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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

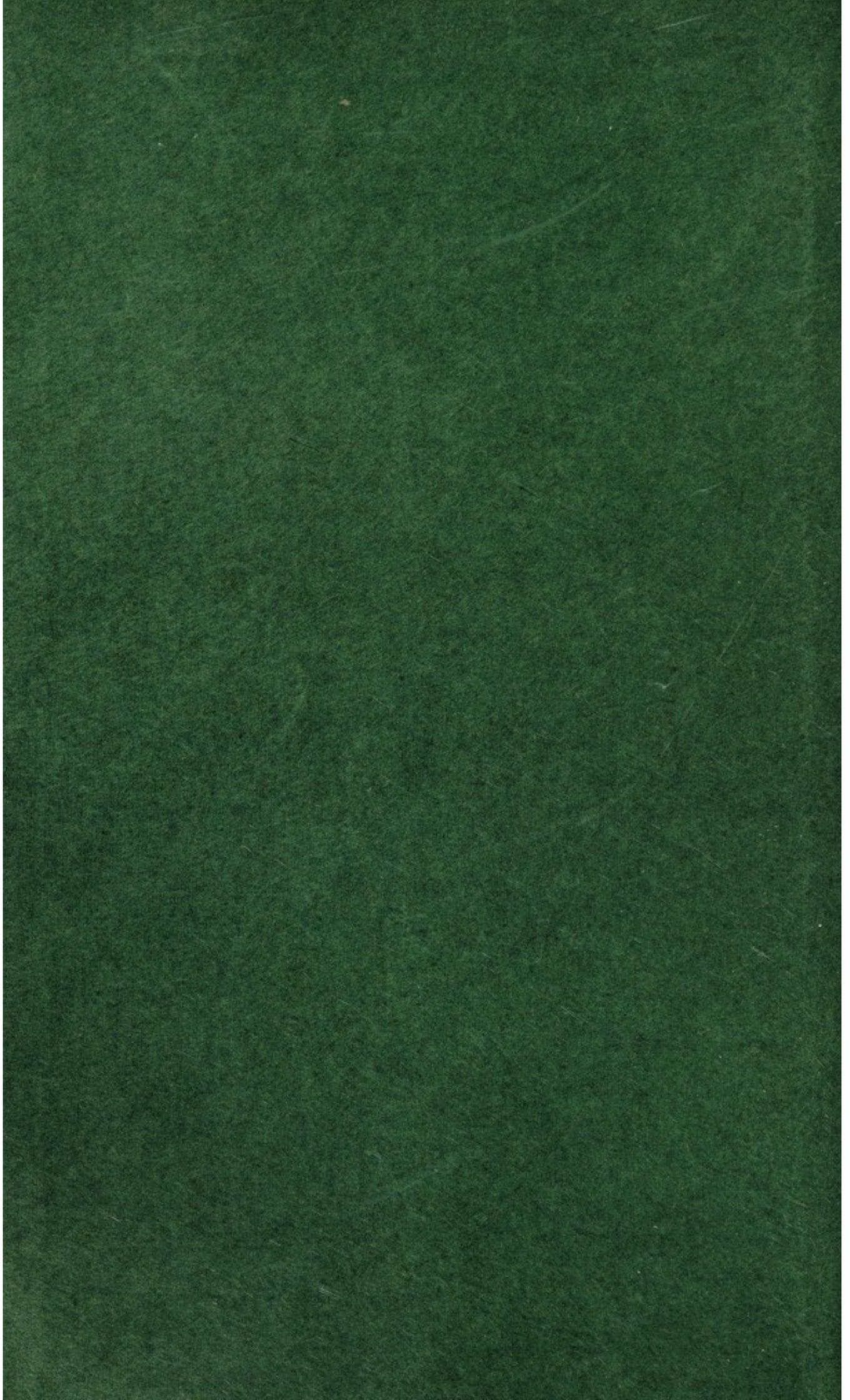
OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1955

HEALTH  
C12JBC  
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**CITY AND COUNTY OF NEWCASTLE UPON TYNE**

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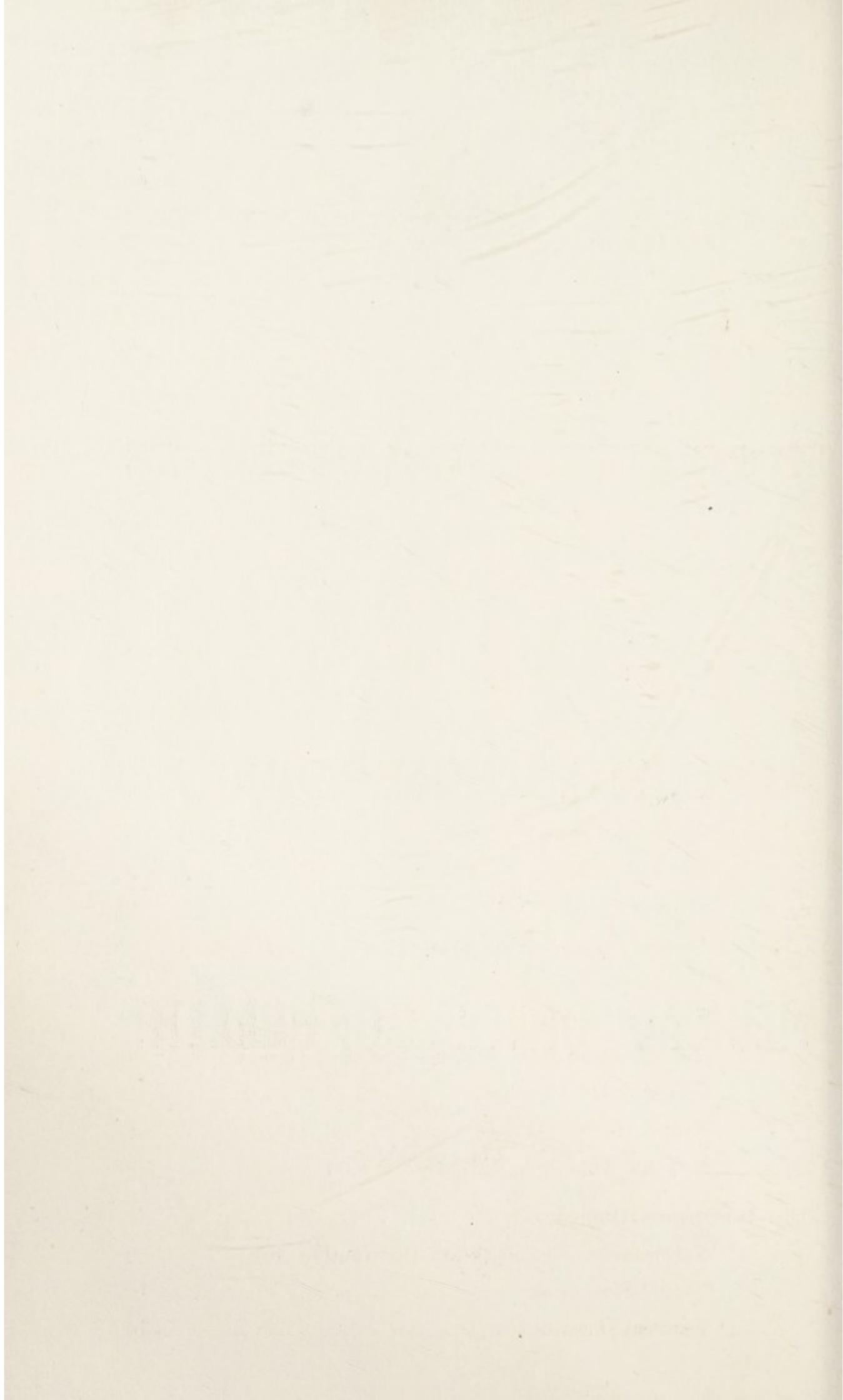
**ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE YEAR

1955



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#### HEALTH COMMITTEE.

1955.

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The Lord Mayor (Ald. H. WALLER).

Councillor 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.

„ Miss E. B. Temple.

„ R. G. Hutton (Vice-

„ Mrs. E. E. Owens.

Chairman).

„ Brigadier H. I. Bransom,  
D.S.O., T.D.

„ Dr. D. R. Milligan.

## SUB-COMMITTEE AS TO NATIONAL HEALTH SERVICE ACTS.

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

*British Medical Association and  
Local Executive Council . . . . .*Dr. H. P. Clark.

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

## 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, Finance Officer, Public Relations Officer, 12 Clerks,  
4 Typists.

*Sanitary Inspection.*

W. Gray, F.R.S.I., F.S.I.A., Chief Sanitary Inspector.  
(retired 31.1.1956).

L. Mair, M.R.S.H., M.S.I.A., Deputy.  
(Appointed Chief Sanitary Inspector on 1.2.1956).  
19 Inspectors, 3 Assistant Inspectors, 8 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 (sessional). Mrs. E. Walker, S.R.N., S.M.V., S.C.M., Non-Medical Supervisor of Midwives, Assistant Supervisor, 47 Midwives, Hostel domestic staff.

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 sessional), Dental Mechanic, Receptionists.

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

Clerical Staff 21.

*District Nursing.*

Miss E. H. Pilcher, S.R.N., Queen's Nurse, Supervisor, Assistant Supervisor, 51 Nurses (including 6 Males), 3 Orderlies, 1 Clerk, hostel domestic staff.

*Domestic Help.*

Miss L. M. Roddam, Organiser, Assistant, 2 Supervisors, 6 Clerks, 340 Domestic Helps (46 full-time and 294 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.*

Clinic Medical Officer (sessional), 3 Nurse/Clerks, 1 Clerk.

*Special Whooping Cough Trials.*

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

*Ambulance Service.*

H. M. Roberts, Ambulance Officer, Assistant, 10 Clerks and Typists, 98 Drivers, Mechanics etc., 5 Foremen, 1 Female Attendant.

*Mental Health.*

J. P. Child, B.M., M.R.C.P., D.P.M. (Clinic Adviser to Local Health Authority), 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), 4 Clerks (2 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.*

2 Attendants.

*School Health Service. (Under Education Committee).*

H. S. K. Sainsbury, M.R.C.S., L.R.C.P., Senior School Medical Officer, 6 School Medical Officers.

J. C. Brown, L.R.C.P., L.R.C.S., L.D.S., Senior Dental Officer, 6 Dental Officers, 5 Physiotherapists, 23 Nurses, 8 Nursing Helpers, 18 Clerks and Clinic Attendants, 1 Dental Mechanic.

*Welfare Foods Distribution.*

Miss D. C. Brown, Supervisor, 8 Assistants (4 part-time).



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

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MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting to you the eighty-third 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 17/55. This report is the tenth in the series which I have personally presented to you and it is my last as your Medical Officer of Health.

During the ten years which I have had the privilege of serving as Medical Officer of Health there have been vast changes in the service, and as great as in any decade since the first Medical Officer of Health of the City was appointed in 1873. In 1946 the country had just passed through a second great world war and in 1948 came into operation the National Health Service Act with its great impact on the health services of the City. In the years following the Health Committee reorganised their services, new schemes were instituted and coincidentally the general health of the people was undoubtedly advanced through the improvement in the social state of the City community. The changes in 1948 transferred from the City the municipal hospital services which had developed during the years from 1930 to 1947 into a hospital organisation of almost regional character.

Despite the many changes and the difficulties of the reorientation of the old services which confronted Local Authorities, in Newcastle in particular it was possible to discern among the upturned soil some green shoots emerging from the acorns of British common-sense. These acorns in Newcastle were derived from the old oaks of the tradition of home, of family and of the health and happiness which comes from the home and a closely associated domiciliary service. The domiciliary services in Newcastle have been closely linked with the general practitioners and to a lesser extent with the hospitals. It is hoped that as a result of this development and out of the rather prosaic and concentrated acorn seeds of Sections 22 to 29 and Section 51 of the National Health Service Act, will grow again many more sturdy oaks of preventive and curative family care.

The health of the City was generally good throughout the year but there are one or two salient points to which I should direct your

attention. In the first place the population had fallen by some 13,000 from 294,800 in 1950 to 281,000 in 1955. This was due to rehousing outside the confines of the City, to transfer of the younger population elsewhere, and to a fall in the birth rate. The sharp fall in population is the most spectacular which has occurred during the history of the City, if one disregards the war years. This fall undoubtedly will have its impact upon many features of the City's organisation and services.

The year 1955 brought more sunshine and less rain to the City than usual but even so there were only 1,200 hours of sunshine as compared with just over 1,600 hours of sunshine at the recording stations at Cockle Park, Morpeth and Hexham and with 1,700 hours at the nearby Queen Elizabeth Hospital in Gateshead, 600 ft. above sea level. The City figures were derived from the gauge on the roof of King's College which perhaps is not one of the worst sites when smoke pollution over the City is considered.

Nevertheless, in some general health records the City showed considerable improvement and particularly so was this in the case of tuberculosis. There were 52 deaths during the year compared with 86 in 1954 and with 263 in 1946 and 400 in 1926: the fall from 208 deaths in 1950 to 52 in 1955 is thus all the more striking. A feature which has also attracted notice is the reduction during the last three years in the number of notifications received in respect of females in the age groups 15 to 35: there were 150 such notifications in 1953 and 83 in 1955. The total number of new notifications of pulmonary tuberculosis, 374, was the lowest ever recorded for the City but there is yet a long way to go before the scourge of tuberculosis is banished from our midst. Particularly pleasing and helpful is the report of the work of the tuberculosis contact clinic working under the supervision of Dr. Mary Taylor, *vide* pp. 120. The efforts made by the Health Department to diminish the incidence of tuberculosis in childhood are summed up in Appendix II, which has been contributed by Dr. Taylor and by Dr. F. J. W. Miller. Between the years 1939 and 1949, 25-30 children up to the age of fourteen died each year. In the year 1955 no child died from tuberculosis in Newcastle! I would commend this account of the work to you because it shows very clearly how a carefully thought out scheme put into operation by the Committee has borne excellent results. The final words of the report—“ Yet in the end it is the prevention of infection rather than the cure of the disease which will benefit both the individual and the community. Only by keeping Prevention as our watchword will the task be accom-

plished,"—provide a lesson for all and a text which has actuated the Health Committee in many of the decisions taken during recent years.

Cancer among the male population continued to increase and deaths amongst males from cancer of the lung were 132 during the year as compared with 108 in 1954, 62 in 1946 and 24 in 1937. During the decade 1940 to 1949 there was an annual average of 38 deaths amongst males in the age range 45 to 65 from respiratory cancer; correspondingly there were 74 deaths in 1954 and 79 deaths in 1955. This increase in an age range which includes many bread-winners will need careful consideration in the future. The number of deaths amongst females from cancer of the lung during the year was 19, a figure remaining very close to the average of that obtaining during the previous ten years. There were in all 638 deaths from all forms of cancer during the year, 347 relating to males and 291 to females.

I would draw your attention to the table of comparative figures for the twenty large towns of England and Wales. The so-called "deadly North" which includes our own City may not be quite so "deadly" as it was some years ago. It is not possible here to enter into a comparison with the results set out in the similar tables of five or ten years ago but Newcastle has shown more than proportionate improvement in its tuberculosis figures, in its infantile mortality rates and in its infectious disease rates. On the other hand the general rates for incidence of, and the deaths from respiratory disease remain high. There can be very little doubt that improved social conditions, better general nutrition and the higher level of economic prosperity and security within the City during the nineteen-forties and fifties have played a part in the general improvement over the earlier health records. Fuller employment and, perhaps, paradoxically the increasing tendency for women to go out to work have materially assisted the "economic welfare" of the families. Against this assumption would have to be put the falling away from good standards of family life in certain instances when mothers have gone out to work. In an area which has been so much dependent upon heavy industry the incoming of the planned light industries and of the chances of employment and consistent good wages have given a steadying influence to welfare and health generally.

The problems of children neglected or ill-treated in their own homes were dealt with by the Special Cases Co-ordinating Committee of which the Medical Officer of Health is the chairman. It continues to perform valuable work and children suffering from neglect ascertained by the officers drawn from the various departments were brought

under special review. The main function of the Co-ordinating Committee is to avoid duplication of visiting and approach to the family. The "chronic" and the difficult cases are specially considered at this joint meeting and a scheme of approach for supervision is agreed and laid down. In this way the difficult cases referred by the children's department, health visitors, almoners, the probation department, the school health department and the head teachers, the welfare department, the pediatricians and the National Society for the Prevention of Cruelty to Children receive appropriate supervision without numerous and undue visitations. During the year 57 cases were discussed by the Committee.

Much progress was made in the field of health visiting during the year and a closer relationship was established with the general practitioners. The health visiting services and the general practitioners are coming to realise the need for co-operation and while progress is slow it is nevertheless very sure. It is therefore rather unfortunate that the Health Visitors Working Party\* chose to say in their official Report that

"... In Newcastle, on the other hand, most of the ante-natal work was done by general practitioners but there had been little subsequent contact with Health Visitors. In Newcastle, general practitioners were aware that Health Visitors were working intensively on the child morbidity inquiry among one thousand families initiated by the late Sir James Spence\*\*, but little advance in co-operation resulted."

It would have been much better to have reported that, as a result of the thousand families enquiry, increased co-operation resulted between general practitioners and the health visitors. The general influence of the child morbidity enquiry permeated throughout the City and moreover it has been clearly shown that, as a long-term result of the investigation "A Thousand Families in Newcastle upon Tyne," the close working together on the part of a University, selected health visitors from the Health Department, and the general practitioners, the district health visitors as time went by were more freely accepted as co-workers by the family doctors of the City. It is there-

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\*An Inquiry into Health Visiting—Report of a working party on the field of work, training and recruitment of health visitors. Ministry of Health, Dept. of Health for Scotland, Ministry of Education. 1956. H.M.S.O. London. 6s. 6d.

\*\*Spence, J., Walton, W.S., Court, S.D.M. and Miller, F.J.W. (1954) "A Thousand Families in Newcastle upon Tyne: an approach to the Study of Health and Illness in Children". Oxford University Press.

fore regrettable that the Working Party's report stated that very little advance in co-operation resulted in Newcastle because in fact our experience in the City recorded just the very opposite point of view.

The growth of the home nursing service has been steadily maintained during the years since 1948. General practitioners are now freely using this service, and one point of interest is now the number of injections which are administered by the nursing staff during the year. Some 65,000 such injections were given and at an average rate of 200 per working day. Details of this service are given in the body of the report and the table on page 64 shows that approximately twice as many injections are given by the domiciliary nursing service to females as compared with the number given to males. Medication by injection has certainly reached very large proportions indeed and in addition the hospital out-patient departments in the City are nearly submerged by demand.

The Health Department, on the instructions of the Committee and relying upon its experience of training and teaching, arranged its own scheme for district nurses, and by arrangement with Northumberland County Medical Officer of Health opportunities were offered for those in training to gain experience of the County services. A certificate was awarded by the City Health Authority and this venture of "in-training" was a great success. During the year a small number of women home orderlies commenced service with the district nursing department. These women were available to bathe old people, and were also ready to act as "night sitters" when the general practitioner considered such care was necessary. This experiment was appreciated and the women orderlies worked very well indeed as assistants to the district nurses.

The story concerning vaccination is not now such a happy one. The percentage of children now vaccinated has been reduced to fifty and in the case of diphtheria immunisation the figure is not much more than 50%. Details as to immunisation with BCG are given under the tuberculosis section of this report.

Your ambulance service encountered another 10% further demand for transport during the year. This was fully accounted for by demands relating to the residents of the City. No further numbers of staff were engaged but it has become obvious that the needs for accidents and emergencies, for admission to hospital, for discharge from hospital, and above all for the transport of out-patients attending hospital, are now straining the service to the utmost. The unevenness

of the demand stretched over the hours of the day makes administration difficult, and the peak loads coming between ten and twelve in the morning and again between four and six in the evening make the provision of cover most difficult. The service in carrying its own maintenance staff has been able to run efficiently and with a good saving of time in repair work.

The Committee will have to consider the provision of a new headquarters station when the Sandyford Road depot premises are taken for the new Town Hall development. The Health Committee's responsibility for Civil Defence has been well met and during the year the number of volunteers in training did not drop below 200; and in September the Newcastle ambulance section won the North Region Competition, organised by the Home Office.

Attendance at ante-natal clinics has fallen considerably during the last decade and general practitioners are accepting more and more responsibility for the care of the expectant mother. It seems that the Health Committee will have to consider a change in policy so far as medical supervision of their ante-natal clinics is concerned. It would be advisable to offer more facilities to the general practitioners and to ask them to attend certain of the centres in order to look after their own patients, and perhaps the patients of their colleagues who are not undertaking active maternal care. The dental care of expectant mothers and children formed an important part of the work of the dental surgeons, but it was disappointing to find that although 500 expectant mothers required 300 sets of dentures the main reason for attendance at the welfare clinic was that the dentures provided by the Local Health Authority were free of charge. Many mothers were having extractions carried out by their own private dental surgeons and then, to avoid payment under the National Health Service for the actual denture, were visiting the clinics. Some arrangement would seem possible here to obviate such doubling of dental services.

13% of the Newcastle mothers were delivered outside the City, while 46% of cases delivered in the City hospitals and nursing homes were in respect of mothers who were non-resident in Newcastle. There was still an insufficiency of beds available for Newcastle mothers and the Regional Hospital Board has not yet been able to provide further hospital accommodation for maternity within the City.

As has been usual over the years, Newcastle City provides extensive arrangements for training of midwives, health visitors, district

nurses, home helps, nursery nurses, sanitary inspectors, and others associated with the health service. Training facilities in respect of domiciliary visiting were also afforded to nurses in general training at the hospitals in the City and to the University medical students. Research work proceeded during the year and further contributions were made in the fields of prematurity and bronchitis, where the health visitors were associated with Dr. Ogilvie of the Royal Victoria Infirmary for a survey of cases selected and compared with controls. In addition further research work was carried out under the School Health Service, and the nature of these researches is described in the School Medical Report. The thousand family investigation continued and the children under observation, born in 1947, had reached or were reaching the age of eight years. Another special research enquiry was conducted on behalf of the Medical Research Council and was related to the relative efficiency of whooping cough vaccines prepared under different methods.

During the year 43,474 new sickness insurance claims were received from the area by the Ministry of Pensions and National Insurance, a weekly average of 836 claims, the range being from 418 to 1,408 per week, the latter total occurring in the fourth week of January.

The changing nature of the amount of infectious disease in the City is now very noticeable. There were 436 admissions to the Infectious Diseases Hospital during 1955 compared with 2,040 in 1945 and 1,452 in 1946. There were still 233 notifications of pneumonia with 117 deaths from the disease.

There were 18 cases of poliomyelitis with 2 deaths from the disease. A comment is necessary here because of the need for prompt notification of the disease. The Public Health Authorities need early notification in order to investigate the contacts and to warn others. It is sometimes thought that the Health Department may be rather officious and may upset patients, and this belief is not uncommon amongst hospital clinicians. The Newcastle Health Department has never been officious in that way and would even accept a verbal or telephone notification. There could be occasions where a case is not notified and where the disease could spread to others, or there could be cases which could give a valuable clue to a source of infection not previously recognised. If poliomyelitis is recognised and "labelled" then there can be but few recriminations if further cases occur as a result of infection from the recognised case.

A start was made during the year with the City's slum clearance programme which is designed to deal with an annual average of some 460 houses over ten years. 553 houses were represented to the Health Committee and orders so far have been made in respect of 466 houses. 274 compulsory purchase orders in respect of one of the Scotswood Road areas were confirmed by the Minister.

The Health Committee was most concerned during 1955 because of the shortage of sanitary inspectors, and with the introduction of further legislation on matters regarding purity of food and housing considerable embarrassment was caused to the Department because of the lack of staff. Vacancies for district sanitary inspectors were advertised throughout the area but no applications were received, and consequently no appointments were made. The Local Authority will have seriously to consider the position if the efficiency of the Department is to be maintained. The routine work of the environmental health service and the inspection of milk, meat and foods, and of premises associated with food, was continued so far as was compatible with the staffing of the Department. A word of advice to the general public on smoke abatement perhaps would not be out of place in this letter. Domestic users of ordinary house coal would not willingly or knowingly scatter dirt, grit and fumes over the curtains and living rooms of their neighbours, yet this happens on a large scale in the City. Ordinary coal burning in the domestic grate is potentially a "smokeful" procedure, and particularly so immediately after starting the fire or during long banking-up periods, or on the occasions when a low fire is carelessly replenished with a large mass of cold fuel. As I pointed out in my 1953 report, the householder burning coal has a responsibility to his fellow citizens. Increased supplies of smokeless fuels are becoming available and we hope that when smokeless zones have been developed in the City it will be possible to improve upon the 1,200 hours of sunshine during 1955 when Hexham and Morpeth were enjoying well over 1,650 sunshine hours. The incidence of many respiratory diseases, and especially bronchitis and probably cancer of the lung, would be materially reduced if parts of the City could have a cleaner atmosphere.

Steady progress was made in the special development of the mental health service. Difficulties were still encountered regarding admissions of patients to mental hospitals, but the position was slightly easier than that during 1954. The new Occupation Centre in Jubilee Road came into full operation and was the subject of favourable comment by the Ministry and Board of Control visitors.

To Dr. Wattsford, the Chairman, to Dr. Robertson the secretary of the Local Medical Committee and to Mr. Ogden, the secretary of the Executive Council, are due sincere tributes for the smoothness of the general working arrangements between their Council and the Local Health Authority. It is usual to convey an appreciation to the Chairman and members of the Health Committee but I do convey my appreciation this time in a special manner because of my happy association with them during the years and because of the presentation which was so graciously made to me by Mrs. McCambridge on their behalf at the Mansion House in 1956. I have had the pleasure of serving under four chairmen, the late Alderman Sir Walter Thompson, Alderman John Chapman, a member of the Health Committee continuously since 1912 (while Dr. Armstrong the first M.O.H. of Newcastle was still in office), the late Councillor Mrs. Fenwick and Councillor Mrs. McCambridge. In particular I would wish to thank Mrs. McCambridge for her great interest, activity and help during the years we have worked together.

It has been a pleasure and a privilege to serve Newcastle. The ten years have been fateful years for the health services, and this report shows the many ramifications of the work of a progressive Health Authority. I have always been greatly impressed by the general standards reached by the housewives of Newcastle in the care of their families, and in the management of their homes. I have been most grateful to all those who have welcomed me into their homes whether I have been paying official or unofficial visits, and particularly in those I have made in assessment of living conditions in connection with slum clearance. On no occasion have I been refused admission to any household; on the contrary, I have received every assistance. The powers which the Council have entrusted to the Medical Officer of Health in respect of removal by court order of old persons living under insanitary "uncared for" conditions have been used only twice during my tenure of office.

