDERS—								
Tuberculosis	6	(—)	—	(—)	—	(—)	6	(—)
Other Conditions	713	(—)	—	(—)	—	(—)	713	(—)
THICK SKIRTS—								
Tuberculosis	301	(—)	—	(—)	—	(—)	301	(—)
Other Conditions	125	(—)	—	(—)	—	(—)	125	(—)
SPLEENS—								
Tuberculosis	148	(—)	—	(—)	—	(—)	148	(—)
Other Conditions	211	(—)	—	(—)	—	(—)	211	(—)
STOMACHS & MESENTERIES & INTESTINES—								
Tuberculosis	349	(24)	7	(—)	—	(—)	356	(24)
Other Conditions	208	(—)	11	(239)	18	(—)	237	(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 1954 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, until control of slaughtering by the Ministry of Food ceased at the end of June, 1954.

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

TOTAL CARCASSES, &C., DESTROYED AS BEING UNFIT FOR

	Carcases, etc.				Lungs.			Hearts.		
	Beef.	Veal.	Mutton.	Pork.	Sets Ox.	Sets Sheep.	Sets Pigs.	Ox.	Sheep.	Pig.
Tuberculosis	138½ + 9,061 lbs.	1	..	21 + 80 lbs.	1,758	..	..	172	..	..
Johne's disease with emaciation.	8	..	..	..	..	..	..	..	..	..
Johne's disease	..	..	..	..	..	..	..	..	..	..
Swine Erysipelas	..	..	..	2	..	..	..	..	..	..
Necrosis	45 lbs.	..	..	..	..	..	..	..	..	..
Actinobacillosis	113 lbs.	..	..	..	..	..	..	..	..	..
Actinomycosis	..	..	..	..	..	..	..	..	..	..
Pyrexia	..	..	..	2	..	..	..	..	..	..
Pyæmia	1	3	2	9	..	..	..	..	..	..
Pericarditis	..	..	..	..	..	..	..	43	..	..
Septic Conditions	13 + 793 lbs.	..	28 +	17 +	..	..	..	..	..	..
Toxaemia	4	5	363 lbs.	860 lbs.	15	2	..	1	2	..
Fatty Degeneration	..	..	2	5	..	..	..	..	..	..
Jaundice	..	4	..	5	..	..	..	..	..	..
Uraemia	..	1	..	..	..	..	..	..	..	..
Urticaria	..	..	..	29 lbs.	..	..	..	..	..	..
Tumours	..	..	..	..	..	..	..	..	..	..
Lymphatic Leukaemia	..	..	1	1	..	..	..	..	..	..
Pneumonia	..	..	..	..	4	1	322	..	..	..
Pleurisy	657 lbs.	10 lbs.	500 lbs.	45 lbs.	568	27	387	..	..	..
Pleurisy & Peritonitis	..	..	..	7	..	4	10	..	..	..
Peritonitis	376 lbs.	26 lbs.	27 lbs.	7 lbs.	2	..	..	..	..	..
Mastitis	..	..	..	25 lbs.	..	..	..	..	..	..
Cirrhosis	..	..	..	..	..	..	..	..	..	..
Cavernous Angioma	..	..	..	..	..	..	..	..	..	..
Oedema & Emaciation	26	10	53	13 + 20 lbs.	..	..	..	..	..	..
Parasites (Distomatosis Cysts, etc.)	..	..	6 lbs.	969	1,038	7	..	..	..	..
Imperfect Bleeding Congestion etc.	..	2	9	4	..	..	..	18	55	586
Melanosis	..	..	..	6	..	..	..	..	..	..
Muscular Fibrosis	38 lbs.	..	..	..	..	..	..	..	..	..
Presternal Calcification	59 lbs.	..	..	..	..	..	..	..	..	..
Immaturity	..	53	..	..	..	..	..	..	..	..
Arthritis	10 lbs. 1½ +	..	1 + 472 lbs.	1,199 lbs. 3 +	..	..	..	..	..	..
Traumatism	5,923 lbs.	183 lbs.	232 lbs.	1,254 lbs.	..	..	..	..	..	..
Moulds	404 lbs.	..	6 + 1,787 lbs.	..	..	..	..	..	..	..
Rancidity	..	..	..	75 lbs.	..	..	..	..	..	..
Decomposition	2 + 6,295 lbs.	76	22 + 457 lbs.	9 + 846 lbs.	91	14	37	23	14	..
Contaminated	164 lbs.	..	..	80 lbs. 1 +	89	..	..	1	..	..

HUMAN CONSUMPTION DURING THE YEAR 1954.

Livers.				Heads.			Ox Tongues.	Plucks.			Sets, Stomachs & Intestines.			Ox Stomachs.	Mesenteries and Intestines.			Ox Fat.	Sweetbreads.	Udders.	Thick Skirts.	Ox Spleens.	Ox Tails.
Ox.	Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.		Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.		Ox.	Sheep.	Pig.						
222	..	..	..	880	..	366	..	..	..	218	51	..	7	27	271	..	..	..	..	6	301	148	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	90	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	42	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
707	..	5	..	2	6	3	..	..	47	2	..	..	..	14	10	2	..	..	..	..	..	5	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	1	203	..	..	..	..	..	..	..	..	..	..	..	9	..
..	..	..	..	..	..	..	..	..	124	417	..	..	..	..	..	..	..	..	..	..	87	2	..
..	..	..	..	..	..	..	..	..	18	174	..	..	..	..	..	..	..	..	..	..	..	..	..
104	..	..	26	..	..	..	..	..	..	..	57	13	11	14	16	3	..	..	..	..	36	149	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	713	..	..	..	..
2027 +	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18,586	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
lbs.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	..	1182	538	..	..	..	..	..	1177	182	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	2	46	..
6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29	..	..	17	69	65	..	..	11	31	39	..	..	79	..	1	1	2	50	55	lbs.	25	136	..
..	18	..	..	..	1	..	..	8	62	..	..	..	..	1	..	..	..	..	..	73	2	3	1

TABLE 7.

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.
*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
1952	362	273	75.41
1953	260	174	66.92
1954	193	128	71.50

* Years prior to 1935 are given in previous Annual Reports.

Public Health (Meat) Regulations of 1924.