I came to realise that in the North country, or in Newcastle, that the standard of general home care is indeed very high, and we found in the thousand family survey that more than 80% of the families can manage their own affairs "if they have a house to live in, good neighbours, a nurse, a school teacher, a priest, or a doctor to come to their aid when necessary." The other families of course attract much attention and the health services may be heavily committed in dealing with them. The tasks of dealing with the problem family and the chronic "ne'er do wells" may loom large on occasions, but the task

of a health department is as much to maintain and assist those who are ready to help themselves as to provide services for those who are not willing to do so.

As Medical Officer of Health I enjoyed the privilege of being associated with many committees and organisations in the City. Apart from the Council committees the Medical Officer of Health is directly associated with the Local Medical Committee, the Executive Council, the Hospital Management Committee, the King's College Council, Hospital Committees of the Teaching Hospital, University Medical School Committees, the larger Voluntary Associations working in the City and also is he associated with his own professional colleagues and his colleagues in local government. This work afforded a great variety of interest.

For the excellent services rendered to the Department by the administrative, clerical, technical, nursing, and medical staffs throughout the ten years I have acted as Medical Officer of Health for Newcastle I am most grateful, and I take this opportunity of recording my appreciation to them all.

I am,

My Lord Mayor, Ladies and Gentlemen,

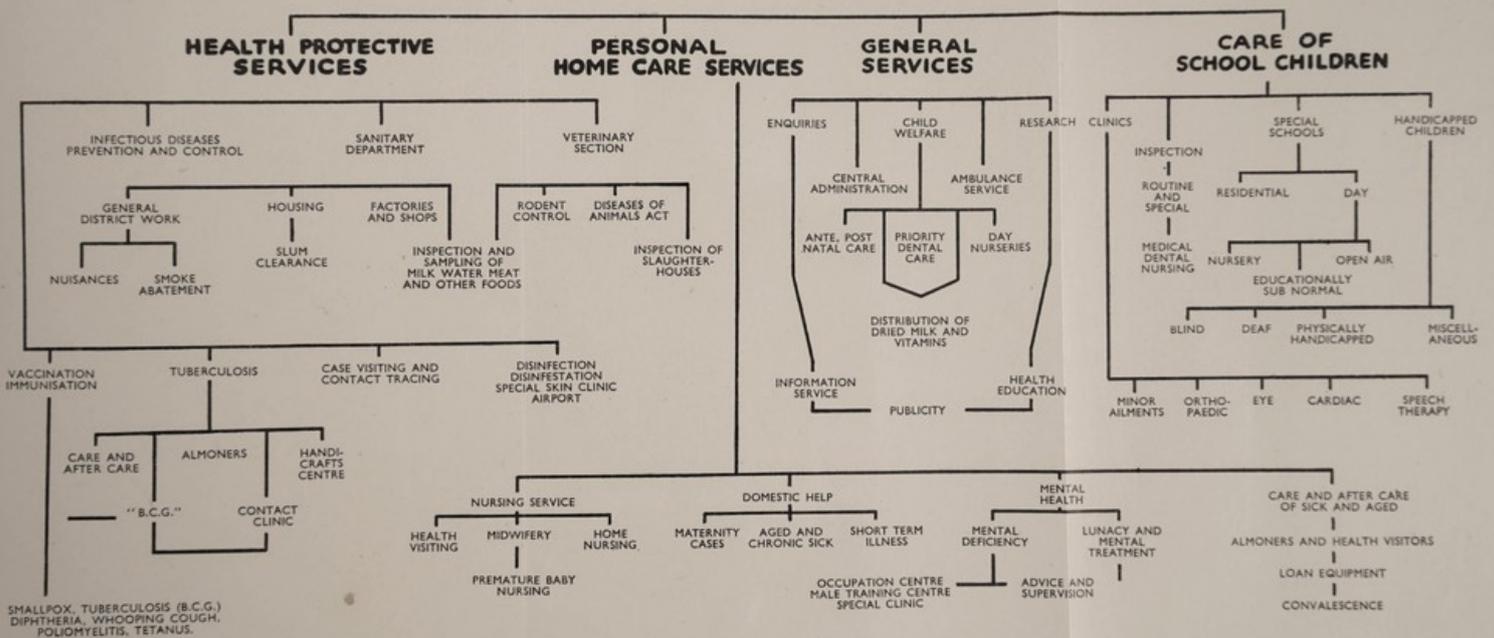
Your obedient Servant,

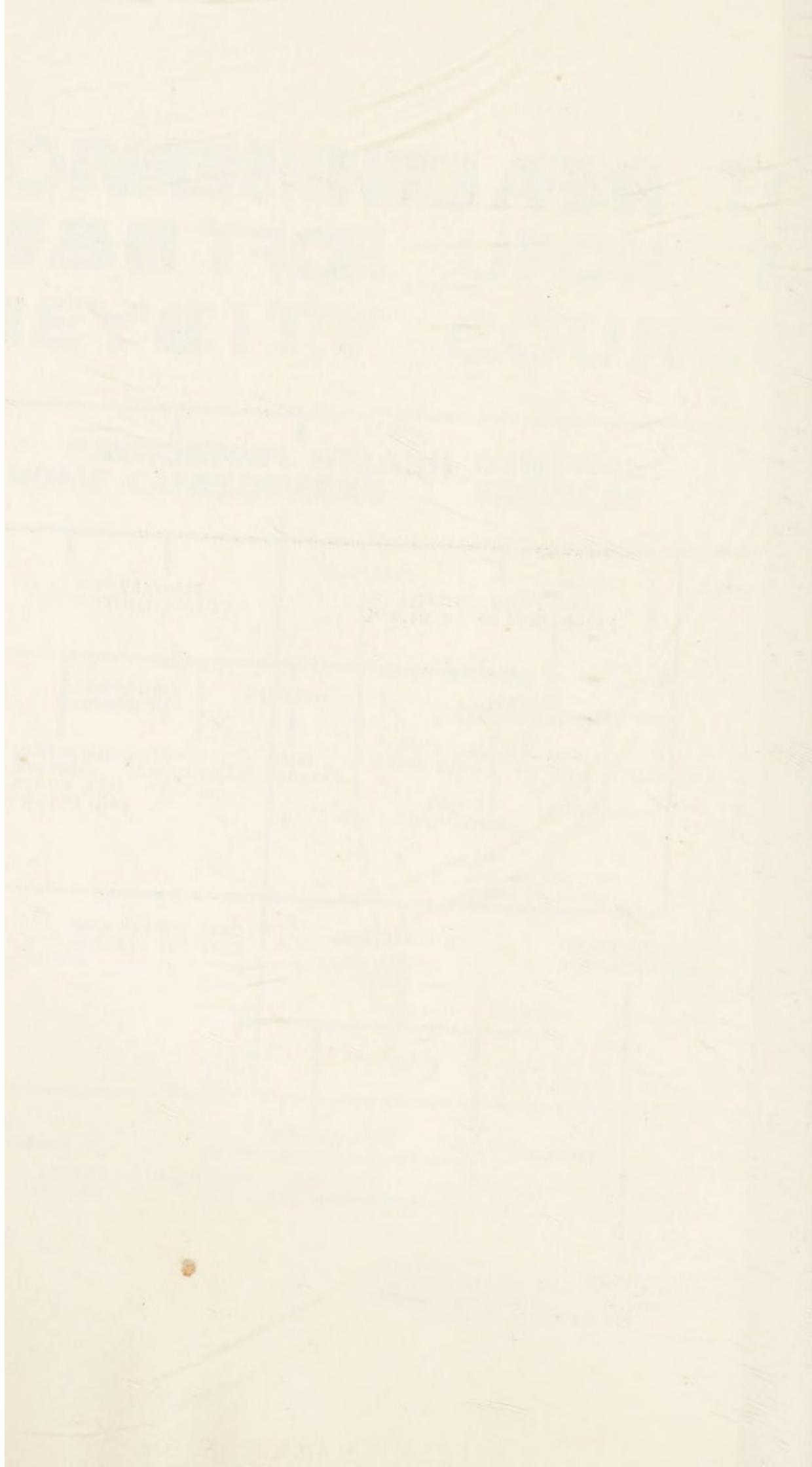
W. S. WALTON,

*Medical Officer of Health.*

*Health Department,  
Town Hall,  
Newcastle upon Tyne, 1.  
October, 1956.*

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





CITY AND COUNTY OF NEWCASTLE UPON TYNE

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**I—GENERAL**

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



## SUMMARY OF STATISTICS, 1955

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Population .....	281,000	
Area .....	11,401 acres.	
Birth Rate .....	Crude ....	16·74 per 1,000 population.
	Corrected .	15·91     "     "
Death Rate .....	Crude ....	12·37     "     "
	Corrected .	13·61     "     "
Infant Mortality Rate .....	33·58	per 1,000 live births.
Neo-Natal Mortality Rate.....	23·17	"     "
Maternal Mortality Rate .....	1·45	per 1,000 live and still births.

### Tuberculosis Death Rate :—

All forms .....	0·184	per 1,000 population.
Pulmonary .....	0·17	"     "
Non-pulmonary.....	0·014	"     "

### Cancer Death Rate :—

All forms .....	2·27	"     "
Lungs .....	0·13	"     "
Bronchus .....	0·41	"     "
Other sites .....	1·73	"     "
Infectious Diseases Death Rate .....	0·02	"     "
Marriage Rate .....	17·8	"     "
Inhabited Houses .....	87,299	
Rateable Value .....	£2,938,996	
Product of 1d. rate.....	£11,981	13s. 7d.

## GENERAL STATISTICS.

**POPULATION.**—The mid-year population, as estimated by the Registrar-General, was 281,000, and represents a decrease of 5,500 from the 1954 estimated population. This decrease is primarily due to the re-housing of nearly 1,100 families on estates outside the city boundary.

**BIRTHS.**—There were 4,705 live births recorded, representing a crude birth rate of 16·74 per 1,000 population, as compared with a rate of 16·95 for the year 1954. The City birth rate is higher than that for England and Wales—15·0.

In addition to the above, there were 111 still-births, representing a still-birth rate of 23·59 per 1,000 live and still births.

SEX.	LIVE BIRTHS.			STILL BIRTHS.		
	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male . .	2,255	120	2,375	52	1	53
Female	2,217	113	2,330	55	3	58
Totals .	4,427	233	4,705	107	4	111

**DEATHS.**—The net deaths amounted to 3,477, equivalent to a crude rate of 12·37 per 1,000 population, as compared with a rate of 11·27 in 1954. The death rate for England and Wales in 1955 was 11·7.

**INFANTILE MORTALITY.**—158 infants died before completing the first year of life, representing a rate of 33·58 deaths per 1,000 live births. This was 34 more than last year, when the rate was 25·5, and it compares unfavourably with the England and Wales rate of 24·9.

Of the 158 infant deaths, 109 occurred before attaining the age of one month, making a neo-natal mortality rate of 23·17, again well above the England and Wales rate of 17·3.

Prematurity was the greatest single cause of death in this group.

**MATERNAL MORTALITY.**—7 maternal deaths occurred during the year, producing a mortality rate of 1·45 per 1,000 live and still births, an increase over the figure for 1954 viz., 0·20 (1 death). The England and Wales maternal mortality rate for 1955 was 0·64.

**TUBERCULOSIS.**—52 persons died from various forms of tuberculosis during the year, 48 being from pulmonary and 4 from non-

pulmonary tuberculosis. The equivalent death rates are as follows : all forms 0·184, pulmonary 0·17 and non-pulmonary 0·014 per 1,000 population.

These rates, although the lowest ever recorded for the City, are still higher than the England and Wales figure of 0·146 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 6 deaths during the year (excluding diarrhoea, pneumonia and tuberculosis), representing a rate of 0·02 per 1,000 population, as compared with 0·03 for 1954.

**MARRIAGES.**—2,514 marriages took place during the year, representing a marriage rate of 17·8 per 1,000 population, compared with 16·39 in 1954.

**ACCIDENTS.**—In spite of all the efforts and publicity directed to the problem, the number of street accidents continues its steady rise year by year. The Chief Constable reports that 2,092 occurred, 86 more than in 1954, and that as a result 1,004 people were injured and 29 died, eleven under the age of 15. All but 349 of these accidents could have been prevented by greater care on the part of either the drivers or the pedestrians involved, but while the general increase is to be deplored there is some small measure of satisfaction to be gained from the fact that accidents involving children did not rise to the same extent, as the following table shows.

	Under 5 years.		5-10 years.		10-15 years.		Total.	
	1954	1955	1954	1955	1954	1955	1954	1955
Killed .....	2	1	4	10	2	..	8	11
Injured .....	58	46	110	124	45	51	213	221

That more accidents occur in the home than elsewhere is no doubt true, but as these are not normally reported, no statistics are available for comparison. Many do come to the notice of the Health Visitors in the course of their duties however : 126 were reported during the year, and of these 30 were due to falls and 68 to burns and scalds. 3 accidents, all to children, were fatal.

**NURSING HOMES.**—The closure of one Nursing Home during the year brought the total down to six registered in the City, with a bed accommodation of 107, of which 30 are for maternity cases.

All Homes were inspected during the year.

**CREMATION.**—During 1955, a total of 4,618 cremations were carried out, an increase of 311 over the 1954 figure. Of these, 1,259 were Newcastle residents.

The Medical Referee required 28 post-mortem examinations (26 in 1954) largely because of the time elapsing between death and the deceased person being last seen by a doctor. Copies of the findings were sent to the doctors concerned.

### HEALTH CONTROL OF AIRPORT.

The traffic between Woolsington Airport and the Continent showed a further expansion. At the beginning of the year there was a regular twice-weekly service between Dusseldorf/Amsterdam and Newcastle and also once-weekly services from Paris, Oslo and Hamburg/Copenhagen.

The summer traffic brought an expansion of all services until September, when with the exception of a thrice-weekly service to Dusseldorf/Amsterdam, they were suspended.

In addition to the increased regular services, the arrival of specially chartered planes from the Continent was also greater. In all there were 349 landings from the Continent, 122 more than last year.

The routine attendance of Health Department staff to carry out the duties imposed by the Public Health (Aircraft) Regulations 1952-4 and the Aliens Order 1953, continued. Seven medical examinations of aliens were carried out at the request of the Immigration Officers.

Details of the planes arriving are as follows :—

#### Number of Aircraft arriving from Continent.

Dusseldorf/Amsterdam.....	134
Hamburg/Copenhagen .....	73
Oslo .....	72
Paris .....	51
Others .....	19

349 of which 267  
carried Aliens.

No. of passengers arriving ..... 4,305

(British 3,123 ; Norwegian 432 ; Dutch 293 ; German 245 ; French 51 ; Others 161).

### 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.**—Compared with the previous year, the weather generally during 1955 was sunny and dry. Hours of sunshine in the City averaged 30 more per month, and over the year the rainfall was 10 inches less. There was also a greater variation in the mean maximum and minimum temperatures, with July the warmest month and February the coldest.

The following table summarises the recordings taken at King's College, Cockle Park (Morpeth), Hexham and Gateshead: sites and altitudes of the neighbouring gauges make exact comparisons difficult, but even so the amount of sunshine recorded for the City compares unfavourably with points four to twenty miles away, particularly at the beginning and end of the year when smoke from domestic chimneys is at its maximum.

METEOROLOGICAL RECORDS, 1955.

Month.	SUNSHINE HOURS.				LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Gateshead.	Rainfall (inches).	Temperature ·F.	
						Mean Max.	Mean Min.
January ..	21·4	48·0	51·1	48·3	1·99	40·0	30·0
February .	30·0	58·5	72·2	66·2	2·74	40·0	27·6
March ....	106·1	132·5	142·5	136·4	1·91	44·0	30·1
April .....	121·6	168·5	176·1	178·7	0·67	57·7	39·1
May .....	163·2	207·8	197·9	217·0	1·78	60·6	38·2
June .....	161·6	185·5	174·4	190·7	3·00	68·8	45·6
July .....	234·9	291·5	245·5	273·8	1·01	79·8	52·2
August ...	136·1	173·0	168·8	184·6	1·14	73·7	52·8
September	118·0	182·3	152·4	171·5	1·13	64·6	47·3
October ..	80·3	120·0	131·0	133·3	1·40	55·3	39·1
November.	9·2	60·0	62·2	46·8	1·51	50·3	33·3
December	17·3	40·3	59·0	55·8	2·82	44·4	33·3
Totals ...	1199·7	1667·8	1633·1	1703·1	21·10	....	....
Average .	99·9	138·9	136·1	141·9	1·76	56·6	39·1

**WATER SUPPLY.**—Details relating to the City's Water supply are shown in the Chief Sanitary Inspector's section of this report (see page 135).

**SEWERAGE.**—There are 460·26 miles of sewers in the City, discharging directly into the River 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.
10th January, 1955.....	2,543	1,310	3,853
12th December, 1955 .....	1,717	834	2,551

**INHABITED HOUSES.**—There are 87,299 inhabited houses, which, on the estimated population, shows an average of 3·2 persons per dwelling.

**RATEABLE VALUE.**—A penny rate produced £11,981 13s. 7d., the gross rateable value being £2,938,996, as against £2,907,858 in 1954.

## Vital Statistics of Whole City during 1955, 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.			
		Uncorrected Number	Net.		Number	Rate.	of Non-residents registered in the City	of Residents not registered 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
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
1955	281,000	5,910	4,705	16.7	4,285	15.2	1,053	245	158	33	3,477	12.4

\* 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 1955.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex	All Ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory	M.	32	..	..	..	..	10	11	11	..
	F.	16	..	..	..	3	8	2	2	1
2—Tuberculosis other	M.	2	..	..	..	..	..	2	..	..
	F.	2	..	..	..	..	1	1	..	..
3—Syphilitic disease	M.	7	..	..	..	..	..	4	2	1
	F.	..	..	..	..	..	..	..	..	..
4—Diphtheria	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
5—Whooping cough	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
6—Meningococcal infections	M.	1	1	..	..	..	..	..	..	..
	F.	1	1	..	..	..	..	..	..	..
7—Acute poliomyelitis	M.	1	..	..	..	..	1	..	..	..
	F.	1	..	..	..	..	..	1	..	..
8—Measles	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
9—Other infective and parasitic diseases	M.	4	..	..	..	..	1	2	..	1
	F.	..	..	..	..	..	..	..	..	..
10—Malignant neoplasm, stomach	M.	55	..	..	..	..	2	31	14	8
	F.	41	..	..	..	..	1	14	16	10
11—Malignant neoplasm, lung, bronchus	M.	132	..	..	..	..	7	79	42	4
	F.	19	..	..	..	..	..	14	4	1
12—Malignant neoplasm, breast	M.	..	..	..	..	..	..	..	..	..
	F.	40	..	..	..	..	5	18	6	11
13—Malignant neoplasm, uterus	M.	..	..	..	..	..	..	..	..	..
	F.	34	..	..	..	..	3	23	5	3
14—Other malignant and lymphatic neoplasms	M.	152	..	..	2	..	9	34	58	49
	F.	150	..	..	1	..	7	51	51	40
15—Leukæmia, aleukæmia	M.	8	..	..	1	1	1	1	1	3
	F.	7	..	1	1	..	..	3	1	1
16—Diabetes	M.	7	..	..	..	..	2	2	2	1
	F.	16	..	..	..	..	..	5	8	3
17—Vascular lesions of nervous system	M.	236	..	..	1	..	5	40	85	105
	F.	294	..	..	..	..	11	63	85	135
18—Coronary disease, angina	M.	336	..	..	..	1	12	119	125	79
	F.	207	..	..	..	..	..	40	94	73
19—Hypertension with heart disease	M.	35	..	..	..	..	..	9	15	11
	F.	59	..	..	..	..	..	8	19	32

Causes of Death at different periods of life for 1955—*continued.*

CAUSES OF DEATH.	Sex	All. Ages.	0-	1-	5-	15-	25-	45-	65-	75-
20—Other heart disease	M.	171	..	..	..	1	8	24	47	91
	F.	255	..	..	..	..	6	31	56	162
21—Other circulatory disease	M.	94	..	..	..	..	1	17	22	54
	F.	109	..	..	..	..	..	13	27	69
22—Influenza	M.	10	1	..	..	1	..	2	4	2
	F.	5	..	..	..	..	..	..	2	3
23—Pneumonia	M.	61	8	1	1	..	2	9	15	25
	F.	56	12	..	..	..	..	5	12	27
24—Bronchitis	M.	156	3	..	..	..	3	59	52	39
	F.	57	..	..	..	..	1	9	16	31
25—Other diseases of respiratory system	M.	20	..	..	..	1	1	5	6	7
	F.	10	..	..	..	..	..	3	1	6
26—Ulcer of stomach and duodenum	M.	18	..	..	..	..	1	6	6	5
	F.	5	..	..	..	..	..	1	..	4
27—Gastritis, enteritis and diarrhoea	M.	10	1	1	1	..	1	1	..	5
	F.	7	2	..	..	..	..	..	3	2
28—Nephritis and nephrosis	M.	17	..	..	1	1	1	7	3	4
	F.	22	1	..	1	1	3	5	6	5
29—Hyperplasia of prostate	M.	19	..	..	..	..	..	1	5	13
30—Pregnancy, childbirth, abortion	F.	7	..	..	..	..	7	..	..	..
31—Congenital malformations	M.	22	15	..	..	2	2	3	..	..
	F.	22	18	1	..	..	1	2	..	..
32—Other defined and ill-defined diseases	M.	130	51	2	2	3	4	24	16	28
	F.	158	34	1	2	1	9	31	27	53
33—Motor vehicle accidents	M.	19	..	1	5	..	5	4	1	3
	F.	12	..	1	4	1	3	2	1	..
34—All other accidents	M.	49	6	3	2	5	10	14	4	5
	F.	26	4	..	..	..	2	3	7	10
35—Suicide	M.	27	..	..	..	..	6	10	2	9
	F.	8	..	..	1	1	2	3	1	..
36—Homicide and operations of war	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
All causes	M.	1831	86	8	16	16	95	520	538	552
	F.	1646	72	4	10	7	70	351	450	682

CANCER DEATHS AND DEATH RATES FROM 1937  
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.			
			Under 25	25-45	45-65	Over 65		Under 25	25-45	45-65	Over 65
1937	389	1.34	1	4	15	4	24	..	..	3	..
1938	444	1.52	..	7	20	10	37	1	..	7	2
1939	457	1.61	..	4	20	9	33	..	1	2	5
1940	474	1.85	..	5	37	6	48	..	1	6	4
1941	510	2.00	..	4	24	6	34	..	..	2	4
1942	510	2.01	..	5	33	12	50	1	2	7	6
1943	533	2.09	..	4	43	11	58	..	3	7	7
1944	519	1.97	..	3	30	19	52	..	1	4	4
1945	510	1.92	1	2	30	13	46	..	2	15	6
1946	538	1.90	1	5	37	19	62	..	..	12	5
1947	514	1.77	..	4	43	21	68	..	..	10	9
1948	590	2.01	..	7	56	22	85	..	1	7	9
1949	558	1.89	..	6	44	21	71	..	..	9	13
1950	644	2.18	..	3	55	34	92	..	..	10	7
1951	585	2.01	..	6	52	27	85	..	2	8	8
1952	614	2.12	..	5	58	30	93	..	1	10	10
1953	607	2.09	..	7	54	38	99	..	3	7	4
1954	554	1.93	..	6	74	28	108	..	1	4	11
1955	638	2.27	..	7	79	46	132	..	..	14	5

CITY AND COUNTY OF NEWCASTLE UPON TYNE.

VITAL STATISTICS 1956.

The following table gives provisional figures for the period 1st January to 30th September 1956, with comparable figures for the corresponding period of 1955.

	<u>1956</u>	<u>1955</u>
Live Births .....	3,258	3,052
Deaths .....	2,449	2,612
Deaths under 1 year .....	90	120
Tuberculosis (all forms)		
Deaths .....	30	41
Notifications .....	328	341
Total Cancer Deaths .....	431	470
Cancer of Lungs:		
Deaths (Males only) .....	90	91

Accordingly, it is estimated that for the complete year 1956:

- (a) The Birth Rate will be slightly higher than in 1955.
- (b) The Death Rate will be slightly lower than in 1955.
- (c) Following last year's unusually high Infant Mortality Rate of 33 per 1,000 live births, this figure is likely to drop to near the 1954 figure of 25 per 1,000.
- (d) The incidence of Tuberculosis as judged by the notifications received, will have fallen slightly as compared with 1955, and the death rate will be considerably lower.



CANCER DEATHS IN AGES (MALE AND FEMALE)—1955.