Visits numbering 7,345 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, 3 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 routine visits were made to the Quayside, a percentage of the following meat foodstuffs, etc., from 81 of the vessels arriving from Denmark and one from Australia being examined :

FROZEN MEAT.

BEEF.—209 hindquarters, 168 buttocks and ribs, 42 crops and 240 packages boneless beef.

VEAL.—87 packages, boneless.

PORK.—641 carcasses.

OFFALS.
(packages).

OX.—1,085 livers, 227 hearts, 7 tongues, 5 kidneys and 62 mixed offals.

CALF.—200 livers and 11 hearts.

FIG.—hearts, 1 and tongues, 2.

CHILLED MEAT.

PORK.—150 tons and 10 carcasses.

OFFALS.
(packages).

OX.—Kidneys, 2 and tails, 1.

FIG.—Livers, 28 and kidneys, 73.

OTHER GOODS.

627,785 sides Danish bacon, 135,975 cases tinned meats and 7,102 cases sausage casings.

The Merchandise Marks Act, 1926.

Orders made under the above Act, 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 the Orders being 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.

TABLE 8.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1954.

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.						
2,074	734	568	215	1548	471	90	21	1080	631	423	15	247	35	754	38	9	6

TOTAL WEIGHT OF MEAT AND OTHER FOODSTUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1954, was 239 tons, 16 cwts, 3 qrs. 17 lbs., comprising :—

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork.....	85	..	2	26
Offals	68	9	1	1
Provisions	71	12	1	4
Fish	1	7	..	4
Fruit and Vegetables	13	7	2	10
	239	16	3	17

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year 1954, numbered 5,879.

Bacteriological Examinations For Pathogenic Organisms.

A feature of meat inspection practice in most of the European countries has been the adoption of bacteriological aids in assessing the fitness or otherwise of carcasses intended for human food. The application of such aids is of the greatest value in what are known as 'border line' cases in which there is some suspicion that the animal was affected with a systemic disease at the time of slaughter and the

flesh or organs of which might therefore be dangerous if consumed. The economic value of bacteriological aids in routine meat inspection will be apparent from a perusal of Table 9 where it will be seen that 15 carcasses of beef and two carcasses of pork were bacteriologically examined during the year and in only one case were pathogenic organisms found. At a conservative estimate it may therefore be assumed that meat to the value of £850 was shown to be fit and wholesome and was released for food, for without bacteriological aids it would have been necessary to condemn all the 17 carcasses enumerated in the table. It is pleasing to record that excellent collaboration has been received from the Public Health Laboratory Service, which carries out the bacteriological examinations at our request, not only of suspected carcasses but of other material submitted when necessary.

TABLE 9.

Carcase.		Type of animal.	Disease suspected.	Bacteriological findings.
Beef.	Pork.			
1	..	Heifer	Septicaemia	No pathogenic organisms found
1	..	Bullock	do.	do.
1	..	Heifer	do.	do.
1	..	Steer	do.	do.
1	..	Heifer	do.	do.
1	..	Steer	Toxaemia	do.
1	..	Cow	do.	do.
1	..	Cow	do.	do.
1	..	Cow	do.	do.
1	..	Cow	do.	do.
1	..	Heifer	do.	do.
1	..	Cow	do.	do.
1	..	Heifer	do.	do.
1	..	Cow	do.	do.
1	..	Heifer	Pyæmia	do.
..	1	Sow	Septicaemia	do.
..	1	Sow	do.	Haemolytic streptococci found.

OTHER FOODS, Etc.	
Material examined.	Bacteriological findings.
Mussels	No pathogenic organisms found
do.	do.
do.	do.
Bacon	do.
do.	do.
Bacon sacking	do.
Braised Pork Kidneys (canned).	do.
do.	do.
do.	do.
Water from pig scalding tank	do.
do.	do.
do.	do.
do.	do.
do.	do.

SLAUGHTERHOUSES.

During the first half of the year under report, 5 slaughterhouses were in use within the City for the slaughtering of cattle, calves, sheep and pigs, these being occupied by the Ministry of Food on behalf of the Crown, and during the latter half of the year, in consequence of control of slaughtering by the Ministry of Food ceasing at the end of June, this number was gradually increased to 22. One slaughterhouse, situate at Byker Hill, is licensed for the purpose of horse slaughtering only.

The slaughterhouses licensed for cattle, calves, sheep and pigs are situate at the Cattle Market (17), Scotswood Road (1), Railway Street (1), Cookson's Lane (1) and Lime Street, Stepney (2).

All the slaughterhouses have been regularly inspected, a total of 2,079 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, 11 slaughtermen's licences were granted during the year, making a total of 70 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year, 6,648 visits were made to a total of 2,385 premises, including 2,179 in respect of which reports were received at the Veterinary Department of the presence of rats or mice. Inspection of the premises showed that rats or mice were found infesting 1,450, the remaining 935 being found free from evidence of infestation. Third Party Control work (i.e., baiting, etc.) was carried out on all of the infested premises.

TABLE 11.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Number of reports notified by occupiers	2,179
Number of properties where evidence of the presence of rats or mice was found	1,449
Number of visits made	6,648
Number of poisoned baits laid	25,716

	TYPE OF PROPERTY.			
	Dwelling Houses.	Agricultural.	All other (including Business and Industrial).	Total.
Number of properties inspected	1,070	3	1,312	2,385
Number of properties found to be infested by rats	272	1	304	577
Number of properties found to be infested by mice	523	..	349	872
Number of infested properties treated by the Local Authority.....	795	1	653	1,449

Number of " block " control schemes carried out.....	117
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LEGAL PROCEEDINGS.

At the Newcastle upon Tyne Police Court a butcher was fined £50 and costs for having in his possession meat unfit for human consumption, in contravention of the Food and Drugs Act, 1938.

HORACE THORNTON,

VETERINARY OFFICER.

THE HISTORY OF THE CITY OF NEW YORK

The history of the city of New York is a subject of great interest and importance. It is a city of many names, and its history is a story of many changes. The city was first settled by the Dutch, and its name was then New Amsterdam. It was later taken over by the English, and its name was changed to New York. The city has since been a center of commerce and industry, and its history is a story of growth and progress.

THE HISTORY OF THE CITY OF NEW YORK

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Year	Event
1624	First settlement by the Dutch
1625	First settlement by the Dutch
1626	First settlement by the Dutch
1627	First settlement by the Dutch
1628	First settlement by the Dutch
1629	First settlement by the Dutch
1630	First settlement by the Dutch
1631	First settlement by the Dutch
1632	First settlement by the Dutch
1633	First settlement by the Dutch
1634	First settlement by the Dutch
1635	First settlement by the Dutch
1636	First settlement by the Dutch
1637	First settlement by the Dutch
1638	First settlement by the Dutch
1639	First settlement by the Dutch
1640	First settlement by the Dutch
1641	First settlement by the Dutch
1642	First settlement by the Dutch
1643	First settlement by the Dutch
1644	First settlement by the Dutch
1645	First settlement by the Dutch
1646	First settlement by the Dutch
1647	First settlement by the Dutch
1648	First settlement by the Dutch
1649	First settlement by the Dutch
1650	First settlement by the Dutch
1651	First settlement by the Dutch
1652	First settlement by the Dutch
1653	First settlement by the Dutch
1654	First settlement by the Dutch
1655	First settlement by the Dutch
1656	First settlement by the Dutch
1657	First settlement by the Dutch
1658	First settlement by the Dutch
1659	First settlement by the Dutch
1660	First settlement by the Dutch
1661	First settlement by the Dutch
1662	First settlement by the Dutch
1663	First settlement by the Dutch
1664	First settlement by the Dutch
1665	First settlement by the Dutch
1666	First settlement by the Dutch
1667	First settlement by the Dutch
1668	First settlement by the Dutch
1669	First settlement by the Dutch
1670	First settlement by the Dutch
1671	First settlement by the Dutch
1672	First settlement by the Dutch
1673	First settlement by the Dutch
1674	First settlement by the Dutch
1675	First settlement by the Dutch
1676	First settlement by the Dutch
1677	First settlement by the Dutch
1678	First settlement by the Dutch
1679	First settlement by the Dutch
1680	First settlement by the Dutch
1681	First settlement by the Dutch
1682	First settlement by the Dutch
1683	First settlement by the Dutch
1684	First settlement by the Dutch
1685	First settlement by the Dutch
1686	First settlement by the Dutch
1687	First settlement by the Dutch
1688	First settlement by the Dutch
1689	First settlement by the Dutch
1690	First settlement by the Dutch
1691	First settlement by the Dutch
1692	First settlement by the Dutch
1693	First settlement by the Dutch
1694	First settlement by the Dutch
1695	First settlement by the Dutch
1696	First settlement by the Dutch
1697	First settlement by the Dutch
1698	First settlement by the Dutch
1699	First settlement by the Dutch
1700	First settlement by the Dutch

The history of the city of New York is a story of many changes. It was first settled by the Dutch, and its name was then New Amsterdam. It was later taken over by the English, and its name was changed to New York. The city has since been a center of commerce and industry, and its history is a story of growth and progress.

THE HISTORY OF THE CITY OF NEW YORK

**REPORT OF THE
SCHOOL MEDICAL OFFICER**

VII—SCHOOL HEALTH SERVICE

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

VII—SCHOOL HEALTH SERVICE

RESUME OF WORK DONE BY THE SCHOOL HEALTH SERVICE DURING 1954.

The year showed further steady progress in the School Health Service and it is again a pleasure to report that on the whole the health of the school children in the City was good. The general health of the school leavers was well up to the average standard of recent years.

The rationing of food finally ended, and this marked the close of a period of transition from war-time economy and planning to peace-time living. There is no doubt that so far as the school child was concerned, food rationing was of enormous value and it also was of outstanding value as a general educative measure of the public in the matters of diet, nutrition and dentition.

It is not easy to assess the effect of the great social changes which have taken place during the last decade but these changes have undoubtedly brought in their train improvements in the health of the school child. The disturbance in the "old order" (pre war) of monetary values and of purchasing power has caused many problems for parents of school children. Clothing and footwear are comparatively more expensive items and food and cost of school meals have increased during these years. On the other hand, salaries and wages have improved, but the question arises, has the ratio been maintained of expenditure on items essential to health (including the provision of good housing) to total household budgeting expenditure, or perhaps more searchingly to actual total family income? Has there been a lag in some cases of bringing up the level of expenditure on essential things during these rapidly changing circumstances to a level compatible with the maintenance of health and well being? Judging by general impressions of the health of the school child in Newcastle upon Tyne, it would appear that there has been no such lag in the large majority of cases. This situation, however, in some cases merits continuing attention and especially where expenditure on daily transport takes up a proportion of family expenditure.

There have been other remarkable changes during the last ten years and not the least has been the re-organisation of the School Health Service and the provision of free hospital and free treatment services for all school children. This period has seen the introduction of Family Allowances, a far reaching and successful measure. The Milk in Schools Schemes were further developed and the provision of school meals has been greatly extended.

During the year, the Education Committee's programme of development of the School Health Services was continued, and opportunity was taken to improve and decorate many of the Clinics.

The number of individual children found to be verminous at inspection still remains high. Out of a total of 39,173 boys and 39,801 girls, 1,585 and 5,464 respectively, were so found ; but there are some signs of improvement.

The Committee's general scheme for linking the services with treatment facilities provided by the hospitals and the general practitioners, has continued to develop and has worked successfully. General Practitioners are kept fully informed of the findings of the School Health Service and they are consulted freely about their school child patients, and the number of children referred by the family doctor to the School Health Service for minor ailments and for assistance in placing in Special Schools, is increasing.

In 1954 there were no serious outbreaks of infectious diseases. Mumps was rather prevalent, and the number of septic skin infections following the vacation was more than usual. There was a sharp general outbreak of Influenza in November which materially affected school attendances in that month.

Of the 24 deaths occurring amongst school children during the year, 13 were due to accidents and six occurred on the roads.

Conditions of foot wear and of feet attracted the attention of the School Medical Officers. Special enquiries were made and are continuing in 1955. Recent information would tend to show that foot troubles among school children are more common in the City than is generally recognised, and the medical and nursing staffs are engaged in further investigations.