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 .....	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	5
143 Do. Floor of mouth .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
144 Do. other parts of mouth and mouth unspecified .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	5	..	6	..
145 Do. mesopharynx .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	..
146 Do. Nasopharynx .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
147 Do. Hypopharynx .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
148 Do. pharynx unspecified .....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	1
150 Do. oesophagus .....	..	..	..	..	..	..	..	..	..	..	..	2	3	6	6	8	9	9
151 Do. Stomach .....	..	..	..	..	..	..	..	..	..	..	2	1	31	14	22	26	55	41
152 Do. small intestine .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
153 Do. large intestine except rectum .....	..	..	..	..	..	..	..	..	..	..	2	1	4	9	19	30	25	40
154 Do. rectum .....	..	..	..	..	..	..	..	..	..	..	..	..	4	4	15	9	19	13
155 Do. biliary passages and of liver (stated to be primary site) ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	2	4	2
156 Do. liver (secondary and unspecified) .....	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1
157 Do. pancreas .....	..	..	..	..	..	..	..	..	..	..	..	..	2	13	14	13	16	16
158 Do. peritoneum .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
159 Do. unspecified digestive organs .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
160 Do. nasal Cavities .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
161 Do. larynx .....	..	..	..	..	..	..	..	..	..	..	2	..	1	..	2	..	3	2
162 Do. trachea & of bronchus & lung specified as primary .....	..	..	..	..	..	..	..	..	..	..	4	..	48	..	25	3	77	11
163 Do. lung and bronchus unspecified as to whether primary or secondary .....	..	..	..	..	..	..	..	..	..	..	3	..	31	6	21	2	55	8
164 Do. mediastinum .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
170 Do. breast .....	..	..	..	..	..	..	..	..	..	..	5	..	18	..	17	..	40	..
171 Do. cervix uteri .....	..	..	..	..	..	..	..	..	..	..	3	..	15	..	4	..	22	..
172 Do. corpus uteri .....	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..
174 Do. uterus, unspecified ..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	4	..	10	..
175 Do. ovary, Fallopian tube and broad ligament .....	..	..	..	..	..	..	..	..	..	..	1	..	13	..	6	..	20	..
176 Do. other unspecified female genital organ .....	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	4	..
177 Do. prostate .....	..	..	..	..	..	..	..	..	..	..	..	..	4	..	12	..	16	..
179 Do. unspecified male genital organs ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
180 Do. kidney .....	..	..	..	..	..	..	1	..	..	..	..	..	5	3	1	1	7	4
181 Do. bladder and other urinary organs .....	..	..	..	..	..	..	..	..	..	..	..	..	2	3	9	5	11	8
190 Malignant melanoma of skin .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
191 Malignant neoplasm of skin .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	3	1
193 Do. brain and other parts of nervous system ..	..	..	..	..	..	..	1	1	..	..	1	1	..	3	..	1	2	6
194 Do. thyroid gland .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	1	2
196 Do. bone including jaw bone .....	..	..	..	..	..	..	..	..	..	..	1	..	2	2	1	1	4	3
198 Do. Lymph Nodes .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
199 Malignant neoplasm of other and unspecified sites .....	..	..	..	..	..	..	..	..	..	..	1	..	3	..	1	5	5	5
200 Lymphosarcoma and reticulosarcoma .....	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	3	..
201 Hodgkins disease .....	..	..	..	..	..	..	..	..	..	..	1	1	..	2	1	2	2	5
203 Multiple myeloma .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..	4	..
204 Leukæmia and aleukæmia .....	..	..	..	1	..	..	1	1	1	..	1	..	1	3	4	2	8	7
TOTALS	..	..	..	1	..	..	3	2	1	..	17	16	145	123	181	149	347	291
COMBINED TOTALS	..	..	1	..	..	5	..	1	..	33	268	330	638	..	..	..	..	..



## Total deaths during recent years from certain classes of disease.

	Nervous System.	Circulatory.	Respiratory.	Digestive.	Violent Causes.
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
1955 ...	530	1,266	375	79	141

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER  
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1955.

WARD.	Estimated Population.	Average Area (Less River Spaces)	Density of Population per Acre.	Births.	Birth Rate.	Deaths under 1 year.	Infant Mortality Rate.	PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS				OTHER RESPIRATORY 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.	Deaths.	Death Rate.
Armstrong ...	14,270	239.6	59.6	327	22.9	212	14.8	13	39.75	23	1.61	3	.21	5	.35	..	..	33	2.31	26	1.82	61	4.27
Arthur's Hill	14,320	318.1	44.7	212	14.8	213	14.9	6	28.30	12	.84	4	.28	2	.13	..	..	18	1.25	34	2.37	61	4.26
Benwell ...	14,270	246.8	57.8	256	17.9	173	12.1	9	35.15	14	.98	3	.21	2	.14	..	..	22	1.54	40	2.80	58	4.06
Byker ...	13,620	245.4	55.5	262	19.2	185	13.5	10	38.17	18	1.32	2	.15	9	.66	..	..	19	1.39	24	1.76	63	4.62
Dene ...	13,680	865.4	15.8	155	11.3	162	11.8	2	12.90	19	1.39	3	.22	4	.29	..	..	11	.80	35	2.56	66	4.82
Elswick ...	13,610	215.0	63.3	234	17.2	165	12.1	6	25.64	15	1.10	3	.22	4	.29	..	..	16	1.17	26	1.91	53	3.89
Fenham ...	15,880	650.5	24.4	220	13.8	174	10.9	12	54.54	14	.88	2	.12	..	..	..	..	17	1.07	36	2.27	55	3.46
Heaton ...	14,350	315.3	45.5	156	10.8	168	11.7	2	12.82	15	1.04	1	.07	3	.21	..	..	9	.62	34	2.37	61	4.25
Jesmond ...	15,670	416.6	37.6	157	10.1	240	15.3	1	6.37	13	.83	1	.06	3	.19	..	..	7	.44	49	3.12	85	5.42
Kenton ...	23,620	1938.0	12.2	464	19.6	242	10.2	9	19.40	28	1.18	3	.12	4	.17	..	..	23	.97	46	1.94	74	3.13
St. Anthony's	13,740	240.9	57.0	217	15.8	175	12.7	10	46.08	27	1.96	1	.07	6	.43	..	..	23	1.67	34	2.48	48	3.49
St. Lawrence	14,840	315.3	47.0	231	15.5	150	10.1	7	30.30	21	1.41	3	.20	4	.27	..	..	15	1.01	34	.23	37	2.49
St. Nicholas	9,970	438.2	22.8	184	18.4	133	13.3	8	43.48	13	1.30	1	.10	2	.20	..	..	19	1.90	26	2.60	33	3.31
Sandyford ...	13,560	245.9	55.1	175	12.9	179	13.2	5	28.57	20	1.47	..	..	2	.14	..	..	19	1.40	31	2.28	55	4.05
Scotswood ..	15,060	395.5	38.1	253	16.7	165	10.3	9	35.57	28	1.86	8	.53	4	.26	..	..	23	1.52	32	2.12	46	3.05
Stephenson ..	16,550	310.2	53.3	428	25.8	213	12.8	21	49.06	24	1.45	1	.06	3	.18	..	..	37	2.23	35	2.11	52	3.14
Walker .....	16,920	499.9	33.8	338	19.9	167	9.8	15	44.38	36	2.12	4	.23	7	.41	..	..	13	.77	27	1.59	36	2.12
Walkergate..	14,580	525.2	27.7	217	14.9	171	11.7	5	23.04	17	1.16	2	.13	4	.27	..	..	21	1.44	35	2.40	63	4.32
Westgate ...	12,490	293.6	42.5	219	17.5	190	15.2	8	36.53	17	1.36	3	.24	..	..	..	..	30	2.40	34	2.72	56	4.48
CITY ...	281,000	8705.4	31.0	4705	16.7	3477	12.3	158	33.58	374	1.33	48	.17	68	.24	4	.01	375	1.33	638	2.27	1063	3.78

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1955. 32A

	Birmingham.	Bradford.	Bristol.	Cardiff.	Coventry.	Croydon.	Kingston upon Hull.	Leeds.	Leicester.	Liverpool.	Manchester.	Newcastle upon Tyne.	Nottingham.	Plymouth.	Portsmouth.	Salford.	Sheffield.	Southampton.	Stoke-on-Trent.	Sunderland.
R.G.'s ESTIMATED POPULATION .....	1,111,700	286,400	442,700	248,400	267,300	240,300	299,600	507,400	288,300	779,900	692,200	281,000	312,000	218,000	238,700	169,300	501,100	194,900	274,000	182,000
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	0.95	1.02	1.02	0.95	0.99	0.98	0.94	0.94
(b) Deaths .....	1.14	0.97	0.96	1.07	1.27	0.90	1.15	1.08	1.02	1.20	1.13	1.10	1.09	1.02	0.98	1.16	1.06	1.03	1.24	1.16
CRUDE BIRTH RATE PER 1,000 POPULATION .....	16.01	16.20	14.76	16.85	16.09	13.4	18.07	15.0	14.80	19.6	16.91	16.74	15.67	16.22	14.16	15.95	13.48	16.91	15.26	19.33
BIRTH RATE AS ADJUSTED BY FACTOR .....	15.05	16.20	14.61	15.84	15.2	13.3	17.3	14.7	14.65	18.0	16.06	15.91	14.89	16.54	14.44	15.15	13.35	16.57	14.34	18.17
CRUDE DEATH RATE PER 1,000 POPULATION .....	11.27	14.61	11.77	11.39	8.7	11.4	10.8	11.5	11.05	11.9	12.68	12.37	11.28	10.93	10.77	12.30	11.84	10.41	11.4	10.42
DEATH RATE AS ADJUSTED BY FACTOR .....	12.85	13.59	11.90	12.19	11.0	10.3	12.4	12.4	12.19	14.3	14.33	13.61	12.30	11.15	10.55	14.268	12.55	10.31	14.13	12.32
INFANTILE MORTALITY RATE PER 1,000 LIVE BIRTHS .....	23.71	28.58	19.14	33.21	27.9	21	26.4	25.4	23.37	30	28.37	33.08	28.00	20.65	23.96	30.00	23.68	19.42	31	38.08
NEO-NATAL MORTALITY RATE PER 1,000 LIVE BIRTHS .....	16.24	17.81	12.71	19.34	17.9	13.47	15.7	17.8	16.76	20.3	18.37	23.17	16.76	14.71	18.64	21.85	16.73	13.05	21.77	24.44
STILLBIRTH RATE PER 1,000 TOTAL BIRTHS .....	23.00	20.04	20.25	30.12	25.1	20.26	25.04	22.2	20.80	26.0	26.45	23.05	24.91	20.22	26.50	35.03	25.39	23.12	29.26	25.74
MATERNAL MORTALITY RATE PER 1,000 TOTAL BIRTHS .....	0.33	0.43	0.30	0.46	1.16	0.59	1.08	0.51	0.23	0.57	0.75	1.45	0.60	0.83	0.29	0.71	—	—	0.697	0.83
TUBERCULOSIS RATES PER 1,000 POPULATION:—																				
(a) Primary notifications:																				
Respiratory .....	1.03	0.80	0.786	1.19	1.64	0.93	1.02	0.96*	0.733	1.39	0.96	1.33	1.14	1.06	0.69	0.869	0.91	1.498	1.23	1.18
Non-respiratory .....	0.11	0.09	0.104	0.18	0.13	0.11	0.09	0.17*	0.091	0.15	0.11	0.24	0.10	0.09	0.07	0.112	0.10	0.108	0.099	0.13
(b) Deaths:																				
Respiratory .....	0.19	0.10	0.118	0.19	0.16	0.140†	0.19	0.13	0.199	0.24	0.19	0.17	0.17	0.19	0.08	0.224	0.216	0.164	0.263	0.16
Non-respiratory .....	0.01	0.01	0.016	0.012	0.015	0.012†	0.013	0.01	0.007	0.02	0.02	0.014	0.01	0.00	0.01	0.024	0.022	0.026	0.025	0.02
‡DEATH RATES PER 1,000 POPULATION FROM:—																				
Cancer (all forms including Leukæmia and Astenkaemia).....	2.06	2.37	1.993	2.07	1.6	2.190	2.04	2.11	1.890	2.05	2.28	2.27	2.02	1.90	1.97	2.163	2.16	1.934	1.87	1.92
Cancer of Lungs & Bronchia .....	0.44	0.46	0.371	0.399	0.38	0.477	0.45	0.54	0.311	0.32	0.56	0.54	0.43	0.31	0.36	0.543	0.48	0.421	0.328	0.38
Meningococcal Infections .....	0.00	0.01	—	0.016	0.007	0.01	0.006	0.01	—	0.00	0.004	0.007	0.006	0.00	0.00	0.006	0.00	—	0.015	0.005
Whooping Cough .....	0.00	—	0.002	0.004	—	0.00	0.006	—	0.0035	0.00	0.003	—	0.006	0.00	—	—	0.00	0.005	0.004	0.005
Influenza .....	0.08	0.06	0.063	0.036	0.07	0.08	0.036	0.04	0.087	0.06	0.049	0.053	0.048	0.10	0.03	0.065	0.03	0.03	0.065	0.03
Measles .....	0.01	0.01	0.005	0.004	—	0.00	0.003	0.01	—	0.00	0.003	—	0.016	—	—	—	0.01	0.005	0.011	0.005
Acute Poliomyelitis and Encephalitis .....	0.00	0.01	0.002	0.008	0.004	0.02	0.003	0.00	—	0.00	0.001	0.007	0.003	—	0.00	—	0.01	—	0.0	0.005
Diarrhoea (under 2 yrs) .....	0.01	0.01	0.007	0.020	0.1	0.01	0.01	0.02	0.007	0.02	0.01	0.011	0.016	0.00	0.02	0.012	0.01	0.01	0.0033	0.06
Diarrhoea (under 2 yrs.) per 1,000 live births .....	0.85	0.66	0.46	1.19	0.7	0.28	0.55	1.18	0.472	1.24	0.60	0.637	1.02	0.57	1.18	0.741	0.74	0.61	0.24	3.12

†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. \*Less †Transfers †Respiratory 0.79. Non-respiratory 0.16. (Primary notification)  
 ‡Departmental Figures. Respiratory 0.132. Non-respiratory 0.008 (Deaths).



	Newcastle upon Tyne.	Gateshead.	South Shields.	Sunderland.	Tynemouth.	Northumberland.	Durham.
	281,000	113,200	107,800	182,000	67,100	453,000	914,600
R.G.'s estimated population .....							
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.....	16.74	16.9	18.1	19.33	17.12	16.34	17.2
Birth rate as adjusted by factor.....	15.91	16.0	16.8	18.17	16.26	16.34	16.7
Crude death rate per 1,000 population.....	12.37	11.9	11.4	10.62	12.89	12.06	11.2
Death rate as adjusted by factor.....	13.61	13.6	12.6	12.32	13.92	12.42	12.9
Infantile mortality rate per 1,000 live births .....	33.58	30.7	33.8	38.08	40.9	26.75	31.5
Neo-natal mortality rate per 1,000 live births .....	23.17	21.9	24.1	24.44	30.4	19.05	21.4
Stillbirth rate per 1,000 total births.....	23.05	38.8	28.8	25.74	22.12	23.23	24.4
Maternal mortality rate per 1,000 total births.....	1.45	2.01	0.50	0.83	0.85	0.66	0.50
Tuberculosis rates per 1,000 population :—							
(a) Primary notifications :							
Respiratory .....	1.33	1.4	1.67	1.18	0.77	1.24	0.74
Non-respiratory .....	0.24	0.25	0.14	0.13	0.05	0.17	0.11
(b) Deaths :							
Respiratory .....	0.17	0.20	0.20	0.16	0.14	0.15	0.18
Non-respiratory .....	0.014	0.00	0.02	0.02	0.01	0.02	0.02
Death rate per 1,000 population from :							
Cancer (all forms including Leukaemia and Alaukaemia)	2.27	2.3	2.27	1.92	2.16	1.97	1.98
(Lungs) .....	0.13	0.08	0.083	0.38	0.04	0.35	0.33
(Bronchus) .....	0.41	0.37	0.343	0.005	0.23	0.006	0.01
Meningococcal Infections .....	0.007	0.01	..	0.005	..	..	0.002
Whooping Cough.....	..	..	..	0.005	..	..	0.003
Influenza .....	0.053	0.07	0.04	0.03	0.03	0.024	0.01
Measles .....	..	0.00	..	0.005	..	0.002	0.01
Acute Poliomyelitis and Encephalitis .....	0.007	0.00	..	0.005	..	0.013	0.001
Diarrhoea (under 2 years) .....	0.011	0.00	0.02	0.06	0.03	0.013	0.02
Diarrhoea (under 2 years) per 1,000 live births .....	0.637	0.52	1.02	3.12	1.7	0.81	1.08



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**II.—NATIONAL HEALTH  
SERVICE ACTS**

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## MATERNITY AND CHILD WELFARE STATISTICS.

### Birth Rate.

There were 2,375 male live births and 2,330 female births registered producing a crude birth rate of 16·74 per 1,000 population. Of these births 120 males and 113 females were illegitimate.

### Still-Birth Rate.

There were 111 still-births giving a still-birth rate of 23·6 per 1,000 live births.

### Infant Mortality Rate.

109 babies died in the first month of life and 49 between the end of the first month and the end of their first year. This gave an infant mortality rate of 33·58 per 1,000 live births and a neonatal mortality rate of 23·1.

### Maternal Mortality Rate.

The number of maternal deaths was 7 giving a maternal mortality rate of 1·48 per 1,000 live births, as compared with a rate of 0·20 for the previous year.

## CARE OF MOTHERS AND YOUNG CHILDREN.

In a year when the number of births numbered almost the same as in the previous year the infant deaths increased from 124 to 158. The number of deaths during the first week was 92, which, added to the number of still-births, gave a total of 203 perinatal deaths. The number of still-births during 1955 was less than in 1954, so it seems reasonable to assume that perhaps some of the congenitally debilitated or defective infants managed to survive long enough to be born alive only to die within a few hours or days of birth. A better knowledge of the causes of still-births, prematurity and congenital malformations is still the key to the problem of prevention of this foetal loss.

Towards the end of the year two ante-natal weekly sessions were discontinued on account of poor attendances. A great many general practitioners, quite understandably, dislike their patients attending an ante-natal clinic where they may be examined by another doctor. On the other hand if the clinics are run entirely by midwives, although much good can be done in the way of ante-natal care and mothercraft teaching, the service of taking of blood for examination cannot be offered, as although the midwife is usually the person who takes the blood at an ante-natal clinic it is the doctor who must take this re-

sponsibility. There is no doubt that the ideal service of ante-natal care could and should be given by general practitioner obstetricians who have been booked for the confinement. There still remains, however, the odd case where only the minimum number of visits, as laid down by the Act, are paid, which may be less than is necessary in a particular case, and there may still be the case in which no blood examination has been made and the baby develops haemolytic disease. The local authority clinics can still serve a useful purpose by giving adequate care to these mothers, as well as giving mother-craft teaching, and perhaps the best means is for approved general practitioner obstetricians to hold ante-natal sessions in the local authority premises with all the facilities which would be available there.

The attendances at child welfare centres have remained steady, and as a result of hard and conscientious work on the part of the health visitors among the more difficult families a greater number of these are making use of the clinics, and even have flourishing mothers' clubs. One new centre was opened in the Montagu area to serve the tenants of this newly built estate. This clinic is held in the Tenants' Association Hall which offers all the facilities necessary.

Smallpox vaccination and diphtheria immunization have now been carried out at the child welfare clinics for 18 months, and although there has been actually a decrease in protected children (owing to a fall in the number done by general practitioners) the number vaccinated and immunized at the clinics has remained fairly steady. The whooping-cough survey undertaken for the Medical Research Council was practically completed at the end of the year, and so arrangements were made to start combined diphtheria-pertussis immunization at the beginning of 1956. It is hoped that with this the number of children protected against diphtheria as well as whooping-cough will show a definite increase.

The Co-ordinating Committee, consisting of officers drawn from all those departments involved, continue to review regularly all those "problem families" brought forward by their members. The cases are discussed fully and the course of action agreed upon. Many of the difficult families are helped to achieve a better standard by constant visiting, advice and encouragement from the health visitor. In some cases the encouragement takes the more concrete form of assistance from the Home Help Department, and, particularly in cases where the neglect and mismanagement has been due to the ill-health or ignorance of the mother, this may just have the effect of restoring her lost interest in her home and family. In other cases there may be greater social

complications which call for the services of the Almoner. Only those cases which do not respond to help offered are referred to the Special Cases Committee.

Children suffering from any defect, ascertained either by the health visitor or through the child welfare clinic, are kept under strict supervision. Advice and treatment, if necessary, are arranged, with the agreement of the general practitioner, and follow-up maintained.

The number of families under review by the Committee is 37, and including these, the number under review by the health visitor as possible problems, because of housing, inability to cope, financial, health, marital, etc., difficulties is given in the following table:—

	1950	1951	1952	1953	1954	1955	Total.
Families reported by the Health Visitors and still needing special help ..	2	60	43	47	87	82	321
Families who have had children taken into care ..	—	1	1	2	3	7	14
Families who have removed from City or failed to trace ..	—	18	9	9	5	2	43
Families who are now satisfactory and managing well ..	1	10	6	5	2	1	25
Families where children have commenced school and no longer under guidance of health visitor but considered to need extra assistance .. .. .	—	29	12	7	6	2	56

Support and encouragement is needed continually in many cases and progress is seen frequently in intermittent spells. This small percentage of families would undoubtedly benefit from training centres within the area and it is hoped that these will soon develop.

A group of men and women from the Quakers have readily assisted at one centre in social activities, and one worker has assisted with cookery instruction.

Owing to the falling off in applications for nursery admission following the increase in charges, St. Anthony's Day Nursery was closed in March. The increase in charge was quite considerable for the "low income" group where the mother wished to supplement her husband's income, and in many cases she decided it was not worth her while to go out to work. All the really necessitous cases were accommodated in other day nurseries.

It was with deep regret that we heard of the death of Dr. Glen Davison in April, 1956. Dr. Glen Davison was one of the pioneers in child welfare work in this city ; in fact he was one of the two medical officers who were first appointed by the original voluntary committee "The Mothers' and Babies' Welfare Society" who organised the first baby clinics in 1908. He gave his services then at these clinics entirely voluntarily.

After serving in the 1914-1918 War he resumed his voluntary work at the baby clinics, and it was in 1920, when the first Maternity and Child Welfare Medical Officer was appointed and the original centres taken over by the Newcastle Health Committee, that Dr. Glen Davison became a sessional Medical Officer under the local authority. He attended many of the centres and it is true to say that the feeling the clinic mothers had for "Dr. Glen" amounted almost to worship—he was their guide, councillor and friend. Apart from this work under Newcastle Authority he attended clinics for Northumberland County, looked after the babies in the old Princess Mary Maternity Hospital, as well as undertaking his own private work. During the past few years he had been giving up his clinics gradually owing to progressive ill-health.

There would be many people saddened by his passing—not only colleagues and friends but all those mothers of the past generation or two to whom he had given so freely of his knowledge, skill and kindness.

It was with regret also that we learned of the death of Dr. A. F. G. Spinks, who died in August 1956 at the age of 83.

Dr. Spinks was the first full-time Maternity and Child Welfare Medical Officer to be appointed by the Health Committee, and held this appointment from 1920 to 1938. He was a pioneer in the work, and from a small beginning the department under his direction was built up as the general awareness of the need for the care of mothers and children grew. He retired from the service knowing that a firm foundation for future developments had been laid, and his passing is regretted by all who knew him.

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1955.

41 A

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
Meningococcal Infections .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1	
Meningitis, except Meningococcal and Tuberculous .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1	
Influenza with other Respiratory Manifestations .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	
Primary Atypical Pneumonia .....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	
Bronchopneumonia .....	..	..	..	..	..	..	..	..	..	2	1	3	5	..	..	1	..	6	6	
Pneumonia, Other and Unspecified .....	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	1	2	
Acute Bronchitis .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	
Bronchitis, unqualified .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	
Diarrhoea of Newborn .....	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	2	
Gastro-Enteritis and Colitis except Ulcerative .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	
Spina Bifida and Meningocele .....	2	2	1	4	1	..	..	4	6	1	1	..	1	1	..	..	6	8		
Congenital Hydrocephalus .....	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	
Other Congenital Malformations of Central Nervous System and Sense Organs .....	2	..	..	..	..	..	..	2	..	..	..	..	1	..	..	..	2	1		
Congenital Malformations of Circulatory System .....	3	..	..	1	..	..	..	4	..	..	..	1	..	..	..	..	4	1		
Congenital Malformations of Digestive System .....	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1		
Other and unspecified Congenital Malformations .....	1	4	1	..	..	..	1	2	5	..	2	..	..	..	..	..	2	7		
Intracranial and Spinal Injury at birth .....	7	4	..	1	..	..	..	8	4	..	..	..	..	..	..	..	8	4		
Other birth injury .....	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1		
Post-natal Asphyxia and Atelectasis .....	12	3	..	..	..	..	..	12	3	..	..	1	..	..	..	..	13	3		
Pneumonia of Newborn .....	..	..	2	..	..	..	1	..	3	..	..	..	..	..	..	..	..	3	3	
Other Sepsis of Newborn .....	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	2	..		
Haemolytic Diseases of Newborn (Erythroblastosis) .....	1	1	1	..	..	..	..	2	1	..	..	..	..	..	..	..	2	1		
Haemorrhagic Disease of Newborn .....	4	4	..	..	..	..	..	4	4	..	..	..	..	..	..	..	4	4		
Ill-defined diseases peculiar to early infancy .....	1	1	..	1	..	..	..	1	2	1	..	..	..	1	1	..	3	3		
Immaturity Unqualified .....	15	17	..	..	..	..	..	15	17	3	..	..	..	..	..	..	18	17		
Certain symptoms referable to nervous system and special senses .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..		
Inhalation and Ingestion of food causing obstruction and suffocation .....	1	..	..	..	1	..	..	1	1	1	1	1	1	..	..	..	3	3		
Accidental Mechanical Suffocation in bed .....	..	..	..	..	..	..	..	..	..	1	..	2	1	..	..	..	3	1		
	51	39	3	7	3	1	1	4	58	51	10	6	12	12	3	3	3	..	86	72



The figures relating to the work of the department are set out below :—

### Births.

Of the 4,705 live births in families belonging to Newcastle 2,681 occurred in institutions as shown in the following table :—

Nursing Homes .....	10
Princess Mary Maternity Hospital .....	564
Hopedene Maternity Home .....	247
Newcastle General Hospital .....	1,293
Other outside hospitals .....	567
Total number of live births notified .....	4,705
Proportion of live births taking place in	
Institutions .....	56.9%
Proportion in Newcastle hospitals .....	44.9%

### Deaths of Infants.

	1951.	1952.	1953.	1954.	1955.
Deaths of Infants during first week of life.....	87	73	81	77	92
Deaths of Infants aged one to four weeks .....	18	15	17	12	17
Deaths of Infants aged one to twelve months .....	57	52	34	35	49
Deaths from Prematurity.....	42	37	37	28	37
Deaths of Twins and Triplets....	9	9	3	2	3
Infant Mortality Rate .....	34.56	29.21	26.82	25.5	33.58
Total Live Births Notified .....	4,803	4,792	4,922	4,858	4,705

### Care of Illegitimate Children.

Total number of illegitimate live births ..... 233

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

Brettargh Holt .....	8	Elswick Lodge .....	6
St. Agnes .....	2	Heworth House .....	8

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.
1951.....	191	42	34
1952.....	223	36	29
1953.....	202	35	27
1954.....	218	32	25
1955.....	233	49	33

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS DURING  
1955.

(1)	Number of Women who attended during the year.		Number of New Patients who attended during the year.		Total Number of Attendances made by women included in Col. (2) during year.		Average Sessional Attendance.
	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.
1955.....	2,207	29	1,490	29	6,949	29	11
1954.....	2,064	42	1,614	42	7,271	42	11

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES  
DURING 1955.