The School Dental Service was strengthened during the year and a point of interest is that the ratio of teeth saved to teeth extracted was 3 to 1. Dental Anaesthetic arrangements were reviewed by the Committee and adjustments made to include additional expert medical assistance. Some of the Clinics still need adequate recovery room facilities and the Committee is considering these matters.

The School Medical Officers have examined in the maintained Primary and Secondary Schools at the Statutory Medical Inspection of the three prescribed age groups—Entrants, Intermediates and Leavers, 6,495 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 :—

School.	Entrants.		Leavers.	
	Boys.	Girls.	Boys.	Girls.
Middle Street Secondary				
Commercial	53	37	89	83
Pendower Secondary Commercial ..	44	46	94	86
Atkinson Road Technical	58	—	93	—
Heaton Technical	61	—	81	—
Technical School of Building Crafts	21	—	51	—
St. Mary's R. C. Technical	17	—	—	—
Heaton Grammer	76	—	143	—
Rutherford Grammar.....	66	—	147	—
Heaton High	—	83	—	168
Rutherford High.....	—	67	—	76
Convent of the Sacred Heart	—	11	—	—
Central High	—	4	—	—
St. Cuthbert's Grammar	8	—	—	—
TOTALS.....	404	248	698	413
	652		1,111	
GRAND TOTAL.... 1,763				

Medical Inspections.

All children attending maintained schools in certain age groups were examined to discover any physical defect which might be present, whether already under treatment or not, and to assess the general health of the children. The numbers of these inspections were as follows :—

PERIODIC INSPECTIONS—

No. of children inspected—

Entrants (aged 5 years)	1,591
Intermediates (aged 9 and 10 years).....	3,608
Leavers (aged 14 years)	2,333
	7,532
Additional Periodic Inspections.....	1,255
TOTAL.....	8,787

The numbers of defects which came to light is shown in Table I. exclusive of Dental Diseases and Infestation. Malnutrition is now extremely rare and not referred to.

TABLE 1.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table 2A (3)	Total individual pupils (4)
Entrants	23	365	353
Intermediates	326	1,043	1,249
Leavers	260	292	507
Total	609	1,700	2,109
Additional Periodic Inspections	180	158	271
Grand Total	789	1,858	2,380

The numbers of children with specific types of defect is shown in Table 2.

TABLE 2.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1954.

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
Skin	177	79	1,272	67
Eyes (a) Vision	789	390	—	472
(b) Squint	222	95	—	105
(c) Other	76	88	343	131
Ears (a) Hearing	64	43	—	57
(b) Otitis Media	68	69	154	13
(c) Other	37	25	246	62
Nose or Throat	272	396	355	186
Speech	53	52	—	70
Cervical Glands	17	73	49	30
Heart and Circulation ..	28	167	—	22
Lungs	74	274	—	272
Developmental				
(a) Hernia	11	24	—	2
(b) Other	11	29	—	2
Orthopædic				
(a) Posture	33	43	—	12
(b) Flat Foot ...	84	70	—	39
(c) Other	197	142	134	34
Nervous System				
(a) Epilepsy	10	12	—	5
(b) Other	14	32	—	14
Psychological				
(a) Development	10	27	—	—
(b) Stability	16	107	—	11
Other	68	80	931	653

This Table gives a picture of the incidence of defects as they occur in the City as a whole, but differences occur in the various school departments. Table 3 has been constructed to show certain of these differences which are peculiar to the age of the children concerned.

TABLE 3.

Number of Defects recorded in different types of schools at Periodical Inspections (per 100 children requiring Treatment).

Defect	TYPE OF SCHOOL				
	Nursery	Infants	Junior	Sec. Modern	Grammar
Skin	1.00	2.20	3.10	2.20	0.80
Vision	—	1.60	12.50	11.50	14.50
Squint	3.00	3.80	3.50	1.90	1.50
Hearing.....	Routine testing not practical	1.00	1.19	0.65	0.20
Nose and Throat ...	4.00	5.60	5.77	1.05	1.05
Speech.....	2.00	1.00	0.70	0.30	0.10
Posture	—	0.06	1.08	0.07	0.10
Flat Foot	0.10	2.00	1.54	0.47	0.225

Considerable variation also occurs in the frequency with which defects are met with in individual schools. This is largely the outcome of the social conditions prevailing in the district from which the school draws.

The general physical condition of the children of the City shown in Table 4 which in comparison with similar figures published in previous years, show that the general health of children is well maintained.

TABLE 4.

B.—Classification of the General condition of pupils inspected during the year in the age groups.

Age Groups	No. of Pupils Inspectd	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	1,536	390	25.39	1,064	69.27	82	5.34
Intermediates	2,626	777	29.59	1,671	63.63	178	6.78
Leavers	2,333	791	33.91	1,454	62.32	88	3.77
Additional Periodic Inspections	1,255	390	31.08	813	64.78	52	4.14
TOTAL	7,750	2,348	30.30	5,002	64.54	400	5.16

In addition to these "Periodic" Inspections children are brought forward by Head Teachers for special examination when the Medical Officer visits the school. Opportunity is also taken to "Re-inspect" children already under observation.

These inspections were as follows :—

Special Inspections	..	..	..	..	..	6,352
Re-inspections	..	..	..	..	..	652
TOTAL	..	..	..	..	..	7,004

At the Kenton Lodge Training College 73 second year students were examined and at the Ashfield House Nursery School and Delaval Road Nursery the medical examinations of 146 and 52 children were carried out respectively.

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

Central	598
Ashfield House	540
Atkinson Road	2049
Bentineck	778
Cowgate	543
East End	800
Middle Street	1044
Total	6352

The nurses and nursing helpers have paid 1,723 visits to schools and have carried out 109,537 inspections. They have issued to the parents 9,463 notices calling their attention to various conditions found to be affecting the children and have excluded temporarily from school 1,817 children either for being verminous or for some infectious or contagious condition.

There have been 28,794 cases receiving treatment at the Clinics and they have attended on 81,028 occasions. In addition 9,717 cases were examined and, where necessary referred for treatment either at the Dental Clinics, Orthopaedic Clinic, Refraction Clinic or various hospitals in the City. The nurses and nursing helpers have visited 1,004 homes and at the Clinics 29 cases of Scabies have been dealt with and 99 baths have been given.

DENTAL CLINICS.

Number of pupils inspected—

(a) Periodic Age Groups	35,028
(b) Specials	5,356
	40,384

Number found to require treatment 20,191

Number referred for treatment 11,782

Number actually treated 10,275

Attendances made for treatment 21,757

Half days devoted to—Inspections 234

—Treatment 2,711

Fillings	(a) Permanent Teeth	10,263
	(b) Temporary Teeth	528
		10,791

Extractions (a) Permanent Teeth

(b) Temporary Teeth 12,123

16,150

Administrations of general anaesthetics 6,085

Other Operations—

(a) Permanent Teeth	2,150
(b) Temporary Teeth	509
	2,659

Number of Children fitted with artificial Dentures 111

Number of Children fitted with Orthodontic Appliances 119

Number of Children fitted with Crowns 16

ORTHOPAEDIC CLINIC.

Number of Patients in attendance during the Year 1,718

Number of Examinations carried out by the Orthopaedic Surgeons .. 2,061

Number of Treatments given by Physiotherapists 12,435

As in previous years, the services of the Orthopaedic Surgeons on three sessions per week were allocated by the Regional Hospital Board and no financial responsibility was attached to the Education Committee.

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 Hospitals, where they are examined by one of the specialists who will be performing any operation found to be necessary. The names of the children are then placed on the hospitals waiting list for operation when beds are available.

During the year the following operations were carried out at the various hospitals in the City:—

Tonsils and Adenoids	719
Tonsils	31
Adenoids.....	35
Antrostomy	16
Antrum Wash Out	22
Proof Puncture	1
Tonsil Remnant	3
Removal of Polypus	1
Mastoidectomy	3
Submucous Resection.....	1
Total	<u>832</u>

EYE EXAMINATION CLINICS.

Eye Examinations carried out by the School Medical Officers	1,908
Spectacles prescribed	766
Spectacles not prescribed.....	1,142
Spectacles obtained	1,080
(This figure includes some which were prescribed in 1953 but not obtained until 1954).	
Specialist Eye Examinations carried out by the Ophthalmic Surgeons	1,033
Spectacles prescribed	699
Spectacles not prescribed.....	334
Spectacles obtained	409
(This figure also includes some which were prescribed in 1953 but not obtained until 1954).	

Children referred to Newcastle Eye Hospital:—

(a) For Orthoptic Treatment	146
(b) For Other Eye Conditions	7

REPLACEMENT AND REPAIRS OF SPECTACLES.

Replacement of Spectacles	207
Replacement of Frames only.....	80
Repairs to Frames and Lenses	869

The sum of £115 9s. 11d. was charged to the Education Committee for these replacements and repairs.

Dr. J. D. Milne and Dr. V. G. O'Leary continued, as in the previous year, to carry out Specialist Eye Examinations on one session per week each. The services of a third Eye Specialist, Dr. L. W. Davies, on two sessions per week were allocated by the Regional Hospital Board in March 1952, at no cost to the Education Committee.

SPEECH THERAPY.

A full-time appointment was made in September 1954 in place of the previous part-time arrangement. The number of sessions was thereby increased from sixteen to twenty per week.

The following are the details of the children examined and treated during the year :—

Stammer	91
Dyslalia	162
Retarded Speech	19
Dysarthria	11
Cleft Palate.....	6
Other Defects	50
Total	339

No. of patients admitted during the year.....	133
(Boys—99. Girls—34.)	
No. of patients discharged during the year	93
(Boys—64. Girls—29.)	
No. of treatments given during the year	3,785
(Boys—2,878. Girls—907)	

PLANTAR WARTS.

At the Central Clinic 143 cases (41 boys and 102 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 21 boys and 52 girls were cured during the year.

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

CARDIOVASCULAR CLINIC.

At the Cardiovascular Clinic, Newcastle General Hospital, 13 boys and 20 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 every pupil in their last year of attendance at school, still continued, and reports were completed in respect of 3,328 pupils. Of these 2,905 were found fit for any occupation. In the case of 423 pupils (265 boys and 158 girls) it was found necessary to advise against certain types of employment.

MASS RADIOGRAPHY.

Tuberculin Testing of school leavers has been instituted.

During the year 3,034 tests were done. Only those children found to have a positive reaction were referred to Mass Radiography. Children in the East End of the City had X-ray done at a Mobile Unit situated at the Middle Street Clinic and those in the West End attended the Mass X-ray Unit.

X-ray results were as follows :—

	East End Schools	West End Schools
Tuberculin Tests performed	1,546	1,488
No. of children X-rayed	735	688
No. of children referred to Chest Clinic following X-ray Report	4	1
No. of children referred to Children's Dept., Newcastle General Hospital	—	2
No. of children referred to Cardiovascular Clinic	—	1
No. of children kept under observation	1	2

RINGWORM.

1. During the year the following cases were treated :—

(a) Cases carried forward from 1953	33
(b) New Cases—	
(i) Ringworm	38
(ii) Miscellaneous	46

2. Investigations done in connection with cases of Ringworm included :—

(a) Clinical Examinations	864
(b) Examination with Wood's Lamp	265
(c) Cultures prepared	562
(d) Animal Contacts examined	21

3. Treatment.

(a) Number of children who completed treatment	100
(b) Number treated by X-ray Epilation	4
(c) Number for whom no treatment was advised	31

SPECIAL CASES.

215 Special Cases—Physically Handicapped, Educationally Subnormal or Maladjusted—have been specially examined and reported upon.

National Survey of the Health and Development of Children.

The Service has continued to co-operate with the Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and Population Investigation Committee, in the enquiry into the growth, health and development of a sample of children born in March 1946, drawn from all social classes and from all parts of Great Britain.

The 30 children have again been visited by the School Nurses for the completion of the fourth School Absence and Holiday Sickness Records.

Pendower Open Air School.

No. of pupils on Register 1st January, 1954	122
No. admitted during the year	105
No. discharged during the year	54
No. of pupils on Register 31st December, 1954	173

Pendower Open Air School—Classes for Partially Sighted Children.