(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
	(2)	Under 1 year.	Over 1 year.	Under 1 year.	Between the ages of 1 & 5 years.	Under 1 year.	Over 1 year.	(9)
		(3)	(4)	(5)	(6)	(7)	(8)	
1955....	9,201	3,073	576	2,856	5,576	39,266	18,153	30
1954....	9,249	3,413	423	2,854	5,607	39,144	18,079	30

**Welfare Foods.**

Welfare Foods distributed to expectant and nursing mothers and children through the centres and from the Central Depot was as follows :—

National Dried Milk.	Cod-Liver-Oil.	Vitamin A. & D. Capsules.	Orange Juice.
261,276 tins.	37,512 bottles.	14,360 boxes.	173,121 bottles.

As the Local Authority only took over the distribution in July, 1954, a comparison is only possible for the second six months of the year—as follows :—

Take-up for the period—	National Dried Milk.	Cod-Liver-Oil.	Vitamin A. & D. Capsules.	Orange Juice.
July-December 1955	128,882 tins.	19,139 bottles.	7,670 boxes.	94,324 bottles.
July-December 1954	130,310 tins.	19,850 bottles.	6,641 boxes.	77,529 bottles.

### 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.....	144
"    "    "    " for Speech Therapy .....	23
(including deaf or partially deaf).	
No. of Children referred to Ear, Nose & Throat Hospital ...	25
"    "    "    " Eye Hospital .....	47
"    "    "    " Royal Victoria Infirmary.....	19
"    "    "    " Newcastle General Hospital .....	11
"    "    "    " Fleming Memorial Hospital.....	13

### Handicapped Children (Type of Defect).

Speech.....	74	(Includes 2 in deaf group).	
Orthopaedic .....	226		
Spastic .....	6		
Mental.....	39		
Mental and Spastic .....	2		
Eyes .....	237	Blind .....	3
		Squint .....	204
Congenital .....	60	Heart .....	12
		Hare Lip.....	5
			Partially Blind 5
			Other..... 25
			Hare Lip and Cleft Palate. 14
			Cleft Palate. 7
			Other..... 22
Special .....	75	Epilepsy ...	16
			Eczema .... 14
			Other..... 45
Deaf .....	3		

### Sewing Classes.

A total of 252 classes were held at five centres. The number of attendances was 1,902—an average of eight mothers at each class.

## Day Nurseries Returns.

	Total Capacity.	Children on Register 31st Dec. 1955	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 day Attendance.
Cresta.....	40	34	91	2,398	5,089	7,487	30	51	56	—
Willow Avenue .....	50	41	96	1,490	6,067	7,557	30	64	58	—
Renwick Street .....	50	42	128	2,811	5,328	8,139	31	91	86	—
Woodland Crescent ..	50	40	99	2,332	4,871	7,203	28	67	59	—
West Parade .....	50	40	126	2,885	6,412	9,297	34	79	86	9
Gosforth Street .....	50	40	103	2,361	5,247	7,608	28	66	63	8
*St. Anthony's .....	50	—	13	—	456	456	6	—	5	—
<b>TOTAL.....</b>	<b>340</b>	<b>237</b>	<b>656</b>	<b>14,277</b>	<b>33,470</b>	<b>47,747</b>	<b>187</b>	<b>418</b>	<b>413</b>	<b>17</b>

\*St. Anthony's Day Nursery closed on 31st March, 1955.

There were 548 admissions arranged during the year of which 418 places were taken. There were 413 discharges.

As before, priority cases are taken into the nursery without further interview. Those interviewed are offered places within a week to 10 days if circumstances permit. Many of the children admitted to the nurseries are recommendations by probation officers, almoners, health visitors, medical practitioners and clinic doctors, where they feel the child or parent will benefit by a break during the day, when the health of either is suffering.

Mothers are finding it difficult to pay the higher fees where there are two or more children to be admitted to the nursery. These children are often admitted and after the first week or two the mother finds she cannot meet the cost and the children are discharged.

Figures below show the total of children in the nurseries at the end of 1955, and the reasons for their admission :—

Unmarried mothers .....	37	Financial difficulties .....	58
Widows.....	15	Confinements .....	9
Widowers .....	2	Doctor's recommendation ...	4
Separated or divorced .....	70	Difficult child.....	2
Mother ill .....	10	Housing conditions .....	8
Father ill .....	13	H.V. recommendation .....	9
			237

#### ACCIDENTS IN THE HOME.

As Ascertained by Health Visitors and District Nurses.

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 .....	4	20	2	1	..	1	2	30
Scalds .....	2	22	5	1	4	4	..	38
Lacerations .....	2	14	2	2	3	1	1	25
Fractures .....	2	11	3	2	..	3	1	22
Sprains & Bruises ..	..	6	..	..	..	1	1	8
Asphyxia .....	1	..	..	..	..	..	..	1
Poisoning .....	..	2	..	..	..	..	..	2
<b>Total .....</b>	<b>11</b>	<b>75</b>	<b>12</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>5</b>	<b>126</b>

Number of Fatal Accidents—3.

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

**SPECIAL CASES SUB-COMMITTEE.**

During 1955, 23 new cases were referred to the Special Cases Sub-Committee, which held 5 meetings. The undermentioned are members of the Committee.

- Medical Officer of Health (Chairman)
- Children's Officer (Vice-Chairman)
- Chief Nursing Officer.
- Lady Almoner, Maternity and Child Welfare Department.
- Deputy Children's Officer.
- Organiser of Child Care.
- Superintendent School Nurse
- Head Teacher's Representative.
- Headmistress' Representative.
- Principal Probation Officer.
- National Assistance Board Representative.
- Inspectors of the National Society for the Prevention of Cruelty to Children.
- \*Youth Employment Officer.
- \*Co-opted to the Committee during the year.

There were two visitors to the meetings—Miss O. Baggalay of the United Kingdom Group of the World Health Organisation, and Miss M. Wilson of Melbourne, Australia.

Cases have been referred to the Special Cases Sub-Committee from the following sources :—

	1951	1952	1953	1954	1955	Total.
Co-ordinating Committee .....	3	—	—	—	—	3
Superintendent School Nurse .....	3	14	7	7	11	42
Chief Nursing Officer .....	—	6	6	5	7	24
Lady Almoner, Maternity and Child Welfare Department .....	—	1	1	—	—	2
Head Teachers' Representatives .....	—	—	—	1	2	3
Organiser of Child Care.....	—	—	—	—	2	2
Probation Service.....	—	1	1	—	—	2
National Society for the Prevention of Cruelty to Children .....	—	7	5	5	1	18
Paediatrician, Newcastle General Hospital	1	—	—	—	—	1
	7	29	20	18	23	97

34 cases were brought forward from the previous years and these together with the 23 new cases made a total of 57 cases discussed during the year. By the end of 1955, 30 of the cases were under continuous supervision by various members of the Committee, 7 were under intermittent supervision, and 20 had been discharged from the Committee's lists.

The service is now well established and is working very well indeed. The Local Health Authority domiciliary services have been

increased and particularly the domestic help service. The health visitors are in close contact with many of the families in their districts and specially those with young children. The officers of the Local Authority and of the voluntary societies and Government Departments are in close touch through the Committee in all the difficult cases which become known in the City. As a result of this closer liaison between the various visitors going into the same households, it has been possible to reduce the number of individual visits and to leave the case in the hands of those who can do most at the time.

### **Report on the Priority Dental Service for Nursing and Expectant Mothers and Children under School Age for the year 1955.**

The work of the Priority Dental Service was again undertaken throughout the year by two part-time dental officers, giving almost the equivalent in sessions worked to that of one full-time officer.

In addition, the part-time services of an oral hygienist were utilised. This latter appointment was made in August and since then, the hygienist, Miss Blyth, has given talks and film demonstrations in the clinics to mothers and health visitors. While her work is largely educational, and of propaganda value, she has also undertaken a considerable amount of minor clinical work such as cleaning and polishing teeth, scaling, etc., and in this way has enabled the dental officers to devote their whole time to more essential duties.

Details of the work carried out show that some 30% more fillings have been inserted than in the previous year, but how much of this improvement can be given to the credit of the hygienist, it is still too early to say.

However, it is gratifying to see some evidence, however slight, of a lessening of the apathetic attitude to the care of the mouth and teeth evidenced by so many of our patients.

While every effort is undertaken to make our work as painless as possible, and all is done to try to rid the children and mothers of the fear of "a visit to the dentist," it is felt that this is still the main reason for the disappointing lack of response to our offers of treatment.

However, when free treatment from private practitioners can be obtained under the General Dental Services for both mothers and children, for all treatment required other than the provision of dentures, it can never accurately be assessed, just why the response to the Priority Dental Service is not what was originally expected.

It will be noticed that some 500 expectant and nursing mothers were examined in the course of the year, and some 300 dentures provided. This latter is a distressingly large proportionate figure and proves beyond doubt that, as far as mothers are concerned, the provision of free dentures is by far the main reason for their using the service at all, and, in fact, each year we see patients who have had their teeth extracted privately, free of cost under the National Health Service, and have then come to the Priority Service knowing they will be supplied with free dentures.

Bearing the above in mind, it behoves us, if we are to make the scheme a success, to do everything we can to improve our facilities and amenities. To this end, the dental officers and hygienist are taking every opportunity to interest the mothers in the service and stressing the importance of bringing the children to the dentist every few months for examination. Waiting time in the clinics is cut to a minimum, and patients requiring urgent treatment are seen at once.

The clinic premises however, within the Central Clinic and at St. Anthony's are still far from what is desirable. This is chiefly evidenced in the lack of facilities for recovery for patients who have had a general anæsthetic, and the provision of suitable and adequately equipped recovery rooms in both clinics is an immediate necessity.

Our arrangements with the Dental Hospital for specialist advice, and treatment when necessary, functioned smoothly, and X-Ray diagnosis was undertaken by the School Dental Officers. The Ambulance Service was used from time to time for patients where recovery from general anæsthetic was delayed, and is to be congratulated on the promptness in arrival of cars at the clinics.

Details of the work carried out during the year are given on next page.

NUMBERS PROVIDED WITH DENTAL CARE DURING 1955.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers .....	479	466	353	353
Children under five .....	1945	1309	1206	1206

FORMS OF DENTAL TREATMENT PROVIDED DURING 1955.

	Ex-trac-tions.	Anesthetics.		Fill-ings.	Scalings or Scaling and gum treat-ment.	Silver Nitrate treat-ment.	Radio-graphs.	Dentures provided	
		Inlays	General					Complete.	Partial.
Expectant and Nursing Mothers.....	1830	2	252	257	100	..	19	211	109
Children under five .....	2121	..	966	328	..	498	..	..	..

### DOMICILIARY MIDWIFERY.

Home confinements still account for a comparatively large proportion of Newcastle births. Of the 4,705 city births 2,067 were attended by municipal midwives and another 33 by private midwives or hospital midwives working on the district, i.e. 44%. There were 17 less living premature births in the district and seven less premature still-births than in 1954.

The domiciliary midwives' work covers not only their own booked cases but they also paid 7,575 follow-up visits to 1,535 cases which were discharged from hospital before the 14th day, and they were called on to accompany 275 cases to Dilston Hall Maternity Hospital at Corbridge. We would like to see some adjustment in the allocation of maternity hospital beds so that these long ambulance trips are cut down to a minimum. During the past year 13% of Newcastle mothers were delivered in hospital and nursing homes outside the city, and 46% of the cases delivered in Newcastle hospitals and nursing homes were non-city residents. Every effort is made to ensure that the best use is made of available hospital beds, and the assessment of the need of city cases on social grounds is made by the hospital almoner, assisted by detailed information obtained from the visiting of the homes by the non-medical supervisor of midwives and her deputy. 573 such visits were made in 1955.

Gas and air analgesia was administered to 1,359 cases and trichloroethylene to 306. The latter was only used from 1st August onwards, but this figure would have been much higher if more machines had been available to replace the machines which have all been recalled for retesting during the short period they have been in use. By April, 1956 we expect all Newcastle domiciliary midwives will be equipped with trichloroethylene inhalers. The reports from the midwives have been enthusiastic; they also state that the majority of patients prefer trichloroethylene to gas/air analgesia. Lectures and demonstrations on the administration of trichloroethylene on the machine approved by the Central Midwives Board were given to the midwives, prior to its use on the district, by the Professor of Anæsthetics and the Professor of Obstetrics and Gynæcology of Durham University Medical School.

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 or trichloroethylene machines and premature infant equipment to the patients' homes.

The flying squad from the Princess Mary Maternity Hospital was called out 52 times by practitioners to Newcastle mothers. The practitioners and midwives appreciate this service and feel 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 general practitioners and midwives, and student nurses from the Royal Victoria Infirmary and the Newcastle General Hospital visited the patients' homes with the midwives to see the domiciliary midwifery service.

Thirty-three pupil midwives were trained in 1955, and all were successful in passing the Central Midwives Board examination.

Nine midwives were sent to post-graduate courses in accordance with the new rules of the Central Midwives Board which make it compulsory for a practising midwife to attend a post-graduate course every five years. The midwives appreciated these refresher courses and found them stimulating and helpful in their work. The midwives' post-graduate school held in Newcastle in September, 1955, proved very successful, and was attended by midwives from all parts of England. All places were booked up at an early date. The lectures were given by the Newcastle University, Hospital and Local Authority staff. In 1956 two post-graduate schools are to be held in April and September, and places at both schools were quickly filled up by hospital and domiciliary midwives throughout the country.

Medical and nursing visitors came from Norway, Finland, Trinidad, Japan, Malaya and Jamaica and were able to see and appreciate the midwifery and premature infant service in operation.

Meetings of all midwives—domiciliary and hospital—were held monthly throughout the year at which lectures were given, arranged by the Newcastle branch of the Royal College of Midwives.

#### **Deliveries attended by Midwives.**

The following table relates to the number of women delivered, and not to the number of infants born.

	DOMICILIARY CASES.				Total.	Case Insti- tion
	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 . . . . .	10	144	493	1,405	2,052	
(b) Midwives employed by Hospital Management Committee or Boards of Governors under the National Health Service Act . . . . .	—	31	—	—	31	3,55
(c) Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	2	—	2	36
TOTALS . . . . .	10	175	495	1,405	2,085	3,91

Domiciliary Midwives attended 1,535 cases on discharge from Institutions before the fourteenth day.

There are no voluntary organizations 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 midwives.	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.	
21,419	2,401	11	146	498	1,412	51,626

**Still Births.**

Among the 1,558 births attended by the municipal midwives seven still-births occurred. In 509 cases where midwives attended in the capacity of maternity nurse 22 still-births occurred.

Of the 4,705 city births registered 110 related to still-births.

Ante-Partum Hæmorrhage . . . . .	8	Prematurity . . . . .	6
Placental insufficiency . . . . .	19	Rh. Negative . . . . .	4
Fœtal defects . . . . .	17	Asphyxia . . . . .	2
Malpresentation . . . . .	8	Anoxia . . . . .	11
Toxæmia of pregnancy . . . . .	6	Other causes . . . . .	28
Cerebral hæmorrhage . . . . .	1		
		Total . . . . .	110

**Puerperal Pyrexia.**

Of 117 cases notified 100 were City cases and 17 extra mural cases. Of the 100 City cases 87 occurred in hospital and 13 were notified from the district. The 100 City cases were visited and all recovered.

**Ophthalmia Neonatorum.**

No cases were reported.

**Maternal Deaths.**

Seven maternal deaths occurred, four in hospital. In the one case which died on the district—an abortion—no doctor or midwife had been booked, and the death occurred before the arrival of the doctor. The remaining two cases, both abortions, took place outside of the City, one in hospital and the other in a nursing home.

**Notices for Medical Aids sent by Midwives.**

<i>During Pregnancy—</i>		<i>During Puerperium—</i>	
Ante-Partum Hæmorrhage . . . . .	5	Rise of Temperature . . . . .	6
Miscarriages . . . . .	1	Other illnesses of Mother . . . . .	9
Illness (Miscellaneous) . . . . .	1		
	<hr/> 7		<hr/> 15
	<hr/>		<hr/>
<i>During Labour—</i>		<i>For Child—</i>	
Prolonged labour . . . . .	16	Prematurity . . . . .	4
Uterine Inertia } . . . . .	7	Discharging Eyes . . . . .	23
Malpresentation } . . . . .		Congenital defects . . . . .	1
Retained placenta . . . . .	7	Illness of Baby . . . . .	15
Post-partum hæmorrhage . . . . .	4	Still-Births . . . . .	1
Ruptured perineum . . . . .	59	Rashes . . . . .	9
Other abnormalities . . . . .	3		
	<hr/> 96		<hr/> 53
	<hr/>		<hr/>

Total calls for mother and child — 171.

**Claims for Fees from Doctors in respect of calls from Midwives.**

	1952	1953	1954	1955
For prolonged labour-malpresentation . . . . .	11	18	10	13
For post-partum hæmorrhage . . . . .	6	6	2	1
For ante-partum hæmorrhage . . . . .	9	8	9	2
For illness of mother . . . . .	19	21	15	9
For illness of child . . . . .	14	12	11	12
For premature birth . . . . .	10	8	6	2
For discharging eyes . . . . .	34	25	27	6
For Ruptured Perineum . . . . .	46	57	41	25
Other . . . . .	13	14	10	2
	<u>162</u>	<u>169</u>	<u>131</u>	<u>72</u>

**Care of the Premature Infant.**

The number of premature infants notified on the district during 1955 was 124 :—

114 Living births.

10 Still-births.

Of the 114 live births all were attended by the premature infant nurse. Twenty-three premature infants were transferred to hospital within 14 days.

The results of the remaining 91 Premature Infants.

Birth Weight.	Total.	Survived 28 days.	Died.
2 lbs. 3 ozs and under . . . . .	—	—	—
2 lbs. 3 ozs. to 3 lbs. 4 ozs. . . . .	—	—	—
3 lbs. 4 ozs. to 4 lbs. 6 ozs. . . . .	14	11	3
4 lbs. 6 ozs. to 4 lbs. 15 ozs. . . . .	34	34	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs. . . . .	43	41	2
Total . . . . .	91	86	5

Of the 86 surviving babies "Specialled" by a premature nurse :—

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

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

10 were artificially fed at the end of one month.

Visits :—The total number of visits made by the premature infant nurses was 2,552.

Equipment :—Full sets of premature nursing equipment were issued to 92 homes.

Details of the 23 Premature Babies admitted to hospital.

Birth Weight.	Total.	Lived.	Died.
2 lbs. 3 ozs. and under . . . . .	5	—	5
2 lbs. 3 ozs. to 3 lbs. 4 ozs. . . . .	4	2	2
3 lbs. 4 ozs. to 4 lbs. 6 ozs. . . . .	7	5	2
4 lbs. 6 ozs. to 4 lbs. 15 ozs. . . . .	5	4	1
4 lbs. 15 ozs. to 5 lbs. 8 ozs. . . . .	2	1	1
Total . . . . .	23	12	11

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 .....	—
24 hours to one week .....	1
One to two weeks .....	3
Two weeks to one 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 lbs. 3 ozs. to 3 lbs. 4 ozs. ..	—	—	—
3 lbs. 4 ozs. to 4 lbs. 6 ozs. ..	1	2	—
4 lbs. 6 ozs. to 4 lbs. 15 ozs. .	—	—	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs. . .	—	1	1
TOTAL .....	1	3	1

Thirty-two Premature Infants born in hospital were discharged from hospital to the care of the district special nurse.

### HEALTH VISITING.

This year has shown steady progress in the field of health visiting, although the very necessary increase of health visiting establishment was not realised. The working team has increased and more direct links in the chain have been forged. It is not now unusual to have the general practitioner ringing direct to the health visitor or vice versa, and other members include the Psychiatric and Social Worker, Probation Officer, Welfare Officer, Boarding-Out Officer, etc. These workers call in to the centres where the health visitor is domiciled; a health visitor now has a name, no longer is everything dealt with centrally, a real personal service is growing in reality. A service now awaits the families, with the general practitioner as clinical leader, and the health visitor as the pivot of health, social and nursing services, with the experts assisting where necessary—the home nurse, the mid-wife, and the social worker, together going forward in this great work.

Health Education, a vital part of the health visiting, has still to take secondary place in the centres to the routine of the centre. The health visitor is also the clinic nurse and much time is still spent on work that could well be done by a less well qualified person—state registered nurses, assistant nurses and voluntary workers. The preparation and clearing away of clinics, weighing and measuring of

infants, assisting with immunisation, vaccination and B.C.G. sessions, all detract from the most important part of the health visitor's work—group teaching and consultation with mothers. Practical work, however, has its compensations: a keen enthusiastic health visitor never allows her real purpose to be side tracked, and we have much evidence of this in many of our centres.

The case load of the health visitor is now generally recognised to include the family as a whole, and she is becoming increasingly the point of reference for the specialists in the various fields—this should in time prevent what is still not unknown, a bevy of workers in one home without recognising the functions each of the other. A place for the widening of the infant welfare centre to include other categories of the community may not be so far distant—an old people's centre might be well worth developing.

Decentralisation has had to slow up owing to lack of accommodation and telephone communications. The man or woman who visits the health visitor for consultation needs some privacy; the general practitioner, the hospitals, need to get her on the telephone; and every effort should be made to save the travel time. There is still far too much time spent on travel that could be avoided by decentralisation. Manpower is in short supply, yet we are still slow in giving the necessary tools to prevent this wastage. The health visitor should have her centre on her district; this is vital to the full development of the service and to the families she serves.

The new housing estates grow and many problems could be avoided if they grow up around the health centre. Young mothers want help, and the most needy fail to telephone or send a card for the health visitor and so become lonely and unable to cope—let us prevent this by seeing that the staff are domiciled in the area. The general practitioner is increasingly becoming more interested in social and preventive measures of illness and a more ready acceptance of the health visitor is growing. It is hoped that she will soon become his right hand in assisting with his clinical work in the preventive and social fields. The establishment of pre-natal visits to mothers attending the city hospitals is still of a haphazard nature, yet more requests for social reports are being asked for, and the health visitor continues to do all possible for the cases she finds.

There has been an increase of premature infants and the close liaison between Premature Baby Nurse, the Premature Baby Service at the Princess Mary Maternity Hospital and Newcastle General Hospital, and the Family Doctor continues. A complete record is

maintained until five years and medical examinations are arranged in many cases. The relationship with the General Hospital, Walkergate Infectious Disease Hospital, Children's Hospital, and Princess Mary Maternity Hospital, continues; the growing need for this to be closer becomes more apparent. The value of domiciliary services is still to be fully realised by all, as a saving to the patients themselves, in personnel and in expenditure.

This year has shown a closer liaison with the Children's Department which is much appreciated, as it is vital to the welfare of our children. Health and parentcraft reports are given to the guardian *ad litum* on all adoption cases.

The Welfare Department is now joining us in our work, particularly with the care of the elderly and the families taken into care. A very interesting series of talks was carried out by the health visitors to families in Part III accommodation. Staff of both departments visit together when necessary and no longer are the visitors unknown to the health visitor.

The Mothers' Clubs at St. Anthony's Centre and Wharnccliffe Street have continued and many interesting talks have been given, discussions and social evenings held. In both centres the mothers organised a day at the sea in the summer and Christmas parties for the children.

The care of families unable to cope with the problem of family care, home management, etc., is one which concerns the health visitor vitally. A great deal of the time is concentrated on the prevention of such conditions arising, in aiding those that have broken down, and assisting other workers in this most important work. A very valuable member of the team caring for the non-coping family is the home help, and together the health visitor and home help try to assist in the prevention of a complete break-down. In many cases much more could be accomplished if a day training centre could be developed in the East and West End of the City, where father, mother and children could be helped. If such a scheme could materialize, and all those working in any way for the care and prevention of problem families co-operate there would be less and less need to move the mother, and the children, away from her husband, her home and surroundings she knows and to where she will return. A real field of work is here for the voluntary worker, the health visitor, the home help and social workers.

The staff, both clerical and health visitors, have continued to co-operate in the introduction of the many students into the health

services, student nurses from the Newcastle General Hospital, Royal Victoria Infirmary, Walkergate Infectious Disease Hospital, Fleming Memorial Hospital, medical and social science students from Durham University, and international visitors. The number of students of all kinds introduced to the work of the health visitor was 385.

Six health visitors were sent to refresher courses held under recognised health and nursing organizations. Three health visitors attended a special course at the University of Manchester, on the 'Ascertainment of Defective Hearing in Young Children'.

During the year an independent study was carried out on the work of the health visitor, a random sample, for the Working Party on the Health Visitor, and throughout the year the staff have given excellent assistance with this work.

Research has continued to be part of the health visitor's everyday work. All have taken part in a planned study of Bronchitis in the Community with the University and Royal Victoria Infirmary, under the guidance of the Medical Officer of Health and Dr. A. G. Ogilvie. The main object of the survey is ascertainment of the sex and age incidence of chronic bronchitis, the social and occupational environment of a number of chronic bronchitics and an equal number of controls. One in forty of the households was taken from the electoral roll, and each health visitor given the households selected in her area. This survey continues, and the health visitors work directly with the University staff.

The Whooping Cough Investigation continues under the Medical Research Council. One full time health visitor is seconded to this and five other nurses assist.

A survey was carried out for one month for the Ministry of Health on infants fed entirely on National Dried Milk: the results of this investigation are awaited.

The prevention of mental ill-health and the after-care of the mentally ill patient is very much in the forefront of the health visitor's work today. We are very grateful for the ready assistance that has been given to us by the Psychiatric Hospital and the progress and close relationship for this needs to develop fully.

The recruitment of student health visitors continued to be poor, but the standard of students applying was of a good level. The preventive service will never have the attraction of the other services, yet the health visitor of the future, no less than her sister of the past,

must have a true vocation for this great work. Student health visitors during the year have continued to carry a small family case load assisted by a qualified health visitor who acts as a field tutor. This method is very popular with both qualified health visitors and students who gain so much from the experience and guidance of the field health visitor. Recognition of this work financially could be one of the ways that promotion might be envisaged. Assistance is offered to the students by the local health authority to enable them to qualify for the health visitor's certificate under the Royal Society of Health. Bursaries and grants would be appreciated by health visitors from voluntary agencies and Education Committees for this valuable training. Northumberland County co-operated with us in giving rural experience, both in the homes and in the schools, and for this we are particularly grateful, as this is a joint service carried out by health visitors. The standard of teaching is high throughout the course and is reinforced by many University lecturers. Two courses were organized during the year, one commencing June and one September, in all taking in 19 students. A 100% pass was reached by the students who commenced the course in June. The staff library continues to grow and students and staff are encouraged to use this and to suggest new books. The clerical staff have co-operated whole heartedly in work and in assisting with the training of all types of personnel.