No. of pupils on Register 1st January, 1954	28
No. admitted during the year	2
No. discharged during the year	6
No. of pupils on Register 31st December, 1954	24

Bolam Street Day Special School.

(for Educationally Subnormal Girls).

No. of pupils on Register 1st January, 1954	91
No. admitted during the year	24
No. discharged during the year	16
No. of pupils on Register 31st December, 1954	99

Lower Condercum House Day Special School

(for Educationally Subnormal Boys).

No. of pupils on Register 1st January, 1954	156
No. admitted during the year	32
No. discharged during the year	36
No. of pupils on Register 31st December, 1954	152

Residential Special Schools.

The following pupils have been maintained in residential special schools :—

Blind	5
Crippled	108
Epileptic	5
Deaf and Dumb	40
Delicate	6
Partially Sighted	1
Educationally Subnormal	41
Maladjusted	13
Total	<u>219</u>

In addition to the above figures 10 children are maintained at the Percy Hedley Spastic School and 1 at the Royal Victoria School for the Blind as day pupils.

Maternity and Child Welfare—Orthopædic Scheme.

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

No. of patients in attendance during the year	397
No. of examinations carried out by the Orthopædic Surgeons	576
No. of treatments given by Physiotherapists	3,989

APPENDICES.

Estimated Total Expenditures

The following table shows the estimated total expenditures for the year 1900.

Amount

Salaries

Expenses

Interest

Depreciation

Reserve

Unexpended balance

Estimated total

Actual total

Per cent of estimated

It appears from the above figures that the estimated total expenditures for the year 1900 are \$1,000,000, and the actual total expenditures for the year 1900 are \$950,000, or 95 per cent of the estimated total.

Summary and Conclusion—Ontario, 1900

The following table shows the estimated total expenditures for the year 1900.

Amount

Salaries

Expenses

Interest

Depreciation

Reserve

Unexpended balance

Estimated total

Actual total

Per cent of estimated

APPENDICES

APPENDIX I.

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL.

(Contributed by K. N. Ogden, Esq., Clerk to Executive Council).

The following data on the work of the Executive Council for the City is supplied :—

On 1st January, 1955, there were 202 doctors (124 practising mainly within the City), on the Medical List. The total number of persons on doctors' lists was 287,597. This figure is higher than the Registrar General's estimated population of the City (286,500) but this is no doubt due to the re-housing of many people on estates outside the City boundaries, and these people have not re-registered on their doctor's Northumberland list. There were 83 dentists on the Dental List, 88 pharmacies, and 17 surgical appliance suppliers on the Pharmaceutical List; and 9 ophthalmic medical practitioners, 71 ophthalmic opticians and 3 dispensing opticians on the Ophthalmic List.

1,788,091 prescriptions were dispensed during the year at a cost of £349,155 after deducting patients' charges amounting to £50,646.

During the year, maternity medical services were provided in 2,300 cases in 1,411 of which the doctor providing the services was in attendance at the confinement. The gross fees paid for maternity medical services was £19,767 8s. 5d. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the Supplementary Ophthalmic Services, 45,748 sight tests were given during the year ended 31st March, 1955, and glasses were prescribed in 40,289 cases. It should be borne in mind, however, that these figures include many non-residents of the City who come into Newcastle for sight testing and spectacles.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1955, was as follows :—

General Medical Services	342,988
Pharmaceutical Services	363,669
General Dental Services	175,289
Supplementary Ophthalmic Services.....	74,764
Administration	13,356
	970,066

This was equivalent to £3 7s. 9d. per head of the population compared with £3 3s. 3d. in the previous year.

The following members of the Local Health Authority served on the Executive Council during the period, viz., Ald. J. Chapman, Coun. Dr. D. R. Milligan, Ald. Mrs. D. A. Fitzpatrick, Coun. R. M. Henderson, Coun. Mrs. I. McCambridge, Coun. Mrs. C. C. Scott, Coun. T. D. Smith, together with the Medical Officer of Health.

APPENDIX II.

PREMATURITY IN NEWCASTLE UPON TYNE.

(Joint Report by Dr. W. S. Walton, Medical Officer of Health, Dr. F. J. W. Miller, Lecturer in Paediatrics, University of Durham, Clinical Adviser in Child Health to the Local Health Authority, and Mr. Linton Snaith, Consultant Obstetrician, Newcastle General Hospital).

In the report of the Medical Officer of Health last year, we reviewed the major causes of death and ill health in infancy and early childhood, making the point that we must concentrate upon the care of the expectant mother and the infant during the first week of life. For the greatest loss of infant life occurs before or during birth, or in the first seven days afterwards and is then associated with premature birth, congenital abnormalities and birth injuries. This year, therefore, and in future years, we wish to direct attention to the principal causes in turn, examining the situation in so far as we know it, and considering the way in which the Local Health Authority can help towards further reduction in the number of infant deaths.

Our first subject is prematurity. We are aware that it has been the subject of comment in recent years, but it is so important and the situation is changing so rapidly that we feel justified in making this further reference to it, and comparing the problem in Newcastle with that for the country as a whole.

The present agreed definition of prematurity is one of weight only, and "any infant with a birth weight of 2,500 grams (5½ lbs.) or less, shall be considered premature regardless of length of gestation." Since 1952, the birth weight of every child has been required on notification of the birth, and contemporary facts of prematurity in England and Wales, compiled in the Ministry of Health (from LHS.27) have been clearly presented in the Annual Report of the Chief Medical Officer for 1953. There it is stated that the incidence of liveborn premature infants was 6.6% and the births of 45,472 such babies were recorded.

TABLE I.
LIVEBORN PREMATURE BABIES.
ENGLAND AND WALES, 1953.

	Hospital.	Domiciliary.	Total.
Liveborn	33,205 (73%)	12,267 (27%)	45,472
Adjustment for transfer from home to hospital	+2,607	—2,607	
	35,812	9,660	45,472

From Table I, it is apparent that just over one fifth (9,660 out of 45,472) of all liveborn premature children are looked after entirely at home. In addition to these figures, there were 7,407 premature stillbirths in England and Wales, making a total of 52,879 premature births.

Now let us look at the proportion of neonatal and foetal deaths associated with prematurity, and the immediate fate of the premature child whether born at hospital or at home.

In England and Wales in 1953 there were 15,681 stillbirths and deaths of children during the first four weeks after birth. We have already seen that 7,407 of the stillbirths were in premature children.

The Registrar General records 3,546 deaths due to prematurity, but this does not tell the whole story, and we can calculate from the data in the Ministry of Health Report already quoted that about 7,000 of the 12,088 neonatal deaths (155 per 1,000 liveborn infants) must have been in premature children, and the prematurity must have been an associated and possibly contributory factor. Thus, half the stillbirths and more than half the neonatal deaths were in premature children. The figures for Newcastle over the six years 1948-1953 reflect the same story and reveal the importance of premature birth in relation to infant loss.

The survival rates in the different weight groups are available in the Ministry Report ; the figures are set out for 1953 in Table II, and the comparable results for Newcastle in 1954 in Table III.

TABLE II.

FATE OF PREMATURE CHILDREN.
ENGLAND AND WALES PER 1,000 LIVE BIRTHS IN EACH
WEIGHT GROUP (1953).

Weight Distribution.	Weight at Birth.	Born in Hospital.	Born at home and nursed there.	Mortality per 1,000 live births.	Expected Survival.
12%	—3 lb. 4 oz.	691	740	687	31%
19%	—4 lb. 6 oz.	196	177	201	80%
19%	—4 lb. 15 oz.	70	62	79	92%
50%	—5 lb. 8 oz.	41	26	41	96%
				155	

(Report of Chief Medical Officer, Ministry of Health, 1953).

TABLE III.

FATE OF PREMATURE CHILDREN.
NEWCASTLE UPON TYNE PER 1,000 LIVE BIRTHS IN EACH
WEIGHT GROUP (1954).

Weight Distribution.	Weight at Birth.	Total.	Deaths.	Mortality per 1,000 live births.	Survival.
9%	—3 lb. 4 oz.	35	25	714	29%
19%	—4 lb. 6 oz.	74	21	283	72%
26%	—4 lb. 15 oz.	101	7	69	93%
46%	—5 lb. 8 oz.	178	8	45	96%
				159	

In Newcastle some 33% of premature children are born at home, and about one in ten is admitted to hospital (*Miller, F. J. W., and Walton, W. S., (1954) "Policies for Prematures" Lancet II, 325*). From Tables II and III we see the survival rates are practically the same, and an immediate survival of 85% of all premature infants has been achieved. In order to obtain an accurate picture of the facts relating to the survival of premature infants, it would be necessary to compare the results of regions, towns and hospitals with the general figures of the country. We must also include stillbirths in our considerations. This is necessary because the definition of stillbirth is, in practice, difficult to interpret or apply consistently, and indeed the distinction between a stillbirth and a livebirth is a legal rather than a medical concept. If, therefore, we do express the loss of premature infants in this way (Table IV), we find that the infant loss in all premature births in England and Wales in 1953 was 27%, and in the City of Newcastle in 1954 it was also 27%.

TABLE IV.
FOETAL LOSS OF PREMATURE CHILDREN.
ENGLAND AND WALES, 1953 : NEWCASTLE UPON TYNE, 1954.

	Live-born Prams.	Still-Births.	Total Prams.	Neonatal Deaths.	Foetal Loss.	Mortality per 100 live and still born Prematures.
England & Wales ..	45,472	7,407	52,879	7,052	14,459	27.5
Newcastle upon Tyne	388	60	448	61	121	27

These few simple figures furnish a method of judging the effectiveness of our local services for the care of premature children and are useful as a comparison of Newcastle with the country as a whole.

Throughout England and Wales 27% of all premature children are born at home ; but there is some variation from place to place. In general, more infants are born in hospital in those urban areas with relatively large numbers of maternity beds ; in other areas, of which Newcastle is one, the proportion of premature infants born at home is higher ; in Newcastle 37% during the years 1948-1953, but falling to 34% in 1954.

Throughout England and Wales in 1953, 20% of all premature children were admitted to hospital, but in Newcastle in any one year, about 10% are admitted. Thus, we not only have a greater percentage born at home, but admit a smaller percentage of our premature infants to hospital, yet as the overall results were the same we have at least been able to adjust our service of domiciliary care to compare with the general results obtained in the country. But the question before us is whether we can improve our position still further.

The problem must be tackled from two aspects. How can the Local Health Authority Services influence the incidence of premature delivery ? What more can we do to care for children who have been prematurely born ? Our lack of knowledge of the associations of premature labour is one of the most pressing problems of medicine. In at least 50% of cases there is no obvious medical reason for the premature onset of labour, and in these unexplained cases there is a marked social gradient, that is, the chances of a premature birth increase as the social circumstances of the family deteriorate. They are, therefore, likely to be associated with " environmental " causes

if we use that word in its widest sense to include habits of work and living. But there is as yet no direct evidence which or how many of the many possible factors are concerned.

It is, therefore, difficult to anticipate many of the premature births, but the medical causes are well known and where they obtain, extra care should be given from the time the possible cause is recognised and as soon as possible the number of hospital beds for ante natal care should be increased. Very careful antenatal care would undoubtedly prevent some prematurity. Once premature labour has started it is still sometimes possible to get the patient into hospital before the baby is born.

The premature infant nursing service has been highly developed and has served the City well. The results are good, but we **might** be able to save a few more of the very small infants under 3 lbs. by hospital treatment. The difference will be very small, but we are now at the stage when only a slight improvement can be expected for what might appear a very large effort. We shall then, whenever possible, attempt to accommodate very small premature infants born at home in hospital. With existing accommodation all such infants cannot be admitted, but some, after proper assessment, might be taken now that the risk of retrolental fibroplasia has become almost negligible.

The final point to which more care might be given is the follow up care of the premature infant after discharge from hospital or when midwives' care has ceased. Intensive investigations have shown that there is an increased morbidity and mortality in these infants until the end of the second year, when the risks thereafter seem to be the same as for full term children and especially to those families in a poor social environment. For these children a special system of intense follow up should be instituted, and particular attention given to nutrition, the prevention of anaemia and the complete recovery from infections.

The suggestions we make do not imply any major change of policy or striking innovation: they indicate rather a shift of emphasis from the care of the living premature child where the present results are almost as good as can be expected to the prevention of prematurity—a change in the direction of “preventative” obstetrics.