The Committee gave permission for the appointing of homely women to work directly under the supervision of the health visitor or home nurse, as necessary. These women were employed to bath elderly people who are unable to care for themselves and have no relatives to do so, and are not needing nursing care. In all since the scheme commenced we have cared for 126 cases and 3 women were employed by December 31st. In the case of urgent need where people have no relations and the doctor or nurse consider a night-sitter is required the homely women assist. They are doing excellent work among our old people and are helping the lonely and uncared for to take a new interest in themselves and so perhaps retain them for a longer period in their own homes.

## WORK OF HEALTH VISITOR.

### SUMMARY OF VISITS.

	Primary	Subsequent.	Total.
Births .....	4,707	27,449	32,156
Measles .....	3,933	2,601	6,534
Pneumonia .....	239	238	477
Whooping Cough.....	518	629	1,147
Poliomyelitis .....	12	28	40
Expectant Mothers .....	1,002	1,602	2,604
Aged Persons .....	1,186	4,266	5,452
Orthopædic Work .....	201	935	1,136
Tuberculosis Cases .....	737	8,559	9,296
Tuberculosis Contacts .....	577	3,252	3,829
Whooping Cough Survey .....	—	19,457	19,457
Bronchitis Survey .....	—	2,373	2,373
Children over One Year .....	—	57,974	57,974
Hospitals Cases .....	Primary	224	224
Special Visits .....	and	3,622	3,622
Housing .....	Subsequent	676	676
Unsuccessful Visits (Out and Removals .....	—	30,013	30,013
Orthopædic Treatments.....	—	*3,046	*3,046
Venereal Diseases—Contacts.....	—	628	628
Home Accidents .....	—	112	112
Sanitary Defects .....	—	210	210
Totals .....	—	—	177,960
No. of Households Visited.....	—	—	23,439

\* Not counted in Totals.

### Infants on Visiting List.

Of 4,372 children under one year who were visited during the year, 3,840 completed their first year, and of the remainder :—

158 died.

335 left the city.

29 could not be traced.

10 were admitted to institutions.

The following figures are therefore based on the 3,840 who completed the first year plus 158 who died, making in all a total of 3,998 and of the total 2,255 or 56·35 per cent, attended the welfare centres.

Illness among children visited ; 242 or 6·0 per cent contracted measles ; 111 or 2·7 per cent contracted whooping cough ; 162 or 4·0 per cent contracted diarrhœa ; 456 or 11·4 per cent. contracted bronchitis or pneumonia.

Details as to children who should have attained the age of five years during 1955 :—

Well and attending School .....	3,360
Ill and not attending School .....	13
Left City or failed to trace .....	1,407
Died in 2nd year .....	4
Died in 3rd year .....	5
Died in 4th year .....	1
Died in 5th year .....	3
Total surviving whose whereabouts are known	3,373
Total deaths .....	13
Total reported upon .....	4,793

The addresses of 1,617 children who left the City in 1955 were sent to the Medical Officers of Health for the districts to which they had gone.

### HOME NURSING.

The Working Party on Home Nurses was published and it was disappointing that a Minority Report was included.

The length of training suggested by the Majority Report was a minimum four months following general training. It would be encouraging if an experimental training could be set up with a general hospital, in which district training was given during general training. If in hospital training schools are giving us well trained general nurses they should be equally well skilled in home and hospital nursing.

The home nursing service is now up to full establishment and all have received, or are receiving, district nurse training. The home nurses are an integral part of the local authority service, and together with her colleagues—the health visitor and midwife—our families are well served.

The calls on the home nurse increased and more care is being given to the sick child at home and to the adolescent and adult. This change is perhaps a signpost of the demand of the general practitioner for assistance in nursing care of his patients, and the growing realisation of how much better it is for the child to remain at home whenever possible. The home nursing care of our children has always the ready assistance of the paediatricians: when the general practitioners wish, and when necessary, the home nurse attends the Babies Hospital or children's wards for instruction.

Care of the elderly remains a major responsibility of the home nurse, and the homely women and home helps are often of invaluable assistance when old people are living alone, uncared for, and hospital accommodation not available and possibly not necessary. The homely women are available for night sitting when considered essential and work at these times directly under the home nurse.

The difficulty of transport and housing accommodation is still an essential unmet, and the time of personnel is often wasted because of this lack. A great deal more time could be available for nursing care that is now spent on the bus or on the street.

The general practitioner and hospitals are encouraged to contact the home nurse direct when wanting assistance.

The home nurses have given valuable assistance with the many students from the Newcastle General Hospital, Royal Victoria Infirmary, Walkergate Infectious Disease Hospital and Fleming Memorial Hospital by introducing them to their work.

The Health Committee's scheme for training of home nurses continues and we are grateful to all those lecturers who have assisted. During the year 4 have been trained.

During 1955 the number of new cases was 5,158 and the cases brought forward from the previous year were 921.

The staff has been increased to an establishment of 53, i.e.— 6 State registered male nurses, 6 State enrolled assistant nurses, and 39 State registered nurses, together with the Superintendent and assistant.

Six home nurses attended refresher courses during the year. This is a great benefit to the nurses themselves and to the colleagues they speak to on their return.

Ready co-operation has been given throughout the year by the clerical staff and this is so necessary to the smooth running of the services.

Injections still take a good deal of the home nurse's time and the following is a table showing the types of injections given during the year :—

INJECTIONS.

Age Group & Injections given.

Type	1-3 months		3-6 months		6-12 months		1-5 years		5-15 years		15-25 years		25-45 years		45-65 years		65 yrs. & over	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Penicillin .....	44	51	159	120	244	217	918	865	717	651	368	974	1,212	2,318	2,962	2,805	1,965	2,373
Streptomycin ..	—	—	—	—	108	59	38	354	—	46	473	1,248	2,473	2,446	2,091	771	218	30
Petressin .....	—	—	—	—	—	—	—	181	142	—	—	—	—	—	—	5	60	222
Mersalyl .....	—	—	—	—	—	—	—	—	3	—	—	—	79	569	906	1,923	1,761	2,834
Robardin .....	—	—	—	—	—	—	—	—	—	—	6	—	—	12	—	—	—	—
Anahemin .....	—	—	—	—	—	—	—	—	—	—	—	—	41	47	30	564	76	698
Cytamen .....	—	—	—	—	—	—	—	—	—	—	—	—	2	231	121	792	162	1,651
Morphia .....	—	—	—	—	—	—	—	—	—	—	—	—	64	—	109	—	—	30
Neptal .....	—	—	—	—	—	—	—	—	—	—	—	—	59	182	782	977	1,102	1,810
Insulin .....	—	—	—	—	—	—	—	3	—	—	—	—	3	—	48	2,439	1,254	6,422
Testosterone .....	—	—	—	—	—	—	—	—	—	—	—	—	26	—	—	20	—	—
Pethedrin .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	—	—	—
Examin .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	108	—
Tetanus serum .	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—
Inferon .....	—	—	—	—	—	—	—	—	—	—	—	—	—	25	—	—	—	—
Other Injections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,994	6,528	—	192
Total .....	44	51	159	120	352	276	956	1,400	862	697	847	2,222	3,959	5,838	9,069	16,835	6,706	16,262

HOME NURSING RETURN FOR THE PERIOD 1ST JANUARY—31ST DECEMBER, 1955.

DISEASE.	Cases b/fwd. from Dec. 1954	New cases present period.	SEX		AGE GROUPS								RESULT.						
			M.	F.	Under 1 year.	1-5 years.	5-15 years.	15-25 years.	25-45 years.	45-65 years.	Over 65 years.	Continuing 1st Jan. 1956		Discharged		Referred to hospital		Died	
												Old	New	Old	New	Old	New	Old	New
1—Cardiac .....	141	400	157	243	..	..	..	1	26	114	259	123	47	75	86	48	46	48	68
2—Respiratory .....	44	1163	532	631	95	80	60	86	235	306	301	10	41	89	947	12	60	12	37
3—Hemiplegia .....	95	278	116	162	..	..	..	..	4	55	219	64	38	45	31	18	36	49	92
4—Senility .....	81	277	107	170	..	..	..	..	2	..	275	49	31	37	37	46	31	48	79
5—Infectious Diseases .....	..	58	24	34	2	20	4	1	..	14	12	..	3	7	45	..	2	..	..
5a—Tuberculosis .....	52	243	122	121	1	6	4	39	100	80	13	10	29	108	88	..	36	..	..
6—Diabetes .....	27	45	9	36	..	..	..	..	1	15	29	29	2	4	16	10	6	..	..
7—Accidents and Other Violence .....	36	255	103	152	4	22	18	12	50	55	94	17	25	68	145	10	12	10	4
8—Carcinoma .....	56	273	124	149	..	..	..	..	28	114	131	11	24	31	52	17	35	56	103
9—Genito-Urinary .....	15	140	78	62	4	15	4	8	26	38	45	8	8	17	89	9	13	2	9
10—Gynaecological and Post-Obstetric .....	64	175	..	175	..	..	..	44	76	22	33	52	11	30	127	3	13	2	1
10a—Breast Abscesses .....	..	54	..	54	..	..	..	20	32	1	..	..	2	11	40	..	1	..	..
11—Stomach and Intestinal Complaints .....	38	554	227	327	3	14	20	34	93	174	218	16	20	88	364	14	55	18	17
12—Skin Infections .....	37	844	359	485	40	143	139	70	170	166	114	12	23	75	730	13	22	4	2
12a—Varicose Ulcers .....	51	53	6	47	..	..	..	1	..	18	34	45	13	20	7	8	5	5	1
13—Rheumatism .....	54	60	9	51	..	1	3	..	6	19	31	37	9	9	20	17	7	10	5
14—Other Diseases .....	130	281	101	180	3	6	7	12	50	88	115	115	24	63	137	30	12	18	12
15—Diseases of Early Infancy .....	..	4	3	1	4	..	..	..	..	..	..	..	..	..	4	..	..	..	..
15a—Normal Infants .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
TOTALS .....	921	5158	2078	3080	158	307	259	328	902	1281	1923	598	350	777	2966	270	392	286	440
16—Post Operative (included above) .....	79	651	263	388	5	26	31	60	156	202	171	35	48	128	402	26	40	25	26

CASES REFERRED BY

	Number.
General Practitioners .....	4,586
Maternity and Child Welfare Dept. ....	20
<i>Newcastle Hospitals—</i>	
Newcastle General Hospital .....	246
Royal Victoria Infirmary .....	221
Walker Gate Hospital .....	7
Fleming Memorial Hospital .....	17
Other Hospitals .....	43
Miscellaneous .....	18
TOTAL .....	5,158

Total Staff 49 (at 31st December, 1955).

Total Visits :  
 East : 64,459 } = 146,428  
 West : 81,969 } (1954—132,522)

## VACCINATION AND IMMUNISATION.

### Vaccination.

The arrangements, commenced in 1954, of offering facilities for vaccination at every infant welfare centre instead of at special sessions, was continued during the year, and while it may be said that the increased number of vaccinations carried out there has justified the change, it would appear that this increase has been at the expense of the number carried out by general practitioners in their own surgeries.

The table below shows the number of individuals who were vaccinated during the year, either at clinics or by their own doctors, and it will be seen that 2,378 children under the age of one year were vaccinated representing a rate of 50·9% as against 2,833 or 58% in 1954. While the total number of vaccinations carried out at the clinics increased by 69, there was a drop of over 600 in those carried out by general practitioners.

A protected population of only 50% can not be considered satisfactory, but in the virtual absence of smallpox from this country for some time, it is difficult to convince the public of the need for vaccination. More must be done in health education and in publicity if we are not to have a steadily diminishing figure and an increasingly vulnerable population year by year.

TABLE I.  
NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY AND RE-VACCINATION  
IN 1955 DIVIDED INTO AGE GROUPS.  
(1954 figures in brackets.)

Born.	1954-55 Under 1 yr.	1951-54 1-4 yrs.	1941-50 5-14 yrs.	Before 1941 over 15 yrs.	Total.
<i>Clinics—</i>					
Primary . . . .	1,223 (1,138)	29 (42)	— (—)	6 (9)	1,258 (1,189)
Re- vaccination.	— (—)	1 (—)	3 (—)	39 (69)	43 (69)
<i>Private Practitioners—</i>					
Primary . . . .	1,155 (1,695)	86 (112)	36 (32)	25 (77)	1,302 (1,916)
Re- vaccination.	— (—)	4 (3)	22 (17)	150 (130)	176 (150)
Totals—					
Primary . . . .	2,378 (2,833)	115 (154)	36 (32)	31 (86)	2,560 (3,105)
Re- vaccination.	— (—)	5 (3)	25 (17)	189 (199)	219 (219)

### Diphtheria Immunisation.

In spite of the greater publicity which it receives, immunisation against diphtheria is following the same downward trend as vaccination.

Continuing the change made in 1954, facilities were available at every child welfare session, and although the number of children under 5 years immunised there differed little from the previous year, there was a drop of nearly 400 in those carried out by general practitioners. The absence of diphtheria in the City since 1951, a good thing in itself, has no doubt played a part in blunting the awareness of parents, and as for vaccination a more intensive immunisation campaign is needed to remind them of the dangers of the disease: the plain fact is that one child in two has no protection should an outbreak occur.

Table II gives the immunisations carried out during the year and 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 of the various age groups. These figures relate to children who were actually in the age groups on 31st December, 1955, 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.  
(1954 figures in brackets.)

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics .....	1,586 (1,582)	18 (34)	1,604 (1,616)
Private Practitioners .....	1,167 (1,551)	23 (17)	1,190 (1,568)
<i>Re-immunisation—</i>			
Clinics .....	862 (971)	288 (242)	1,150 (1,213)
Private Practitioners .....	515 (640)	310 (440)	825 (1,080)
<b>Totals—</b>			
Primary .....	2,753 (3,133)	41 (51)	2,794 (3,184)
Re-immunisation .....	1,377 (1,611)	598 (682)	1,975 (2,293)

TABLE III.  
IMMUNISATION IN RELATION TO CHILD POPULATION.  
NUMBER OF CHILDREN AT 31ST DECEMBER, 1955, WHO COMPLETED COURSE OF IMMUNISATION SINCE 1ST JANUARY, 1941.

Age at 31/12/55, i.e., Born in Year.	Under 1 year 1955	1—4 years 1954-1951	5—9 years 1950-1946	10—14 years 1945-1941	Under 15 years Total
Last complete course of injections (whether primary or booster)—					
A. 1951-1955 .....	208	11,294	18,627	2,336	32,465
B. 1950 or earlier .....	..	..	2,764	13,623	16,387
C. Estimated mid-year child population .....	4,670	17,830	41,500		64,000
Immunity Index— .....	4.45%	63.34%	50.51%		50.72%

### **Enteric Fevers and Cholera.**

During the year, 8 persons were inoculated at the clinics against enteric fever, 5 against cholera and 3 against both diseases using combined vaccine.

### **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 1,210 children were inoculated either by their own doctor or at one of the special clinics.

### **AMBULANCE SERVICE.**

The total figures for the year under review shown in detail on Table 'A', (Page 75A) are 150,302 persons moved by ambulance or sitting case car, and the miles travelled in connection with these amount to 771,294.

The patient figure is an increase over last year of some 12,422 and the mileage figure is also increased by 42,733.

From Table 'A' it will be seen that there is approximately a 10% increase in the demands for the Service over last year, and it is interesting to note that this is fully accounted for by the demand for the Service for the residents of this City. Looking back over the records it would appear that this is a constant trend and in fact in the last four years the demand has increased by some 40%. It is interesting to note that this additional work has been absorbed without any additional operational staff being engaged. However, it is felt now that the time has come when the Service is fully extended and could not stand any further demands on it without staff adjustment, and indeed now the problem of staffing both from the operational and administrative sides is one that is giving considerable concern.

### **Operational.**

During the year the Ambulance Officer carried out a routine periodical survey of the organization and submitted the following observations :

The demand on the Service is divided approximately into four categories :

- (1) Accidents and Emergency.
- (2) Admissions into hospitals.
- (3) Discharges from hospitals.
- (4) Out-patients attending hospitals for treatment.

The rules for operating the Service are that, with the exception of Demand No. 1, no vehicle is turned out without the direct instruction of one of the responsible bodies, i.e. doctor, midwife or an appointed person from the hospital, and in the cases of Nos. 3 and 4, these instructions are accompanied by a written medical certificate certifying need.

To obtain a formula for working out some averages of work done and usage of staff, a period of one week's operating was taken and it will be realised that the cover period of one week is arrived at by multiplying the 24 hours of the day by the 7 days of the week, which gives a figure of 168 hours per week, and consequently the formula reads :

Cover period .....	168 hours.
Average number of patients .....	3,000 patients.
Average number of miles .....	15,000 miles.
Average number of hours worked by operational staff .....	3,520 hours.. (80 x 44).

Therefore :

An average of 18 patients is carried per hour.

An average of 88 miles is travelled per hour.

An average man hour is equal to :

**One man :** 0.9 patients and 4.4 miles per hour.

A more realistic summary by virtue of the fact that most cases require an ambulance crew, i.e. 2 men, is :

**One crew :** 1.8 patients and 8.8 miles every hour of the day throughout the week.

The details of the actual work involved in this formula are, despatch from Depot to point of pick up, loading the patient on stretcher, carrying to ambulance and loading on ambulance, travelling to reception point, unloading patient and handing over, returning to Depot, in cases of emergency and serious sickness rendering necessary first aid and nursing, and dealing with relatives and hospital officials.

Unfortunately, the actual running of the Service is not quite as straightforward as this, as naturally the demands are not evenly spread out over the 24 hours of the day, and in fact we do have to plan for both peak periods and lulls, therefore, all the staff have to operate on a shift rota basis, which actually consists of seven different shifts over the 24 hours.

These consist of the 3 main basic shifts :

7 a.m.-3 p.m.            3 p.m.-11 p.m.            11 p.m.-7 a.m.

which are strengthened during the day by :

8 a.m.-4 p.m.            9 a.m.-5 p.m.            2 p.m.-10 p.m.

plus a permanent day shift duty of :

8.30 a.m.-5.30 p.m.

The loading of these shifts gives a staff availability in the following proportions :

7.00 a.m.- 8.00 a.m.	11 men.
8.00 a.m.- 8.30 a.m.	20 men.
8.30 a.m.- 9.00 a.m.	34 men.
9.00 a.m.- 2.00 p.m.	45 men.
2.00 p.m.- 3.00 p.m.	51 men.
3.00 p.m.- 4.00 p.m.	51 men.
4.00 p.m.- 5.00 p.m.	42 men.
5.00 p.m.- 5.30 p.m.	31 men.
5.30 p.m.-10.00 p.m.	17 men.
10.00 p.m.-11.00 p.m.	11 men.
11.00 p.m.- 7.00 a.m.	8 men.

The unevenness of the demand not only affects the planning of the manpower but also gives the problem of the number of vehicles required, whereas it can be seen if the demand was even, some 20 vehicles plus a certain number of reserves for maintenance should suffice. However, during the day at peak periods, it will be seen from the above shift proportionment that at one period there are some 51 staff required, and it is quite obvious that proportionately, an additional number of vehicles will also be required, and whereas on the face of it this may appear most uneconomical, in practice this is not so, as if 20 vehicles was the number required to operate, it would mean that each vehicle would be running some 750 miles per week or 39,000 miles per year, and this would mean, when it is realised that the maximum life of this type of vehicle is within the region of some 150,000 miles, that the Committee would be faced with replacements every four years, whereas on our present programme, we anticipate a 10-year life.

The number of vehicles operating on the establishment is 43, and this figure compares favourably with the maximum laid down by the Ministry of Health who thought that the necessary strength would be some 45 vehicles.

A fair average of the hourly demand on the Service is :

Between	8 a.m.- 9 a.m.	75 patients.
„	9 a.m.-10 a.m.	57 „
„	10 a.m.-11 a.m.	90 „
„	11 a.m.-12 noon.	77 „
„	12 noon- 2 p.m.	58 „
„	2 p.m.- 3 p.m.	66 „
„	3 p.m.- 4 p.m.	45 „
„	4 p.m.- 5 p.m.	95 „
	5 p.m. onwards.	38 „

From these figures it will be seen that apart from having a fairly constant load, there are certain periods in the day in which there are extreme peaks. This work extends the existing fleet to its absolute maximum and indeed it is only possible to carry out by a careful system of organising the City into areas and making the vehicles carry a minimum of three patients to hospital at one time.

This system while basically effective, often causes embarrassment especially when there is a large percentage of stretcher cases to be dealt with, and also when the geographical situation of the pick-up points do not co-ordinate economically together.

#### **Co-ordination with other Authorities.**

Again this year every effort has been made to ensure that whenever possible, the vehicles of visiting authorities are given cases to take back with them on their return journeys, thus eliminating dead mileage and the possibilities of duplication.

To get even better results in this liaison between the other authorities and ourselves, the Corporation after many meetings with their neighbours, issued a "modus operandi" to all authorities in the region on the methods it was prepared to adopt to deal with this subject and a copy of this is given at the end of this report. (Page 77.)

The figures over the last two years have shown that there has been some success in this field insomuch that we are now co-ordinating as many as 11,000 cases per year into other authorities' vehicles, and this is an increase of some 1,900 over our earlier efforts.

Whilst this must be satisfactory in a matter of economics from a national point of view it should be borne in mind that it puts an extra burden on the Newcastle organisation insomuch as we have to have a stronger administrative staff working at the hospital liaison bureaux to deal with this extra traffic than we normally would require, as not only is this staff engaged in the duties of discharging in-patients,

they also by virtue of their geographical position are called upon to take an active part in the day to day administration of the traffic coming in and out of the hospitals in connection with the out-patient loads of the other authorities. When it is realised that just one of our big medical centres is so organised to deal with a population of  $1\frac{1}{4}$  millions, this task becomes most formidable, and it is suggested that it is here that the recommendations of the Ministry of Health in connection with the appointment of Transport Officers at hospitals should dovetail in with the Local Health Authority organisation, and it is an appointment which possibly should be considered as not solely a hospital one insomuch as the liaison between hospital and local authority really must be made to work at this stage, and consequently the person in this position should have some allegiance to the local authority as well as the hospital.

#### **Work on behalf of Other Authorities.**

Although we feel that there is a comparatively high efficiency in the co-ordination with other authorities, it has still been necessary for us to carry 10,209 patients and travel 173,958 miles on behalf of other authorities.

This work comes under section 24 of the 1949 Amendment Act and involves a considerable amount of clerical and administrative work in recording and costing, and has, over the year, produced an income of £11,700.

#### **Ancillary Services.**

##### **(a) Occupational Centres.**

As anticipated by the Minister of Health and by Local Authorities, there has, during the development period of the Ambulance Services, arisen a number of services which although not actually incorporated in the parent Act under Section 27 have by their special nature become responsibilities which naturally fall to the Service, and primary amongst these are the movement of backward children to the occupational centres and the juvenile spastic cases to their special educational centres, and in connection with these two functions during the year we have been called to supply transport to move some 23,436 children and this has involved travelling some 38,275 miles, which statistics reveal shows an increase of some 25% over last year's figures.

It has now been decided that whilst this is a function of the Ambulance Service, it is not a cost that should reflect against the estimates for Section 27 and consequently, arrangements have been made that the work done in this connection is charged against the appropriate Section.

From an operational point of view, the movement of these children has necessitated an adjustment of working hours insomuch as to enable the Service to deal with them with the existing staff, it has been necessary to organise planned overtime both mornings and evenings thus enabling the staff to carry out these duties without encroaching on their normal functions, and to provide suitable vehicles for this work, the Local Health Authority has converted some four vehicles, which no longer had an economical life in the normal Service, into 12-seater passenger carrying vehicles which are operating most satisfactorily.

**(b) Hospital Transport, etc.**

Many demands are made by the hospitals for the use of transport which although related to the overall purpose of the Service are not entirely duties that are covered by the Act. Examples of this type of demand are, urgent movement of a specimen, blood required by the operating theatre, ice and a variance of domestic items peculiar to the hospitals. It often occurs that their own transport is not available or their staff, which is not at full strength after 5 o'clock in the evening, is unable to meet the demands and therefore they have no option but to call for our assistance.

To overcome the administrating and adjudicating difficulties in this matter we have for some time agreed that we will meet these demands but, when it is justifiable, a charge is made against the hospital.

This service is also available to the Regional Blood Transfusion Service after 5 p.m., at which time we accept the responsibility of the transportation of all their blood specimens and plasma, and also that of collecting the technicians when required when public transport in the City has ceased to run.

Whilst this work certainly does add to our administrative problems, it is not altogether a disadvantage as due to the fact that it is necessary for the normal commitments of the Service to have staff available at all times, it is often found advantageous to have this auxiliary occupation to keep them more fully employed during their turn of duty.

It has always been the responsibility of the Health Department to arrange for the collection and delivery of infectious bedding for the purpose of disinfection, and whilst this is a duty that comes under the Chief Sanitary Inspector, as we are a transport service, it is one that has been carried out by us on his behalf, and it has further been

found necessary to supply a limited amount of transport in connection with the duties of the Food and Drugs Inspectors.

In addition to this there is a considerable demand for transport in connection with the collection and distribution of items that are made available to the public through the Invalid Loan Section, and there is a delivery service necessary to the day nurseries and clinics.

Finally, in the last 18 months, due to the transfer of responsibility for the distribution of Welfare Foods from the Ministry of Food to Local Authorities, the deliveries to the various Clinics are now undertaken by this Service.

In the 12 months under survey, the carrying out of these ancillary duties has necessitated the Service travelling over 44,000 miles for which a charge has been raised against the appropriate departments.

### **Vehicles.**

During the year 1955-1956 the Committee's 10-year policy of replacement has been pursued insomuch that we purchased one 2-stretcher carrying ambulance, one 6-seater utilecon equipped to take a stretcher case in an emergency, one 12-seater sitting case bus and one traditional saloon type of car.

Of the four vehicles these replaced, two were Morris 6-cylinder 1946 ambulances which as mentioned previously in this report have been converted for the 'backward children' transport, one Morris 10 h.p. car 1946, and one 10-seater spurmobus 1948; the two latter vehicles being disposed of through the normal channels employed by the Corporation.

### **Maintenance.**

Statistics of the workshops reveal that during the year 60 vehicles went through the shops for a 10,000 miles inspection and complete overhaul which virtually brings the vehicles back into class A1 condition. 212 vehicles had the routine 2,000 miles check and inspection and there were 396 occasions when it was necessary to dock the vehicle for some minor repair or adjustment that had occurred between the checking periods.

During the year there were 37 component assemblies entailing reconditioning of engines, back axles, gear boxes and the normal sub-assemblies associated with mechanical vehicles.

The painting programme for the year amounted to 15 vehicles, and the work involved here was a complete inside and outside repainting, and of course in addition there was the usual touch-up and

repair work so as to keep the vehicles to the standard required of the Service.

An extract of the internal costing system for the vehicle maintenance side shows that the total expenditure for the year amounted to £6,169. It will be remembered that this figure includes the cost of replacement parts, tyres and wages of the engineering personnel, and this gives us an overall maintenance costing of 1·9 pence per mile.

### **Premises.**

In my last two reports it was intimated that we would be operating from the new east end Station being built at Millers Road, and it is now with the gravest concern that I have to report that this has not yet come about.

It cannot be emphasized too strongly the effect the non-materialization of this Station is having on the Service and the staff, and it is beyond comprehension as to the cause of this continual delay, especially when it is remembered that as far back as in 1951 the Committee discussed the project and made the necessary recommendations for it to be built.

Judging from the progress that has been made in the past, there is doubt that even now it will be ready for occupation before the winter of 1956. This unhappy state of affairs coupled with the uncertainty of the length of tenure that we have at the Central Depot due to the development of the new civic centre, is making the question of future premises for the Service a matter of importance.

### **Staff.**

During the year there has been a cordial and satisfactory relationship between staff and administration, and the efforts that all the members have made to ensure that the Service is sympathetic and efficient is most commendable.

It is gratifying to report that during the year many letters of commendation have been received from the general public in connection with the service they have received from individual members of the staff, and one gets the general impression that the men are now becoming really deeply interested in their type of work and are developing a frame of mind which would appear most beneficial to the people who are using the Service.

### **First Aid.**

All the necessary requirements as laid down by the Ministry of Health have been adhered to, and all members of the staff who have been due to re-qualify have done so.

TABLE A.

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ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE DURING THE TWELVE MONTHS  
FROM THE 1st JANUARY, 1955, TO THE 31st DECEMBER, 1955.

Period	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.	
1.1.55 to 7.1.55.	2,088	8,370	25	273	65	1,285	33	442	205	346	428	882	..	2,211	12,026	3,928
8.1.55 to 4.2.55.	11,403	40,074	74	867	433	6,441	240	4,770	894	1,398	1,765	3,587	660	12,150	59,562	17,977
5.2.55 to 4.3.55.	10,988	38,320	98	1,441	439	7,258	252	4,765	975	1,448	1,181	3,588	476	11,777	58,477	17,807
5.3.55 to 1.4.55.	10,865	38,998	124	2,085	477	7,981	221	5,202	857	1,369	1,565	3,520	148	11,687	60,868	17,637
2.4.55 to 29.4.55.	9,220	34,976	95	1,486	454	7,714	237	4,266	855	1,453	1,448	3,166	75	10,006	54,584	15,661
30.4.55 to 27.5.55.	11,596	41,208	93	1,438	430	6,917	238	4,304	938	1,665	1,267	3,389	401	12,357	60,589	16,745
28.5.55 to 24.6.55.	10,530	39,013	99	1,475	456	7,404	247	4,818	807	1,495	1,504	3,102	220	11,332	59,031	17,129
25.6.55 to 22.7.55.	11,541	42,959	73	1,005	448	7,283	260	4,548	855	1,345	1,629	3,421	677	12,322	62,867	17,583
23.7.55 to 19.8.55.	8,844	37,746	111	1,341	442	7,468	225	3,915	741	1,479	1,395	3,420	211	9,622	56,975	16,382
20.8.55 to 16.9.55.	10,135	38,948	93	1,355	437	6,970	234	5,423	789	1,526	843	3,245	739	10,899	59,049	17,017
17.9.55 to 14.10.55.	11,892	41,751	89	1,352	465	7,508	226	4,495	833	1,815	1,019	3,318	452	12,672	61,710	17,482
15.10.55 to 11.11.55.	11,218	40,084	87	1,301	457	7,916	267	4,841	896	1,662	1,059	3,279	39	12,029	60,181	17,977
12.11.55 to 9.12.55.	12,214	41,527	85	1,329	507	7,941	254	4,240	966	1,514	1,329	3,782	691	13,060	62,353	18,333
10.12.55 to 31.12.55.	7,559	26,963	72	1,214	343	5,576	204	4,305	697	1,314	1,168	2,407	75	8,178	43,022	13,126
Totals :	140,093	510,937	1,218	17,962	5,853	95,662	3,138	60,334	11,308	19,829	17,600	44,106	4,864	150,302	771,294	224,784
Previous 12 months totals :	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	215,793
Difference :	+12,492	+36,807	+189	+2,757	-536	-2,782	+277	+7,225	+274	+449	-1,647	-1,037	+961	+12,422	+42,733	+8,991



**Sickness.**

During the year there have been some 7,464 hours lost by the operational staff, and the administrative staff have lost some 350 days. This unfortunately is an increase on last year, but, there were two members of the administrative staff who had long protracted illnesses ; one of these having now resigned from the Service.

**Safe Driving Awards.**

80 members of the staff entered the Safe Driving Competition and 76 of these qualified for the appropriate award.

Among the 76 who were successful, one member received a 15-year medal and two qualified for 10-year medals, also quite a number were awarded 5-year medals ; all for accident free driving.

**Accidents.**

During the year there have been 20 accidents reported to our Insurer through the City Treasurer's Department. Out of this 20, an amount of under £150 in claims was involved.

**Civil Defence.**

During the year there has been a good response in this branch of the Service, and the number of volunteers under training has never dropped below 200.

In September, the Service participated in the Regional Competitions organised by the Home Office, and it is most gratifying to record that out of the 14 teams competing in this Competition, the Newcastle Ambulance Section were fortunate enough to win the cup and are consequently the holders for the ensuing twelve months of the first cup to be awarded in this sphere of work.

TABLE B.  
ANALYSIS OF TYPES OF CASES.

Month	Total No. of Patients Carried	ADMISSIONS				Out-patient Treatment Cases	Discharges	Mental Cases
		Emergency	Infectious	Maternity	Admissions			
January	12,135	496	21	214	858	8,169	2,309	68
February	11,811	378	38	147	742	8,379	2,076	51
March	13,336	382	23	203	884	9,403	2,371	70
April	10,755	395	25	159	809	7,065	2,254	48
May	13,057	401	19	165	814	9,256	2,331	71
June	13,034	412	12	169	787	9,220	2,368	66
July	12,586	459	22	155	774	8,572	2,521	83
August	10,646	477	6	152	753	6,839	2,328	91
September	13,387	465	13	151	773	9,573	2,355	57
October	12,819	448	11	150	761	8,954	2,448	47
November	14,115	427	14	162	668	10,316	2,451	77
December	12,621	487	11	188	759	8,579	2,554	43
TOTALS :	150,302	5,227	215	2,015	9,382	104,325	28,366	772
Previous Year.	137,880	5,320	232	2,028	8,707	93,630	27,250	713
Difference :	+12,422	-93	-17	-13	+675	+10,695	+1,116	+59

**Arrangements that will operate in connection with Other Authorities' Vehicles visiting the Administrative Area of Newcastle upon Tyne which have accommodation available for the return of Patients to their Area.**

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1. Patients will not be removed from a hospital or clinic in the administrative area of the Newcastle upon Tyne Local Health Authority Ambulance Service for which the hospital has certified that special transport is needed under Section 27 of the National Health Service Act, without the correct authorisation of the Authority.

2. If, on arrival at the Royal Victoria Infirmary or Newcastle General Hospital, an outside authority's ambulance will have room to accommodate a discharge case into its own area on its return journey, the driver will report this fact to either their Liaison Officer, if they have one situated at the Hospital, or alternatively to the Newcastle Traffic Supervisor, and state the approximate time he will be available to leave the City on his return journey. If an Authority's vehicle is discharging at any other hospital or clinic in the City where there is not a Traffic Supervisor, they should ring the Newcastle Control direct—Telephone No. 27356.

3. The Newcastle Traffic Supervisor will consult his records and decide if he has any cases for discharge into the administrative area of the particular vehicle that is reporting and he will accordingly then issue an authorisation note to the driver concerned which will enable him to collect the case detailed thereon.

4. When the patient has been loaded and his vehicle is ready to leave on its return journey, the driver will notify the Newcastle Traffic Supervisor so that the time may be recorded and the vehicle identification marked against the patient.

5. The time limit for the final clearance of the patient to be discharged will be one hour from the time of receiving the authorisation note. If the patient cannot be cleared within this time limit, the Newcastle Traffic Supervisor must be informed so that alternative arrangements may be made by him for the transport of the patient.

6. The above arrangements will operate on week-days in conjunction with the Newcastle Ambulance Service Bureau at the Royal Victoria Infirmary and the Newcastle General Hospital between the hours of 0830 and 1700. During the subsequent period from 1700 hours and 0830 hours each week-day, and during the whole of Sunday, the

necessary liaison will be carried out by the driver concerned direct with the Sandyford Road Headquarters of the Newcastle Ambulance Service, either in person or by telephone.

Ambulance Service Headquarters,  
Sandyford Road,  
Newcastle upon Tyne, 2.

### HEALTH EDUCATION.

The main aim of Health Education, which is to inform the public what they themselves can do to avoid some of the diseases and mishaps met with in everyday life, and to keep them informed of the facilities which the local authority provides for their well being, was maintained during the year.

#### **Exhibitions, etc.**

The department took part in three exhibitions and window displays, some of which were more successful than others. The first, organised by the Newcastle upon Tyne Savings Committee in March to promote savings on behalf of children had as its theme "Baby Care" and offered a good opportunity for diphtheria immunisation propaganda. To this end immunisation equipment with a background of posters and photographs were displayed and suitable leaflets distributed. In the City's cinemas, special slides were shown at no cost to the Authority, and this was backed by announcements in the local press and poster displays. Despite all the work put into it, however, the exhibition proved something of a disappointment. Attendances were small, due partly to the bad weather and partly to the rather obscure situation of the exhibition hall, and whatever benefit it may have been in other directions, it certainly did nothing to improve the immunisation figures.

In April, at the suggestion of Dr. D. C. Morley of the Fleming Memorial Hospital, the department co-operated in an effort to make people more aware of the tragic consequences which could result to children from burns and scalds received in accidents in the home. A window in one of the large stores in the City was used to show photographs of the terrible injuries from such accidents, with posters picturing the dangers to be guarded against, and local and national statistics of injuries and fatalities. The display caused a great deal of interest, and it is to be hoped that the attention which it received will do something to reduce the number of preventable accidents which could occur in any home.

The department's exhibition at the Corporation's Annual Flower Show in August was concerned largely with the work of the Sanitary Inspector. Sections were devoted to the more interesting aspects such as slum clearance, food protection and examination, disinfection and rodent control, and an interesting exhibition the purification of water supplies was staged by the Civil Engineering Department of King's College.

Two films, on smoke abatement and water supplies, were shown at intervals and were seen by about a thousand visitors during the three days of the exhibition. Sanitary Inspectors and clerical staff were on duty to explain technical points to interested visitors and literature on the Health Services was available for distribution.

World Health Day (7th April, 1955) was marked by a series of lectures at King's College on aspects of Water Supply, and were well attended. The lecture on "Water and Health" was given by the Medical Officer of Health.

#### **Film Shows and Talks.**

The value of this particular field of publicity was once again stressed to the full, and organisations were encouraged to avail themselves of the facilities provided by the department. The sound films and film strips, augmented by talks and lectures by members of the staff, were in popular demand, more particularly by organisations concerned with the preparation and handling of food.

The following table summarises the activities of this medium of Health Education throughout the year :—

	No.	Total Attendance.	Average Attendance.
Film shows at clinics .....	19	570	30
Films and film strips to Health Visitors, Nurses, Midwives, etc. ....	18	430	24
Film shows and talks to various organisations .....	21	1,337	64
Film strips and talks at clinics.....	4	80	20
Talks only .....	2	35	17
Totals .....	64	2,452	39

#### **ALMONER'S DEPARTMENT.**

The year 1955 was an unfortunate one in the Almoner's Department. In November, 1954, we lost the Assistant Almoner who left to take up a post in a London hospital and due to the shortage of Almoners her post was not filled during the whole of 1955. Although every

effort was made to maintain the service at the level it had reached during the past years, it became increasingly obvious that one Almoner could not deal really adequately with the work. The number of patients seen has decreased and it is regretfully felt that many cases have been missed and many treated as "First Aid" problems that needed much more intensive work and follow up. At the time of writing (April, 1956) an Assistant Almoner has been appointed and we look forward with satisfaction to being able again to provide a really adequate service.

The Almoner would like to record her thanks to the many statutory and voluntary agencies who have been most co-operative and to her clerks who have been especially helpful during the year.

### ANALYSIS OF WORK.

During the year, 607 new patients were referred to the Almoner's Department. 213 of these were referred by their doctors; 177 by Health Visitors, Home Nurses, Midwives and other Local Authority officials; 56 by other Statutory and Voluntary societies and 161 came of their own accord. 1,144 interviews were given and 246 domiciliary visits paid.

The Central Register for Old People has been maintained and the numbers have increased from 6,630 at the end of 1954 to 7,581 at the end of 1955.

528 patients were advised on personal problems entailing no referral and no material help. A table setting out the types of assistance arranged for other patients is given below.

#### LIST OF MATERIAL ASSISTANCE ARRANGED.

Convalescence .....	169	Chiropody.....	11
Clothing .....	99	Accommodation .....	2
Permanent bedding, cots, prams, and financial aid.....	83	Meals on Wheels .....	16
Care of Children .....	33	Care of unmarried mothers .....	28
Referred to Domestic Help Dept.	29	Housecleaning .....	1
Admission to home or hospital ..	64	Rehabilitation .....	1
Visitor .....	11	Transport .....	9
Shoppers, sitters-in, escort .....	1	Night Nurse .....	1
Employment .....	8	Diversional Therapy .....	1
		Bathing Attendant .....	2

#### Convalescence.

The Local Authority maintained 174 patients in convalescent homes. Of these 44 were arranged by Hospital Almoners, Chest Clinic Almoners and Psychiatric Social Workers. Arrangements for convalescence for 169 patients were made by this Department. Of these the Local Health Authority maintained 130.

213 patients were referred to this Department for convalescence ; of these 205 were convalesced and 8 cancelled their vacancies.

The table below shows the diagnosis of the adult patients :—

Rest for relatives .....	6	Post operative .....	3
Congestive Heart Failure .....	2	Pneumonia .....	9
Acute Pyeitis .....	1	Depression .....	4
Neurosis .....	5	Bronchitis.....	25
General & Nervous Debility .....	63	Chest Conditions .....	3
Senility .....	5	Hypertension .....	4
Diabetes .....	2	Cardiac conditions .....	13
Gastric conditions .....	4	Anxiety State .....	3
Hemiplegia .....	2	Arthritis .....	1
Anaemia .....	2	Bronchogenic Carcinoma .....	1
Post Natal Debility .....	1	Cerebral Thrombosis.....	3
Other Diseases.....	7		

Payment was arranged as follows :—

Local Health Authority (patient assessed for contribution) .....	174	Voluntary Funds and Free Homes .....	26
		Patient paying full cost .....	5

### Invalid Loan Depot.

This is now a well known and established service and increasing use of the equipment is made each years. In 1955, 2,113 patients were issued with equipment as compared with 1,857 in 1954.

#### LIST OF EQUIPMENT LENT.

Blankets .....	164	Sheets .....	215
Draw Sheets .....	992	Pillowcases .....	105
Pillows .....	66	Rubber Sheets .....	727
Bed Rests .....	571	Air Rings .....	471
Sorbo Rings .....	19	Sorbo Square .....	4
Bed Pans .....	576	Rubber Bed Pans .....	25
Male Urinals .....	285	Female Urinals .....	71
Bedsteads .....	101	Back Rest Bedstead .....	1
Mattresses .....	110	Mattress Covers .....	110
Air Beds .....	24	Feeding Cups .....	52
Bed Cages .....	104	Invalid Chairs .....	153
Dunlopillo Mattresses .....	86	Plastic Covers .....	72
Towels .....	1	Bed Tables .....	28
Commodos .....	130	Hot Water Bottles .....	9
Fracture Boards .....	2	Adult Cots .....	4
Garden Shelter .....	1	Spinal Carriage .....	2
Pulleys .....	13	Sandbags .....	6
Sputum Mugs .....	2	Bed Blocks .....	1
Westbury Walking Aids .....	5	Book Holders.....	1
Lifting Poles .....	3	Plastic Pillowcases .....	5

### DOMESTIC HELP SECTION.

The Domestic Help Service, brought into being by the National Health Service Act, has grown more rapidly than any other part of the local Health Service since 1948, and has been referred to as ' the spearhead of economy in the National Health Service as a whole '. The value of the Service cannot be measured in terms of numerical statistics. The aged are cared for in their own homes, which is the wish of the majority, instead of being sent to institutions or hospitals.

Aged people have leisure time on their hands and the Home Helps do much in their short visit to cheer the lives of the lonely. Such is the demand for the service, that families are asked to help their aged parents to enable help to be given to patients who have no relatives whatever.

Homes of the aged very often get into a deplorable condition before they are brought to the notice of this department, and when this occurs two Home Helps are sent for a whole day to clean up the house. Very often the old soul does not want her house cleaned up, but when finished she is delighted and looks for further visits of the Home Help. When the houses are verminous the Sanitary Inspector is informed and he deals with the home.

Where patients are in good financial circumstances they are encouraged and assisted by the Home Help Department to get their own private help, leaving the Service to others in less happy financial circumstances.

The strength of the Service has now increased and at the end of 1955 was :—

Full-time Workers .....	46
Part-time Workers .....	324
	—
	370
	—

It will be seen from the statistics at the end of this report that the '65 years of age and over' group are demanding approximately 60% of the service. The greatest demand comes from patients between 71 and 80 years of age, the percentage being 33%. It is interesting to know that we have served 15 patients over the age of 90 and three of these are over the age of 96.

Calls for the service of a Home Help come from several sources—medical practitioners, hospitals, health visitors, district nurses, national assistance board, councillors, relatives and neighbours—the service is now the cure for many difficulties.

Accent these days is upon keeping the family together and we are not surprised to find the Home Help Service invaluable in this worthy cause. Home Helps are doing excellent work with problem families where the mother has no idea how to keep a home clean or look after children. The Home Helps do try to teach the mother the rudiments of housekeeping. The practical help, encouragement and friendship goes a long way to support what the Social Welfare Service are trying to achieve.

Confinements and child care cases get preferential service, even at the expense of withdrawing from other cases.

The Organiser, Assistant and Visitors have a task to balance the demand against the actual need ; the public demands and needs are not the same thing.

With the growing experience in visiting cases and allocating the hours of service to the cases, a very different picture is given of the service rendered over the last 5 years, as will be seen from the following figures :—

Year.	Weekly Average No. of cases per Home Help.	Weekly Average No. of hours per case.
1951.	1.66	19.1
1952.	1.91	15.04
1953.	2.4	11.3
1954.	2.83	9.74
1955.	3.0	8.81

Staff sickness continues to be a problem with the Home Help Service and although this is heavy it is a problem which can be understood although not solved. Many go to their cases when really they should have remained in their own homes, but they know that their old people will be left and make an effort to attend.

Analysis of cases attended in 1955 compared with previous years.

	1955.	1954.	1953.	1952.
Maternity .....	333	387	459	367
Short-term illness .....	158	194	187	114
Long-term illness (under 65 years) .....	360	287	336	270
Child care .....	71	60	21	30
Aged over 65 years .....	1,416	1,141	884	719
Cancer .....	14	14	—	—
Tuberculosis .....	91	91	—	—
	<u>2,443</u>	<u>2,174</u>	<u>1,887</u>	<u>1,500</u>

## MENTAL HEALTH SERVICES.

### I.—Administration.

The main development in this service in 1955 again 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 1954 and previous years, except to add that there was one name added to the panel of 6 part-time psychiatrists and doctors approved by the Local Health Authority for certification of patients under the Mental Deficiency Acts.

## (a) CONSTITUTION OF THE HEALTH SUB-COMMITTEE.

This sub-committee is composed of 8 members of the Health Committee and a co-opted experienced social worker. 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 having qualifications for this work, and a helper. Otherwise the Staff remains unchanged from that in the Annual Report of 1954.

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

Close liason continues between the authorised officers and the staff of St. Nicholas Hospital for the care and domiciliary supervision of mental patients due for discharge. The close link between the hospital staffs and the health visiting service of the City has been strengthened.

## (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. One Assistant Supervisor attended a refresher course on the work of Occupation Centres.

**II.—Account of Work undertaken in the Community.**(a) UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946—  
PREVENTION, CARE AND AFTER-CARE.

Many cases continue to be 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. This is of great preventative value, whilst the duly authorised officers assist the

prompt and appropriate disposal of cases in arranging booked appointments at the specialist clinics for cases of early mental disorder and in persuading acceptance of hospital treatment or of a domiciliary visit by a psychiatrist.

From the follow up of mental cases discharged from hospital in conjunction with the hospital staffs and psychiatric social workers the duly authorised officer provided social histories and reports on home conditions which is of considerable assistance in enabling the psychiatrist to assess progress. This visiting moreover assists the family to understand how they can play their part in the recovery of the patient and reducing the chance of relapse.

The authorised officers do advise and help anyone (including private cases) as far as possible and voluntary patients are 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 almost 400 cases, most of which occurred out of normal working hours and four social problems arose which came under the province of other departments, when the necessary liaison was established. It is of importance to report that being a hospital centre, 83 cases were dealt with in the City who reside elsewhere.

The Local Health Authority remains most concerned about the serious shortage of hospital beds for cases of mental disorder and mental deficiency. The Regional Hospital Board has been consistently pressed concerning this lack of hospital accommodation, which is still acute, as a result of which waiting lists continue seriously to affect care and after-care and deny the preventive value of immediate hospital treatment or care. Apart from this the duly authorised officers endure much worry in discharging their duties under the Lunacy Acts. 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 waiting list, at the end of the year for mental hospital cases, was 8 (5 males).

The lack of beds for mental defectives remains no less of serious concern even for difficult and urgent cases. An increased waiting list at the end of 1955, totalling 51 cases may be compared with 38 cases (24 males) in 1954, 75 cases (41 males) in 1953, 67 cases in 1952, 79 cases in 1951 and 69 cases in 1950. Against these figures 21 (10 males) cases were admitted to hospital last year compared with admission totals for 1954, 1953, 1952 and 1951 of 24, 32, 26 and 45 respectively. The long period 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.

Continuing emphasis is given to the duty of ascertainment of mental defectives. Cases continue to come to light through the courts, police, probation services, and various voluntary bodies.

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

Year.	Cases.			Orders made by the Courts.			Attendances 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
1955.....	12	1	13	—	—	—	15

Of the 12 cases dealt with during 1955, the disposal was :—

Males—	6 cases.....	Sent to prison.
	2 cases.....	Placed on probation.
	1 case .....	Conditionally discharged.
	1 case .....	Unconditionally discharged.
	1 case .....	Placed under supervision.
Females—	1 case .....	Sent to prison.

Temporary hospital accommodation from 2 weeks to 2 months was arranged in mental deficiency hospitals under Circular 5/52. Total for 1952-1955 are as follows :—

	1952	1953	1954	1955
Males .....	6	10	20	12
Females .....	11	13	15	17
	<u>17</u>	<u>23</u>	<u>35</u>	<u>29</u>

### *Care of the Aged.*

The increasing problem of senile dementia is difficult to deal with and stress must again be made on the need to alleviate and prevent it. The home help and the neighbour are not always appropriate or adequate, and for lack of facilities to give even temporary care day and night there is no other option at times when they become acute

but to admit to the psychiatric unit with the effect of congesting it and delaying admission of more treatable patients, or to obtain hospital care by admission to hospital by certification under the Lunacy Acts, a procedure which must be viewed with concern. The psychiatric unit which was at Newcastle General Hospital is still temporarily transferred to St. Mary's Hospital, Stannington, pending the completion of structural alterations, and has added to the time, cost and work of admitting patients. The 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 continue to be very well served by the City's Ambulance Service.

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

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

	Psychiatric Unit.		St. Nicholas Hospital.		Other Hospitals.		Totals.	
	1955	1954	1955	1954	1955	1954	1955	1954
Under Section 20— By duly authorised officers.....	105	184	152	113	6	8	263	305
Under Section 21— On Magistrate's Order.....	1	1	2	5	—	—	3	6
Certified at home before admission. Under Magistrate's Courts Act 1952	—	—	101	111	7	9	108	120
Certified .....	—	—	2	4	—	1	2	5
Voluntary .....	—	—	116	—	—	—	116	—
Voluntary Cases ...	46	—	—	142	4	33	50	175
Temporary Cases...	—	—	—	—	1	2	1	2
	152	185	373	375	18	53	543	613

The annual hospital admissions of 819, 703, 677, 639, 613 and 543 in the years 1950-1955 respectively, show a steady fall. Fewer cases were dealt with in 1955 by the duly authorised officers under order and totals for the same years respectively were 566, 434, 411, 365, 311 and 266. Domiciliary certifications before admission for the same years, namely, 14, 99, 118, 124, 120 and 108 after showing a fairly constant figure have fallen in the past year.