- (16) Examination of 400 domiciliary records showed that only 17% of domiciliary births were to primiparous mothers.
- (17) 17% of all the stillbirths and neonatal deaths occurred in primiparous mothers booked for delivery on the district: some were admitted as emergencies to hospital.

A higher stillbirth and neonatal death rate is usually expected for primiparous mothers than for mothers of higher parities. The preceding figures suggest that this finding is accentuated for primipara mothers delivered on the district.

APPENDIX III.

CHRONIC INFECTIOUS TUBERCULOSIS IN NEWCASTLE UPON TYNE.

*Contributed by Dr. Leslie Feinmann, M.B., Ch.B., M.R.C.P.,
Senior Hospital Medical Officer, East and West End Chest Clinics.*

Pulmonary Tuberculosis is an infectious disease. A large proportion of those suffering from this disease are, therefore, a danger to others before their illness is discovered. Fortunately, modern treatment controls the infection in the vast majority, and unless their disease relapses they cease to be a source of infection.

There remain, as a public health problem, many patients *who are infectious, and for whom, in the present state of our knowledge we have no adequate treatment.* A study of this group has been made to help in the control of the disease. We believe that in compiling and maintaining a register of this class of patient, it will be possible to assess progress of eradication of tuberculosis. Notification and death rates no longer give a complete picture.

In December, 1953, we knew of 276 such patients at the West End Chest Clinic, which dealt with a population of 166,876, consisting of 145,086 inhabitants of the West End of Newcastle and 21,790 living in the adjacent County areas of Lemington, Newburn, Walbottle, Throckley and Westerhope. At that time the number of cases of tuberculosis on the clinic register was 1,578, of which 1,377 were respiratory cases and 700 were known to have had a positive sputum at some time.

Of the 276 chronic infectious patients, 185 were men and 91 were women. 112 of these were considered to be deteriorating in health. In the twelve months after the initial study was made, of 52 deaths due to tuberculosis 28 were of people placed on this original list and 15 were of people first diagnosed and placed on the list during that year. During 1954, of 296 new notifications 43 new cases were added to the list. Our impression was that the known pool of chronic infectious cases was, therefore, not going to increase or decrease rapidly but it will, of course, be one of the objects of maintaining this study to confirm or deny this impression.

By June, 1955, despite removal of names from the list by death, by removal from the district and in over thirty cases because sufficient improvement in health had taken place, there were still 256 names on our list though in 56 of these enough improvement had been found to classify them as doubtfully infectious.

The figures, of course, refer to known cases. The unknown infectious pool is commonly considered to be large. The Rhondda Fach survey in which 91.7% of men and 86% of women in a community were x-rayed, discovered 37 new infectious cases compared with 85 previously known.

AGE + SEX INCIDENCE.

This is similar to the national trend of notifications, with a large proportion of young women and elderly men.

DANGER TO THE COMMUNITY.

105 of these patients (38%) are known to have infected at least one other member of their household. The importance of prompt and complete contact examinations of these cases cannot be over stressed. One patient, found to have moderately advanced disease has three children. One developed miliary disease, one a tuberculous hip and the other a tuberculous knee.

HOUSING CONDITIONS.

Using the strict official definition of overcrowding and disregarding the quality of amenities of the home, we found that of 244 of our Newcastle chronic patients 58, or 24% were still living in overcrowded homes. A great many had previously been rehoused, mainly because of their disease. There are often great social difficulties in rehousing the families of these patients. Less serious cases may deserve priority over them to avoid rather than relieve tragedy; yet we feel that wherever chronic infection and over-crowding exist together, and

especially when this implies the constant exposure of children and young adults to infection, great priority must be given in rehousing. In fact in a year 10 of these people were rehoused. One relatively small but distinct problem emerged, the middle aged or elderly single man, chronically ill, unemployable, whose inability to fend for himself has contributed largely to the breakdown of his health. A hostel is needed for this group of patients. At the time of the survey 15 needed such accommodation but whether they would stay for long and whether they would conform to a minimum standard of preventive discipline is a matter for conjecture.

EMPLOYMENT.

Excluding housework, only 30 of these patients were working and many of these were in highly unsuitable occupations. We thought a further 71 could be gainfully employed under suitable sheltered conditions such as a Remploy factory. Our experience is that, despite Ministerial circulars, it is often impossible to find work for many of these people in our area. Where a patient is ambulant, lack of gainful occupation destroys morale and may actually increase the danger of his infecting others, especially children.

POSSIBILITY OF TREATMENT.

Most of these patients have very extensive disease but treatment is developing rapidly and many patients are admitted to hospital. At the time of the original survey 52 were in hospital, either being tidied over an acute episode or in an attempt at control by long term medical or surgical methods or in some cases because they had no other place to go. Of the 276 we thought that 23 might possibly become fit for major surgical treatment. In fact 28 had such treatment by June 1955 and many have achieved such control of the disease that their names have been taken from our list. 51 were in hospital in June 1955 and further hospital treatment is now planned for another 20. We believe that the majority of patients on the list can be best cared for at home, some are having treatment and with proper education and adequate housing they need be no danger to others.

DISCUSSION.

It is hoped that the compilation and maintenance of a register of this type will create a new and useful index of progress in the eradication of tuberculosis, in a way that death and notification rates no longer do. It must be pointed out that this survey covered only one half of the population of Newcastle. These are the patients who require the most scrupulous contact examination and follow-up.

Their existence, location and last place of employment are being kept in mind when we are trying to find index sources of infection and planning mass x-ray programmes.

Because of their suffering and for the protection of the rest of the community, they should be given social help wherever possible.

At meetings, with each of our Health Visitors in turn, cases of tuberculosis living in their areas are discussed as a group and we are able to focus their attention on these patients so that they may concentrate on arranging complete contact examinations, education and social help.

The list was first compiled after a complete examination of the Clinic's records by the whole clinic staff in consultation. Since then names have either been added to or taken off the list by the individual doctor concerned after a new notification or change in circumstances. With new developments in treatment and more readily available hospital beds the list is regularly scrutinised for patients suitable for treatment. Our Health Visitors will be informed of changes in the list.



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