## SUMMARY OF DISPOSAL OF HOSPITAL CASES.

	<i>Psychiatric Unit.</i>		<i>St. Nicholas Hospital.</i>		<i>Other Hospitals.</i>		<i>Totals.</i>	
	1955	1954	1955	1954	1955	1954	1955	1954
To Mental Hospitals—								
(a) Certified cases removed .....	6	23	30	24	—	11	36	58
(b) Transfers from Section 20 to Voluntary Class .....	66	43	95	57	6	3	167	103
(c) Transfers from Section 20 to Temporary Class .....	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	72	66	125	81	6	14	203	161
	—	—	—	—	—	—	—	—
							<i>Totals.</i>	
Home or otherwise—							1955	1954
(a) Home from Psychiatric Unit .....							13	29
Home from St. Nicholas Hospital .....							13	1
(b) Died in Psychiatric Unit .....							1	9
(c) Discharges from Section 20 to General Wards, etc.—								
Newcastle General Hospital .....							112	121
(d) Discharges from St. Nicholas Hospital.....							324	298
(e) Deaths in St. Nicholas Hospital.....							82	68
							—	—
							545	526
							—	—

## (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>Totals.</i>	
	1955	1954	1955	1954	1955	1954
Cases awaiting vacancies in institutions .....	31	24	20	14	51	38
Cases removed to hospital .....	10	11	11	14	21	25
Cases ascertained .....	28	57	32	33	60	90
Cases reported .....	38	65	46	40	84	105
Percentage of ascertained to reported cases .....	—	—	—	—	71.5	85.7

## SOURCES OF CASES REPORTED TO THE MENTAL DEFICIENCY SECTION.

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1955	1954	1955	1954	1955	1954
Education Department .....	23	46	22	19	45	65
Hospitals .....	2	2	3	3	5	5
Other Sources .....	2	11	6	6	8	17
Health Department .....	2	1	4	1	6	2
Probation Service.....	5	—	—	3	5	3
Police and Courts .....	1	1	1	2	2	3
General Practitioners.....	—	1	1	—	1	1
Youth Employment Officer .....	—	—	—	3	—	3
National Assistance Board .....	1	1	2	1	3	2
Relatives .....	—	2	2	—	2	2
Children's Officer .....	—	—	1	2	1	2
Welfare Department .....	1	—	3	—	4	—
Department of Psychol. Medicine .	1	—	1	—	2	—
	<u>38</u>	<u>65</u>	<u>46</u>	<u>40</u>	<u>84</u>	<u>105</u>

## DISPOSAL OF CASES BY THE MENTAL DEFICIENCY SECTION.

	<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>	
	1955	1954	1955	1954	1955	1954
To hospitals .....	5	3	6	9	11	12
Placed under statutory supervision.	23	52	26	23	49	75
Placed under voluntary supervision	—	—	—	—	—	—
Lunacy Act .....	—	1	—	—	—	1
Died or removed .....	—	1	—	1	—	2
Not subject to be dealt with.....	2	4	4	1	6	5
In place of safety .....	—	—	—	—	—	—
Action deferred.....	8	5	10	5	18	10
	<u>38</u>	<u>66</u>	<u>46</u>	<u>39</u>	<u>84</u>	<u>105</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 onset. A case history and a report on the home conditions is obtained and a medical report provided to assist the Mental Cases Sub-Committee to decide as to the ultimate disposal of a case. Reference numbers given on the agenda prevent identification beyond the Committee.

The Mental Deficiency Officer also carries out administrative duties working directly under the Medical Officer of Health. He co-operates with general practitioners, hospital staffs, clinics, Courts, probation officers, etc., and is, with an assistant mental health worker, authorised to present petitions and to take a person to a place of safety where necessary. This officer has taken a keen interest in giving talks on mental deficiency to public and private groups throughout the year.

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

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>	
	1955	1954	1955	1954	1955	1954
Total cases under—						
Statutory Supervision .....	236	246	225	217	461	463
Voluntary Supervision .....	18	7	9	6	27	13
Guardianship .....	3	2	1	1	4	3
No. of Statutory Visits paid .....	507	578	565	537	1,072	1,115
Home and progress reports to hosp- itals .....	104	106	99	59	203	165
No. of petitions presented .....	10	11	11	13	21	24
City Cases—						
In mental deficiency hospitals.	309	325	246	249	555	574
In places of safety .....	—	—	—	—	—	—

In 1955 no application was made to obtain a guardianship order.

(iii) Occupation and Training.

The statutory duty to provide for defectives in the City is being met by the large Occupation Centre at Jubilee Road in premises which are central and accessible and which were formerly leased by the City to the Princess Mary Maternity Hospital. A very full variety of training is now provided in this centre. The centre is both light and commodious and possesses a splendid lofty hall, 75 feet by 29 feet, giving ample room for various activities, games and dining for which there is 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 secluded and protected, as well as ground for the development of a garden. Ambulance transport is provided with escort by the centre staff. School meals were supplied but plans to build a kitchen to cater for a maximum of defectives likely to attend this centre when it is fully developed did not receive the consent of the Ministry of Health.

As an adult male centre is considered very 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 from other parts of the premises.

*Adult Girls Club.*

No meetings were held throughout the year but it is hoped to renew meetings as soon as possible in the future.

### III.—Out-Patients' Clinics.

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

The source of the 484 City patients attending is as follows :—

	1955	1954
*Own doctor .....	320	273
Probation Officer .....	42	29
School Health Service .....	36	50
Ex-hospital in-patients follow-up.....	63	65
Ministry of Labour .....	3	4
Duly Authorised Officers .....	19	19
Ministry of Pensions .....	—	5
Marriage Guidance Council.....	1	1
	<hr/> 484	<hr/> 446

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

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

<i>Source of persons referred.</i>	<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>	
	1955	1954	1955	1954	1955	1954
Newcastle Mental Deficiency Section	10	7	23	9	33	16
Northumberland Health Authority.	1	1	1	3	2	4
General Practitioners.....	—	—	—	—	—	—
Probation Service.....	2	—	—	—	2	—
City Education Department.....	2	—	—	—	2	—
Licence cases.....	—	1	—	2	—	3
Lunacy Cases .....	—	—	—	1	—	1
	<hr/> 15	<hr/> 9	<hr/> 24	<hr/> 15	<hr/> 39	<hr/> 24

### NATIONAL ASSISTANCE ACTS, 1948 and 1951.

Duties under the above Acts are the responsibility of the Welfare Committee of the Local Authority, and the following summary of its work during the year has been supplied by the Chief Welfare Officer.

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

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

#### Incidence of Blindness.

At the end of the year there were 768 persons in the City registered as blind and 139 registered as partially sighted : of the latter 37 are likely to become blind during the next four years. 52% of the blind and 33% of the partially sighted are over 65 years of age.

Applications for admission to the Blind Register during the year numbered 84, of which 42 were registered blind and 22 partially sighted.

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 ...	3	4	4	1	Nil	Nil	18	20
(b) Treatment—								
Medical .....	Nil	3	4	3	Nil	Nil	3	2
Surgical .....	14	13	2	3	Nil	Nil	5	1
Optical .....	Nil	Nil	Nil	Nil	Nil	Nil	Nil	2
Educational ...	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..	7	8	4	3	Nil	Nil	5	3

### Ophthalmia Neonatorum.

No new cases were notified during the year.

### Deaf and Dumb.

There were 237 persons registered deaf or dumb at the end of the year. Three Voluntary Organisations, acting as agents for the Welfare Committee, assume responsibility for their welfare.

### Other Handicapped Persons.

In the general class of handicapped persons, e.g. cripples, spastics, epileptics, etc., 119 remained on the Register at the end of the year.

PREVALENCE, PREVENTION AND CONTROL.

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**III—INFECTIOUS DISEASE**

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



## THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Figures in parenthesis refer to 1954.

There were 8,462 (4,509) notified cases of infectious disease in 1955. 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 1954 and 1955.

It is gratifying to record for the first time, no deaths from diphtheria, whooping cough or measles over the year under review. The need for immunisation against diphtheria is nevertheless just as necessary as in previous years and parents are being continually reminded of the need for this and of the booster dose before a young child starts school. Non-notifiable cases of diarrhoea from gastro-enteritis caused 17 deaths and 17, 17, 21, 12 and 17 deaths for the years 1950-1954 respectively giving a death rate per 1,000 of the population of 0.06 (0.05). Apart from 117 deaths from pneumonia, which is easily the largest cause of deaths from infectious disease, and 52 deaths from tuberculosis, the 17 from gastro-enteritis forms the next largest group of deaths. There were only 4 other deaths, 2 being due to poliomyelitis and 2 to meningococcal infections. Tuberculosis is dealt with specially in a separate section of the report on page 107.

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.

Surveillance :—The following contacts on information sent to the Health Department received surveillance : 23 for poliomyelitis, 7 for dysentery, 4 for paratyphoid and 2 for scarlet fever. Again no schools were closed throughout the year because of infectious disease.

**Chicken Pox.**—1,916 (1,529) cases were notified with 57 (47) primary cases in adults. Five adults were admitted into hospital. A small even incidence over the year showed a small increase centred on November.

**Diphtheria.**—Again no cases occurred throughout the year. Immunisation is referred to on page 65.

**Dysentery.**—328 (129) confirmed cases and 132 non-confirmed cases were notified, all being of mild Sonne type. 51 cases were admitted to hospital. There were no deaths. There were 14, 6 and 2 cases which developed in the wards of the Royal Victoria Infirmary, the Newcastle General Hospital, and the Fleming Memorial Children's Hospital respectively. Annual incidence from 1945-1954 was 350, 173, 14, 35, 118, 364, 244, 44, 117 and 129 respectively.

Investigation bacteriologically of the contacts revealed 103 to be faecal carriers, and was continued for the carriers until they were considered free of the infection.

There was a small incidence, shown below, of 40 cases of dysentery in the Municipal Day Nurseries (compared with 9, 26, 27, in 1952-54 respectively) :—

Gosforth Street . . . . .	15 cases.
Willow Avenue . . . . .	12 cases.
Renwick Street . . . . .	8 cases.
West Parade . . . . .	3 cases.
Woodland Crescent . . . . .	2 cases.

**Enteric.**—The 4 (4) confirmed cases of paratyphoid "B" and 1 (0) of typhoid fever were admitted to hospital. Immediate contacts were subjected to bacteriological tests and surveillance and no further cases developed. One case occurred in each of the months of January, March, April, May and August.

**Erysipelas.**—Of 35 (46) notified cases, 2 were admitted to hospital.

**Encephalitis.**—1 case, a girl of 12 years, was notified and died in hospital. A case notified in 1954 also died.

**Food Poisoning.**—27 (75) cases were notified. Nine cases were admitted to hospital. There were no deaths. The types of organism isolated were 20 *S. typhi-murium* and 1 *S. Heidelberg*. Bacteriological tests were negative in 6 cases, and revealed 8 carriers of *S. typhi-murium* who were subject to surveillances and bacteriological tests until considered free from infection. No type of food could be proved responsible but the following were suspected :—Tinned corned beef, meat pies, home boiled bacon, tinned chicken soup.

**Measles and Rubella.**—There were 4,340 (873) cases of measles with no deaths, and 727 (228) of rubella notified during the year. Health Visitors visited 4,313 of the notified cases of measles, further cases in a family usually being notified by them. 4,119 or 94.9 per cent. of these cases of measles ran a normal course.

**Malaria.**—3 (0) cases were notified.

**Meningococcal infection.**—10 (15) notified cases were all admitted to hospital. Two deaths were recorded.

**Ophthalmia Neonatorum.**—No case was notified. There was one case on 1954.

**Pneumonia including Influenzal Pneumonia.**—233 (269) notifications of pneumonia included 37 (27) of influenzal pneumonia. Of the total of 117 deaths, 10 were due to lobar pneumonia, 2 to primary atypical pneumonia whilst there were 93 cases of bronchopneumonia and 12 unspecified. There were 6 deaths from influenzal pneumonia additionally. Health Visitors visited all cases.

**Poliomyelitis, polioencephalitis.**—Of 18 (23) confirmed cases during the year 16 were paralytic. 9 cases were able to be nursed at home. Two deaths, both of adults took place in hospital, one being a "bulbar" case and the other one of polioencephalitis. There were 13 cases under 5 years, 2 between 5-15 years and 3 over 15 years.

All the cases were investigated on the lines of the pilot study conducted in the North East in 1954.

Apart from a case in late February and another in late November, a case occurred weekly (except for one week) from early June to the end of October, with 3 cases in one week in August and 2 cases in one week of September and in one week of October.

**Puerperal Pyrexia.**—Of 100 (131) cases reported 87 (116) occurred in hospital.

**Scarlet Fever.**—173 (141) cases were notified during the year, all mild in type. This infection is now almost entirely nursed at home only 6 cases being admitted to hospital. There were no households with more than one case resulting. The attack rate per 1,000 of the population was 0.61 (0.49). The incidence whilst generally spread over the year, was heavier from the latter part of October with a maximum of 8 cases weekly on 3 occasions.

**Whooping Cough.**—There were 546 (1,043) notifications with no (2) deaths. This disease chiefly affects the pre-school age child and the infant especially. Whooping cough vaccine is available in the clinics and its use encouraged. There were 350 (571) cases under 5, and 534 (348) between 5 and 15 years. Quarterly totals were 199, 112, 126 and 100 with an average weekly incidence of 45 cases.

Summary of work done by the Sanitary Inspectors concerning notifiable disease :—

Visits Paid .....	4,660
Visits to other diseases .....	112
Total disinfections done .....	276
Total specimens for bacteriological examination .....	553
Visits in respect of tuberculosis .....	738
Disinfections for cases of tuberculosis..	500

TABLE A.  
 CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS.  
 EXCLUSIVE OF TUBERCULOSIS.  
 AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1955.

NOTIFIABLE DISEASE.	AT AGES—YEARS.														NET TOTAL.						
	Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and upwards.		Ages not known.		1955.		1954.		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis including Polioccephalitis	2	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Infectious Encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	9	20	37	1	13	19	1	13	46	54	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	17	..	126	..	14	124	..	14	32	32	..	..	..	..	..	..	..	..	..	..	..
Measles and Rubella	244	..	2635	..	28	2148	..	28	10	10	..	..	..	..	..	..	..	..	..	..	..
Chickenpox	67	..	474	..	39	1318	..	39	18	18	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	75	..	278	..	..	186	..	..	4	4	..	..	..	..	..	..	..	..	..	..	..
Food Poisoning	5	..	4	..	..	3	..	..	6	6	..	..	..	..	..	..	..	..	..	..	..
Totals	423	22	3614	1	156	1	1	185	4	108	15	52	80	..	..	..	..	8462	123	4509	137

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 1955	Total 1954	DEATHS.			
																						Pneumonia	Diarrhoea under 2 yts.	Tuber- culosis all forms.	
St. Nicholas . . . . .	..	2	..	..	..	5	1	1	..	177	8	4	..	10	..	59	9	9	15	300	113	8	1	1	
Kenton . . . . .	..	5	1	..	..	27	1	2	..	597	176	8	..	16	4	279	32	57	32	1239	375	3	2	3	
Scotswood . . . . .	..	2	..	..	..	7	1	1	1	265	43	5	..	16	5	159	25	20	32	584	282	8	..	8	
Stephenson . . . . .	..	4	..	..	..	7	2	2	..	249	101	10	..	14	2	103	38	107	27	668	573	15	1	1	
Armstrong . . . . .	..	2	..	..	..	11	..	2	..	184	106	7	..	14	3	74	16	36	28	485	398	14	..	3	
Elswick . . . . .	..	..	..	..	..	9	..	1	..	125	24	10	..	6	..	53	14	23	19	285	230	11	1	4	
Westgate . . . . .	..	2	1	..	..	3	..	1	..	139	23	4	..	13	2	39	28	44	17	317	174	12	..	3	
Arthur's Hill . . . . .	..	1	..	..	..	7	..	..	..	162	48	6	..	10	1	48	9	25	14	333	273	3	1	4	
Benwell . . . . .	..	1	..	..	..	7	1	2	..	188	41	6	..	19	2	190	19	32	16	524	337	4	..	3	
Fenham . . . . .	..	2	1	..	..	16	..	..	..	230	49	6	..	7	2	235	30	22	14	614	262	6	..	2	
Sandyford . . . . .	..	1	1	..	..	1	1	..	..	174	8	3	..	7	..	179	5	7	22	410	147	2	1	..	
Jesmond . . . . .	..	..	1	..	..	7	..	2	..	198	11	1	..	8	1	44	8	13	16	310	183	2	..	1	
Dene . . . . .	..	3	..	..	..	13	1	..	..	246	19	1	..	10	1	66	3	24	23	410	134	2	..	3	
Heaton . . . . .	..	3	..	..	..	10	1	..	..	206	2	6	..	5	2	132	6	14	18	403	175	3	..	1	
Byker . . . . .	..	1	..	..	..	8	..	1	..	191	39	5	..	9	2	114	22	15	27	439	191	6	2	2	
St. Lawrence . . . . .	..	2	..	..	..	10	..	1	..	205	4	9	..	5	1	45	19	11	25	341	243	5	..	5	
St. Anthony's . . . . .	..	..	..	..	..	8	..	..	1	261	8	3	..	7	2	52	7	19	33	403	201	5	..	1	
Walker . . . . .	..	1	..	..	..	11	1	2	..	363	11	2	..	10	4	28	29	46	43	557	386	3	..	5	
Walkergate . . . . .	..	3	..	..	..	6	..	..	1	180	6	4	..	10	3	17	9	22	21	282	317	5	..	2	
Total 1955 . . . . .	..	35	5	1	27	173	10	18	3	4340	727	100	..	196	37	1916	328	546	442	8904	..	117	9	52	
Total 1954 . . . . .	..	46	4	2	75	141	15	23	..	873	228	131	1	255	14	1529	129	1043	485	..	4994	..	135	2	86

### HOSPITAL ADMISSIONS.

436 Newcastle patients were admitted to Walker Gate Infectious Diseases Hospital during the year, of which 38 died. Details are given in the following table :—

NEWCASTLE CASES ADMITTED TO WALKERGATE INFECTIOUS DISEASES HOSPITAL, 1955.

Disease.	No. of Cases.	Deaths.
Diphtheria .....	—	—
Dysentery .....	23	—
Enteric Fever .....	1	—
Erysipelas .....	2	—
Gastro Enteritis .....	25	2
Influenza .....	2	—
Measles .....	22	—
E.C.S.M. ....	4	1
Mumps .....	1	—
Pertussis .....	13	—
Pneumonia .....	57	8
Poliomyelitis .....	9	1
Puerperal Fever .....	2	—
Rubella .....	1	—
Salmonella Infection .....	4	—
Scarlet Fever .....	4	—
Varicella .....	4	—
Glandular Fever .....	6	—
Alimentary Diseases .....	17	1
Blood Diseases .....	—	—
Cardiovascular Diseases .....	26	10
Genito-Urinary Diseases .....	17	2
Respiratory Diseases .....	65	1
Sepsis and Skin Diseases .....	17	2
Meningitis & Encephalitis .....	10	3
Nasopharyngeal Infection .....	1	—
New Growths .....	10	5
Rheumatism .....	7	—
Tonsillitis etc. ....	18	—
Tuberculosis—Pulmonary .....	10	—
—Meningeal .....	3	—
—Others .....	2	—
Healthy Persons .....	3	—
N.A.D. ....	18	—
Unclassified .....	32	2
	<b>436</b>	<b>38</b>

### SPECIAL SKIN CLINIC.

Of the total of 566 persons attending 16·44 and 82·8 per cent. were for scabies and pediculosis respectively. The number of treatments, amounting to 702, still falls, due to the increasing proportion of pediculosis cases which usually need only one treatment. Those attending comprised 510 males and 56 females, or 90 and 10 per cent. respectively with an age distribution of :—

0-1 year . . . . .	2
1-5 years . . . . .	22
5-15 years . . . . .	30
15 years and over . . . . .	512

The 281 or 49·6 per cent. of persons referred by the Health Department were all pediculosis cases, mostly from the one remaining common lodging house. A total of 128 came from the Salvation Army Hostel and the Prudhoe Street Mission. Of the 23 cases from hospitals, 5 were from the Newcastle General Hospital, 4 being cases of pediculosis, whilst of the 53 cases self referred, just over half came with scabies. There were 28 cases of scabies in the 46 cases referred by 19 general practitioners. The National Assistance Board referred 11 cases, the School Health Service 19 cases, and the Welfare Department 5 cases.

There were no conditions requiring special baths and again no cases referred from other authorities, but 2 double infestations of pediculosis with scabies were dealt with. Flea infestation was present in 4 cases.

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 during 1955, with the corresponding totals for 1954.

The clinic is open daily till 4 p.m. and on Saturdays till noon and an appointment system is in operation.

The good work and interest of the clinic staff may be again recorded.

G. HAMILTON WHALLEY,

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

## CASES AND TREATMENTS 1946—1955.

Year.	PATIENTS TREATED.				No. of Treatments.	Average No. of Treatments per Patient.
	Scabies.	Pediculosis.	Other.	Total.		
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
1955 . . . .	93	469	4	566	702	1.29

A second treatment was given in 90 of the 93 cases of scabies whilst for 16 persons with pediculosis who received 46 further treatments those with the head and body affected had just over 4 and 2 treatments in all respectively. An average of  $1\frac{1}{2}$  visits sufficed for those infested with pediculosis pubis.

## 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)	— (—)	..	..	..	..	..	..
1-5	11 (2)	9 (9)	20 (11)	— (—)	1 (2)	..	..	..	..	2 (2)
5-15	13 (11)	11 (9)	24 (20)	— (—)	— (6)	1 (—)	..	..	..	3 (6)
15—	30 (30)	18 (17)	48 (47)	— (—)	11 (7)	447 (532)	— (1)	3 (11)	3 (1)	464 (552)
Totals .	54 (43)	39 (36)	93 (79)	— (—)	12 (15)	448 (532)	— (1)	3 (11)	3 (1)	469 (560)

\* Figures in parenthesis refer to 1954.

## VENEREAL DISEASE STATISTICS—1955.

## Newcastle upon Tyne.

During 1955, 793 patients attended the venereal diseases department for the first time and of this total 614 (77%) were found to be free from venereal infection. The great majority of the latter, desiring reassurance, came of their own accord, while the remainder attended for examination at our request, as contacts of infected patients.

Patients residing in Newcastle made 8,950 attendances, the bulk of which could be attributed to 609 patients suffering from syphilis and to a lesser degree 145 individuals infected with gonorrhœa.

Thirty-six expectant mothers received anti-syphilitic treatment in pregnancy, not only to safeguard their own health, but, equally important, that of their unborn children. Twenty-seven infants were tested and found to be free from syphilis, the remaining 8 are still to be born or have still to complete examination. Modern medicine has achieved one of its greatest triumphs in this therapeutic field and it is safe to say that, provided an expectant mother co-operates with reference to treatment, there is every reason to expect a syphilis-free offspring.

Laboratory work :— 4,514 specimens were examined and of those 1,357 were investigated in the laboratory located in the Venereal Diseases Department.

The Medico-Social Unit continued to render invaluable assistance, not only with reference to case-holding but also locating suspected sources of infection (contact tracing). Eight-hundred and sixty-five visits were made to patients defaulting from treatment or surveillance or to those individuals whom we believed to be disseminating venereal diseases. Of 116 contacts (including 18 men) named in Newcastle area last year, 65 (5 men) were sought and 53 (4 men) identified. None of the men were named more than once, but 11 women were responsible for 25 infections, so that the numbers of persons involved were 36 women (including one identified in 1954) and 4 men. Of those, 35 (4 men) were examined and 26 (2 men) found to be infected.

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

**CHEST CLINICS.  
MASS RADIOGRAPHY.**

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**IV—TUBERCULOSIS.**

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



### TUBERCULOSIS.

It is pleasing to record a further decrease in the number of new cases of pulmonary tuberculosis notified during the year, the total (374) being 56 less than in 1954, and the lowest ever recorded in the City, giving an attack rate of 1.33 per 1,000 population. The notifications of other forms, however, rose slightly by 13 to a total of 68, an attack rate of 0.24.

Side by side with the fewer new cases occurring, but more spectacular, was a decrease in the number of deaths which fell to 52 (48 pulmonary and 4 other forms), compared with 86 (77 pulmonary and 9 other forms) in 1954; this again was the lowest ever recorded in the City and gave a death rate of 0.17 and 0.014 respectively. The number of cases on the register at the end of the year was 3,022 pulmonary tuberculosis and 473 other forms, a total of 3,495.

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

<i>Lungs.</i>	<i>Other Forms.</i>	<i>Totals.</i>
374 (East 198) (West 176)	68 (East 43) (West 25)	442 (East 241) (West 201)

There were also 29 second notifications which appear on the register as duplicates.

#### Source of Notification :—

	Total.	East..	West.
General Practitioners .	162 or 36.6%	124 or 51.5%	38 or 18.9%
Clinical Medical Staff .	210 or 47.6%	80 or 33.2%	130 or 64.6%
Other Sources (hos- pitals, death returns, etc.) .....	70 or 15.8%	37 or 15.3%	33 or 16.5%
	442	241	201

In addition 80 notifications (75 lungs and 5 other forms) were received of cases previously notified elsewhere which had moved into the City during the year.

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING  
1953, 1954 AND 1955.

	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 up- wards	
<b>Respiratory—</b>														
Males — 1953	..	..	4	9	11	29	27	38	50	36	41	11	3	259
1954	1	..	2	11	5	14	29	49	40	44	29	12	2	238
1955	2	1	1	8	9	23	22	45	22	45	33	12	5	228
Females 1953	1	..	3	6	15	33	47	70	20	12	7	3	..	217
1954	..	2	1	5	9	34	57	43	17	12	8	4	..	192
1955	..	2	1	4	6	24	21	38	18	14	13	4	1	146
<b>Non-Respiratory—</b>														
Males — 1953	1	1	5	4	1	7	4	3	7	4	2	1	..	40
1954	..	2	1	5	3	1	2	5	2	..	..	2	1	24
1955	..	..	3	2	1	5	3	5	1	3	1	3	1	28
Females 1953	..	1	1	4	2	5	3	6	2	1	1	..	2	28
1954	..	1	..	3	4	1	3	11	4	1	1	2	..	31
1955	..	..	4	2	3	4	5	9	5	2	4	1	1	40
<b>Totals — 1953</b>	2	2	13	23	29	74	81	117	79	63	51	15	5	544
1954	1	5	4	24	21	50	91	108	63	57	38	20	3	485
1955	2	3	9	16	19	56	51	97	46	64	51	20	8	442

AGE DISTRIBUTION OF DEATHS DURING 1955.

	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
<b>Respiratory—</b>														
Males	..	..	..	..	..	..	..	4	6	3	8	11	..	32
Females	..	..	..	..	..	1	2	4	4	3	..	1	1	16
<b>Non-Respiratory—</b>														
Males	..	..	..	..	..	..	..	..	..	2	..	..	..	2
Females	..	..	..	..	..	..	..	..	..	1	1	..	..	2
<b>Totals ..</b>	..	..	..	..	..	1	2	8	10	9	9	12	1	52

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

	Deaths which occurred in these years:—																
	1954											1955	East		West		
	1948	1949	1950	1951	1952	1953	1954	M.	F.	Ch.	Total.	M.	F.	Total.	M.	F.	Total.
Persons not notified.	18	16	22	14	19	12	11	2	4	..	6	..	2	2	2	2	4
" notified under 1 month	30	17	15	9	5	9	2	5	..	..	5	..	..	1	4	..	4
" between 1 and 3 months	16	26	9	5	3	1	3	1	..	..	1	..	..	..	1	..	1
" between 3 and 6 months	20	15	7	5	4	2	3	1	..	..	1	..	..	..	1	..	1
Total under 6 months.....	84	74	53	33	31	24	19	9	4	..	13	1	2	3	8	2	10
Persons notified between:—																	
6 and 12 months.....	30	21	8	11	7	7	7	1	..	..	1	..	..	..	1	..	1
12 and 18 months.....	15	23	15	8	6	2	5	..	..	..	..	..	..	..	..	..	..
18 and 24 months.....	9	12	13	6	6	5	5	3	..	..	3	..	..	2	1	..	1
2 and 3 years .....	22	16	20	14	8	12	11	2	..	..	2	1	..	1	1	..	1
over 3 years .....	70	76	74	38	36	31	30	17	12	..	29	7	4	11	10	8	18
Totals .....	230	222	183	110	94	81	77	32	16	..	48	11	6	17	21	10	31

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

	1951		1952		1953		1954		1955	
	Death Rate	Attack Rate								
Newcastle on Tyne..	0.43	1.90	0.37	1.70	0.32	1.88	0.30	1.69	0.18	1.57
England and Wales..	0.316	1.12	0.24	1.09	0.20	1.05	0.18	0.99	0.15*	0.88*
Glasgow .....	0.74	2.35	0.586	2.35	0.47	2.45	0.42	2.25	0.37	2.26*
Scotland .....	0.43	1.80	0.32	1.69	0.54	1.73	0.22	1.60	0.19	1.48*

\* Provisional figures.

For comparable figures of 20 large towns in England and Wales see page 32A.

### The Work of the Clinics.

The City is served by two Chest Clinics under the control of the Regional Hospital Board, dividing the City fairly evenly 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.

As pointed out last year, the areas served by the two Clinics do not coincide with the City boundaries: the East End Clinic includes Gosforth U.D.C., Longbenton U.D.C. and part of Castle Ward R.D.C., in addition to the eastern half of the City, covering a population of 217,090 of which 78,150 are outside the City boundaries: the West End includes Newburn U.D.C. with a population of 24,730 in its total of 166,790. In consequence the figures relating to the work of the Clinics are based on an additional 102,880 population—nearly 27%—not resident within the City, but by viewing the area as a whole a truer picture is no doubt given.

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

The work carried out at the Clinics grows steadily greater. At the end of the year there were 4,150 notified cases of tuberculosis on the registers, 233 more than last year, of which 3,617 were pulmonary cases: of these 251 were known to have had positive sputum within the preceding six months. Examinations and attendances for all procedures also increased to 53,822; 3,082 of these being in respect

of new and 16,355 of old patients : attendances totalled over 3,000 more than last year. Among contracts, 71 cases of tuberculosis were discovered. Screen examinations and x-ray films taken were reflected in the increased work carried out at the Clinics. The year's total of 19,039 was nearly 3,000 more than in 1954, and 3,049 contracts were referred to the Mass Miniature Radiography Unit, also an increase. The greater amount of work at the Clinics meant that fewer domiciliary visits by the Chest Physicians were made and the total of 212 was 68 less than last year.

The Mass Miniature Radiography Unit continues to play its increasingly vital role in combatting tuberculosis and I am indebted to Dr. G. Hurrell the Medical Officer in Charge of the Unit for the report which appears on page 117. The importance of such a readily available service to aid general practitioners in diagnosis cannot be stressed too highly and it is satisfactory to see that the special sessions arranged for their patients, which first commenced in 1948, are being used to a greater degree than ever before. During the year, 16,281 patients were directly referred by their own doctors, an increase of 1,300. This group is naturally productive of the largest number of cases of tuberculosis.

#### **Care and After Care.**

A whole-time Almoner is attached to each Clinic to help with the many problems which face tuberculosis cases. Although they are employed by this Authority, by arrangement their work embraces all patients attending the Clinics, many of whom are the responsibility of Northumberland County Council, thus ensuring a continuity of service to those patients who are re-housed outside of the City's boundaries.

The Health Department has no direct responsibility for the re-housing of tuberculosis patients, but they do from time to time make special recommendations to the appropriate Committee where the risk of infection is great or the recovery of a patient is retarded by bad housing conditions. The allocation of Corporation houses is on a "points" system and an additional number is given in cases of tuberculosis : during the year 171 patients were re-housed.

Much of the Almoners' work was concerned with finding suitable employment for treated patients. Many patients, of course, are able to resume their former employment, but some without trade or vocation and little adaptability, present a serious difficulty. Regular meetings with the Disablement Resettlement Officer of the Ministry

of Labour were held, and it was possible to place 129 patients in employment of some form or another, either with private firms, industrial rehabilitation units or Government Training Centres. In addition, occupational therapy classes were held on four afternoons a week at specially adapted premises.

During the year the Almoners interviewed 563 new patients, slightly more than in 1954 and in all gave some form of assistance to 1,602 cases, ranging from extra clothing and nourishment to convalescence and training in art therapy. Much of the assistance came through the numerous benevolent and charitable organisations and also through the local Voluntary Tuberculosis Care and After Care Council. Convalescence was arranged in 173 cases, mostly to local convalescent homes, for which the Health Committee accepted financial responsibility.

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 751 primary and 8,702 subsequent visits were made.

### **B.C.G.**

Special Contact Clinics are held for children under 5 years of age and for school children, and a report on this work will be found on page 120. At the Chest Clinics, 218 contacts were vaccinated with B.C.G.

### **Chronic Infectious Pulmonary Tuberculosis.**

It is not easy to gauge the extent of the "Infector Pool" in the area, but the figures given in the Ministry of Health Annual Return (Memo. T. 145) of work done at the Chest Clinics on page 116 gives a reasonably accurate picture of the problem. At the end of the year there were 3,617 definite pulmonary cases on the register, of which 251 were known to have had positive sputum during the preceding six months.

### **Working Capacity of those on the Tuberculosis Register.**

With the co-operation of Newcastle Health Visitors who paid a special visit to each family, an enquiry similar to last year 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:—

	Males.	Females.	Total.
<i>Under Treatment :—</i>			
Chemotherapy at home .....	30	23	53
In hospital or sanatorium .....	55	47	102
<i>Not under active treatment :—</i>			
Unfit for work .....	82	29	111
Fit, but not working .....	40	16	56
Fit and at remunerative work .....	431	201	632
Housewives engaged in housework only.	—	286	286
Housewives with outside work .....	—	10	10
	638	612	1,250

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 53 hospital beds were "spared". The extent to which the housewife contributes actively to the home income is also shown, a group particularly vulnerable to breakdown.

A similar analysis, applied to the 187 chronic infective cases in the area gives the following picture (as at 31st December, 1955).

	Males.	Females.	Total.
<i>Active Treatment :—</i>			
In hospital.....	15	10	25
<i>Not on active treatment :—</i>			
Not working .....	75	29	104
At remunerative work .....	30	6	36
Housewives—housework only .....	—	22	22
	120	67	187

### **New Cases of Tuberculosis.**

The downward trend of tuberculosis continued. Without showing a spectacular decrease as in the case of deaths, the notification of new cases was the lowest recorded in the City, a cause for some satisfaction. 374 new cases of pulmonary tuberculosis were notified, 56 less than last year, and although notifications of other forms rose slightly to 68—15 more than last year—the overall position is most encouraging. Of importance is the age group and sex of the new cases notified, and the table on page 108 gives a comparison for the past three years. The post war years saw a big rise in tuberculosis among women in the age group 20-34 years, and in 1953 it was nearly double that for males: this year however it was below the male figure, and the smaller number of new notifications is primarily due to the fall in this particular age group of women. The number of deaths—48 from pulmonary and 4 from other forms of tuberculosis—is all the more remarkable when one considers that only ten years ago it was more than five times what it is now.

**Social Conditions.**

During the year an analysis of the social conditions of tuberculosis patients in the City was carried out by the Regional Hospital Board, and the results are summarised in the table given below. It is based on the information obtained by Health Visitors on their initial visit to cases becoming known to them for the first time, that is, newly notified cases and cases moving into the City from an address outside, but also included are cases whose conditions were altered by a change of address during the year.

The table therefore can give no more than a general indication of the social conditions prevailing among the City's tuberculosis cases but it is of definite interest.

## TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1924.

115A

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	0.27	1.50	55	9	0.03	0.19	485	86	0.30	1.69
1955	373	48	0.17	1.33	68	4	0.01	0.24	451	52	0.18	1.57



CHEST SERVICE STATISTICS FOR THE YEAR ENDED 31st DECEMBER, 1955—SOCIAL CONDITIONS—FORM T2.

	Total number of cards.	T. T. Milk.	Accredited—Milk.	Pasteurised—Milk.	Sterilised — Milk.	Other Milk.	Sharing room with 0.	Sharing room with 1.	Sharing Room with 2.	Sharing Room with 3.	Sharing Room with 4 or more.	Separate Bed.	Sharing Bed.	House has 1 bedroom.	House has 2 bedrooms.	House has 3 bedrooms.	House has 4 bedrooms.	House has 5 bedrooms or more.	House contains 0 children.	House contains 1 child.	House contains 2 children.	House contains 3 children.	House contains 4 children.	House contains 5 children or more.	Occupying Council House.	Occupying other type of house.
A. Tb NEGATIVE (Adults). . . . .	348	51	1	238	31	27	4	128	170	32	14	129	219	104	121	96	23	4	195	92	38	15	4	4	119	229
B. Tb POSITIVE (Adults). . . . .	333	41	4	244	25	19	5	105	170	39	14	115	218	98	118	93	19	5	160	95	54	13	8	3	141	192
CHILDREN (Pulmonary). . . . .	55	4	0	43	4	4	1	25	18	5	6	34	21	11	20	22	2	0	8	10	18	12	4	3	26	29
OTHER . . . . .	93	14	0	62	13	4	1	32	44	10	6	40	53	26	37	27	3	0	30	25	21	11	2	4	32	61

*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.  
NEWCASTLE CASES AND OTHERS.**

	Respiratory				Non-Respiratory.			
	M.	W.	Ch.	Total	M.	W.	Ch.	Total
A. (1) Number of notified cases of T.B. on Register on 1st January 1955 .....	1,667	1,438	312	3,417	96	158	246	500
(2) Transfers from clinics under other Management Committees, during the year .....	63	80	6	149	..	5	6	11
(3) Children transferred to adults during the year .....	14	19	..	33	3	1	..	4
(4) Cases lost sight of which returned to the clinic during the year .....	14	11	..	25	1	1	..	2
B. No. of NEW CASES diagnosed as Tuberculous during the year :								
T.B. Minus or Group A.—								
(1) Cases with slight constitutional disturbance .....	59	62	35	156	22	32	28	82
(2) All other cases which cannot be placed in 1 or 3 .....	42	33	..	75				
(3) Cases with profound systemic disturbance .....	10	5	..	15				
T.B. Plus or Group B.—								
(1) Slight constitutional disturbance....	27	10	1	38	2	1	1	4
(2) Neither 1 or 3 .....	75	52	1	128				
(3) Profound systemic disturbance ....	32	12	..	44				
Totals of A. and B.....	2,003	1,722	355	4,080	124	198	281	603
C. No. of cases in A. and B. removed from Clinic Register during the year..								
(1) Recovered .....	57	64	24	145	11	16	10	37
(2) Died (all causes) .....	53	21	..	74	3	5	..	8
(3) Removed to other clinics.....	80	81	8	169	..	5	1	6
(4) Children transferred to adults during the year .....	..	..	33	33	..	..	4	4
(5) Other reasons.....	17	22	3	42	5	7	3	15
Totals of C. ....	207	188	68	463	19	33	18	70
D. No. of notified cases of Tuberculosis on register on 31.12.1955.....	1,796	1,534	287	3,617	105	165	263	533
	Respiratory and Non-Respiratory							
	Men		Women		Children		Totals	
(2) No. of those in (1) known to have had positive sputum within preceding six months .....	182		68		2		251	
E. (a) Total No. of new persons (excluding transfers) examined during year.....	2,071		1,802		1,091		4,964	
(b) Those in (a) who attended as contacts and who were :								
(1) Diagnosed as Tuberculous .....	38		26		18		82	
(2) Not tuberculous .....	742		880		971		2,593	
(3) Not determined (as at 31.12.1955) .	15		14		5		34	

## MASS RADIOGRAPHY UNIT.

*(Contributed by Dr. G. Hurrell, Medical Director.)*

Work carried out during the year followed generally the pattern of the previous year, which was the first year when full services of the mobile unit, obtained in July, 1953, were available. The static X-ray set located at the Newcastle General Hospital, dealt primarily with selective groups such as general practitioners' referrals, national service recruits, etc., whilst the mobile unit covered, mainly, industrial groups and general public throughout the area.

### GENERAL.

**Static Unit.**—As in previous years general practitioners continued to refer patients in increasing numbers. Since regular sessions were established in 1948, when 754 individuals were referred, the annual figure has continued to rise, and in this year under review 16,281 doctors' patients passed through the units. This group continues to yield the highest incidence rate of active tuberculosis and every endeavour is being made to increase even further facilities available to general practitioners. However, it is noted that for the first time there is a decline in the actual number of active cases discovered in this group although Table 5 shows a continued decline in the incidence rate over the past 3 years. In November an experiment was begun to carry out the X-ray examination at the Unit of one general practitioner's entire list of patients. Results of this survey are not yet available.

**Mobile Unit.**—In addition to participating in a combined Mass X-ray and Tuberculin Skin Test Survey of Blyth during the period 2nd May to 17th June, the mobile unit visited some 23 factories and workshops in the area, taking the opportunity to invite neighbouring firms to send examinees, whenever possible, and, in addition to visiting 4 schools, held general public sessions at 18 locations, namely Denton, Forest Hall, Benton, Walkergate, Dunston, Swalwell, Whickham, Marley Hill, Winlaton, Westerhope, Chopwell, Ryton, Blaydon, Blaydon Haugh, Rowlands Gill, Throckley, Lemington and Newburn.

**Policy.**—Emphasis continues to be laid on the value of finding new groups for X-ray and the importance of concentrating on certain occupational groups. A close liaison with chest clinics and hospital departments is always maintained.

**Staff.**—I should like to express my appreciation to all members of my staff for the willing way in which they have carried out an arduous year's work. Notwithstanding changes and, at times, shortages of staff the unit carried out 67,440 miniature examinations.

I should like to thank also the Medical Officers of Health and Chest Physicians in the various areas for their continued co-operation and assistance, which is greatly valued.

### STATISTICAL.

During the year 67,440 miniature X-rays were carried out, 2,330 individuals (3·5%) being recalled for large films. 1,329 persons (2·0%) were referred to chest clinics for further investigation, and 302 cases of active tuberculosis were notified (0·4%) of total numbers X-rayed. Although only 849 fewer miniature X-rays were taken in 1955 than the previous year, 99 fewer cases of active tuberculosis were notified.

**Newcastle upon Tyne.**—A total of 47,272 individuals was X-rayed within the City i.e. 70·1% of the total number of miniature examinations carried out, and it is estimated that approximately 80%–90% of those X-rayed were resident in the City. 282 cases of active tuberculosis were notified, representing 0·6% of all persons examined by the units in Newcastle.

TABLE 1.

## ABNORMAL FINDINGS.

	Males.	Females.	Total.	Rate per 1,000. examin'd
<b>1. TUBERCULOUS CONDITIONS :—</b>				
(a) Newly discovered cases of active tuberculosis (notified) . . . . .	181	121	302	4·5
(b) Cases of inactive tuberculosis and cases not notified . . . . .	265	141	406	6·0
(c) Cases of active tuberculosis already known . . . . .	30	10	40	0·6
<b>2. NON-TUBERCULOUS CONDITIONS :—</b>				
(a) Bronchial Carcinoma (Codes 14:15)	69	5	74	—
(b) Bronchiectasis (Code 7) . . . . .	54	23	77	—
(c) Cardio-vascular (Codes 20:21) . . . .	50	58	108	—
(d) Pneumoconiosis (Code 11) . . . . .	88	—	88	—
(e) Miscellaneous (excluding Codes 1 : 2 : 9 : 18 . . . . .	331	175	506	—

TABLE 2.

## ANALYSIS OF ACTIVE CASES.

Examinee Group.	Number X-rayed.	Referred to chest clinic.	Observation at Unit.	Active cases.	Rate per 1,000. examin'd
Doctors Patients . . . . .	16,281	860	17	200	12.3
Clinic Contacts . . . . .	1,829	56	—	10	5.5
National Service Recruits . . . . .	6,904	77	—	22	3.2
Maternity Patients . . . . .	3,477	20	2	8	2.3
School Children . . . . .	3,943	9	—	2	0.5
General Public . . . . .	13,711	165	77	29	2.1
Industrial Groups . . . . .	21,295	142	4	31	1.5
	67,440	1,329	30	302	4.5

TABLE 3.

## ANALYSIS OF NON-TUBERCULOUS CONDITIONS.

Examinee Group.	No. X-rayed	Bronchial Carcinoma	Bronch- iectasis	Cardio- Vascular	Pneumo- coniosis	Others.
Doctors Patients . . . . .	16,281	68	45	54	37	369
Clinic Contacts . . . . .	1,829	1	1	2	2	6
National Service Recruits . . . . .	6,904	—	9	3	—	18
Maternity Patients . . . . .	3,477	—	1	2	—	2
School Children . . . . .	3,943	—	2	1	—	2
General Public . . . . .	13,711	3	12	25	43	66
Industrial Groups . . . . .	21,295	2	7	21	6	43
	67,440	74	77	108	88	506

TABLE 4.

## WORK CARRIED OUT IN CITY OF NEWCASTLE UPON TYNE.

Examinee Group.	Number X-rayed.	Referred to Chest Clinic	Active Cases.
Doctors Patients . . . . .	16,206	857	200
Clinic Contacts . . . . .	1,828	56	10
National Service Recruits . . . . .	6,904	77	22
Maternity Patients . . . . .	3,469	20	8
School Children . . . . .	1,254	4	1
General Public . . . . .	4,384	34	16
Industrial Groups . . . . .	13,227	102	25
	47,272	1,150	282 (6 per 1000)

TABLE 5.  
SUMMARY OF GENERAL PRACTITIONERS' SESSIONS  
OVER PREVIOUS THREE YEARS.

Year.	Nos. Referred.	Active Cases.	Rate per 1,000 examined
1952	6,959	138	19.8
1953	10,436	189	18.1
1954	14,981	249	16.6
<b>1955</b>	<b>16,281</b>	<b>200</b>	<b>12.3</b>

TABLE 6.  
RESULTS FOR PREVIOUS THREE YEARS.

Year.	Nos. Examined.	Active Cases.	Rate per 1,000 examined
1952	42,449	244	5.7
* 1953	55,676	311	5.6
1954	68,289	401	5.9
<b>1955</b>	<b>67,440</b>	<b>302</b>	<b>4.5</b>

\* Mobile unit acquired July, 1953.

### Children's Tuberculosis Contact Clinic.

The number of children seen in the Contact Clinics continues to increase. This is principally due to our wider interpretation of the term "contact". In past years this has been almost limited to children living in the same household with an adult suffering from tuberculosis. Now we aim at seeing in this clinic any child under five years of age known to have a tuberculous relative, and these children are offered B.C.G. vaccination. We try also to see children living in the same house or tenement or who are near neighbours or close friends of tuberculous patients. This is still difficult because it is not possible to tell people that their neighbours are suffering from tuberculosis. In general conversation, however, it is usually possible for health visitors to find out whether or not the mother of young children is aware of the nature of her neighbours illness. If she is, her children are offered an appointment at this contact clinic.

TABLE I.  
Number of New Children under 5 years of age  
seen in the Contact Clinic.

1952.....	469
1953.....	577
1954.....	655
1955.....	786

TABLE II.

Tuberculin state of children seen for the first time in 1955.

Known to be positive	Found positive	Previously had B.C.G.	Tuberculin negative
10	32	218	526

Three regular sessions have been held each week and from time to time it has been necessary to hold a fourth session. Children are seen as before at the Newcastle General Hospital and East End Clinic and the records office is situated in the Health Department. Information concerning new contacts and changes in circumstances of old contacts, such as changes of address, or admission to or discharge from hospital of the index case are sent each week to the Health Department from the two chest clinics. By attending the weekly case conference at one chest clinic and the school children's contact clinic at the other I maintain a close relationship with the chest physicians. Regular conferences have been held with them and with the health visitors in an attempt to consider tuberculosis as a family disease. Slowly and steadily we are building up a better knowledge of the epidemiology of the disease in this city.

### B.C.G. Vaccination.

TABLE III.

Given B.C.G. (to March 1956)	Tuberculin negative children.		
	Discharged not in contact	Removed	Still tuberculin negative (March 1956)
323	71	13	119

B.C.G. Vaccination is now a major part of the work of the Contact Service. It is offered to all tuberculin negative contacts and is rarely refused. Those who remain unvaccinated either belong to the group of "problem families" who object to vaccination or more commonly just do not keep their clinic appointments, or are found not to be in contact after all. We continue to advise segregation from persons suffering from infective or potentially infective tuberculosis before and after B.C.G. vaccination, and see no reason to alter this practice. The fact that occasionally this cannot be achieved is no reason for its abandonment. During 1955, five children in whom segregation was desirable were not so segregated. These are being as closely observed and as regularly x-rayed as are children known to have natural primary infections.

Arrangements for the vaccination of new-born infants are, whenever possible, discussed with the mother during the antenatal period. Infants born in the Newcastle General Hospital and the Princess Mary

Maternity Hospital can be vaccinated there but special arrangements are necessary if they are to be born in other hospitals or at home. Where protection against tuberculosis is not urgent, as when there will be no immediate contact with an infective patient, vaccination is delayed until the age of three months or later. The risk to the young infant of respiratory and other infections, through travelling in buses and waiting in clinics is so much greater than the risk of tuberculosis infection that it must be avoided. Where there is immediate risk of tuberculous infection then B.C.G. vaccination is carried out as soon as possible and the infant is brought by ambulance to the vaccination clinic, where he is seen and vaccinated immediately on arrival, and dispatched home again as quickly as possible. Segregation is of course arranged until tuberculin conversion has occurred.

TABLE IV.

Year	B.C.G. Vaccinations carried out.		
	Contact Clinics	Maternity Hospitals	Chest Clinics
1952	92	70	25
1953	221	143	90
1954	349	185	182
1955	527	274	200

During this year in 527 B.C.G. vaccinations in this clinic 6 have developed glandular complications of whom 3 have broken down. All have healed satisfactorily and all occurred in infants under 6 months of age.

No child B.C.G. vaccinated in Newcastle is known to have developed tuberculosis, although two children vaccinated elsewhere and inadequately segregated have required treatment in Newcastle hospitals.

#### **Tuberculin Positive Children.**

During the year 42 of the 786 new contacts under five years of age had primary tuberculosis infections. This is fewer than in previous years. Ten of these were known to be infected before their attendance and were in fact referred for this reason and not as "contacts". The infector of three of these children is still unknown. The infectors of three others were diagnosed after the children had been found to be suffering from primary tubercle. Of the other 32 infected children 23 were contacts of newly diagnosed patients, five of known infective patients, two of old patients recently found to have relapsed and two of children already mentioned.

TABLE V.

Tuberculin positive children. Relationship of infector. (42 children.)

Unknown	Mother	Father	Other relative	Neighbour
6*	10	14	7	5

\*Two are "contacts" of newly notified children whose adult infector is not yet known; one of these may have been due to infected milk.

### Hospital Treatment for Tuberculosis.

During the years 5 of these 42 children have required in-patient hospital treatment. Two of these had pleural effusions, two had extensive primary lesions in the lung, and one had phlyctenular conjunctivitis. Two others, with extensive primary lesions in the lung have since been admitted to hospital. (March 1956).

In the same period another nine Newcastle children under five years of age have received in-patient hospital treatment for tuberculosis of whom four had attended this clinic in 1954 and were known to be in contact. Three of these had tuberculous meningitis and the other had cervical adenitis. The other five who had not previously attended this clinic required hospital treatment for meningitis (two children), miliary tuberculosis, tuberculous disease of the ankle joint, and tenosynovitis.

In all, therefore, 14 children under 5 years of age required in-patient hospital treatment during the year.

### Contacts of Newly Diagnosed Patients.

220 of all children seen were contacts of newly diagnosed cases of tuberculosis. Of these 27 were found to be infected. 27 had been vaccinated with B.C.G. in Maternity Units and 166 were tuberculin negative of whom 137 have been vaccinated with B.C.G.

TABLE VI.

Tuberculin state of Contacts of New Patients.

Positive	B.C.G. in Maternity Units	Given B.C.G.	Still tuberculin negative
27	27	137	29

### Children over 5 years of age.

82 children over 5 years of age were also seen for the first time in 1955. Some had been referred for follow-up of primary infection by the "1,000 Family Investigation", others were children in the care of a neighbouring local authority who requested them to be tuberculin tested. The others attended with younger brothers or sisters.

In all 25 were tuberculin positive, 2 others had been B.C.G. vaccinated elsewhere, 31 have been vaccinated, and 16 remain unvaccinated only 6 of whom are contacts.

### **Attendances of Old Patients.**

This report has so far only concerned children seen for the first time in 1955. A further 1,113 children were seen for follow-up examination, many of whom were B.C.G. vaccinated. Those who were found to be tuberculin negative at five years of age were referred to the Chest Clinics for further supervision, others continue to attend here.

### **Conclusion.**

This special contact service for young children was established in 1941. There were two aims. First to educate and sustain the parents by personal interview and so spread an awareness of the infectious nature of tuberculosis and the risk of infection in early life, and second to study the incidence of infection and its natural history in this group of children. These aims remain unchanged but the character of the work has altered with the introduction of effective chemotherapy and with the availability of B.C.G. vaccine. Uninfected children can now be protected and those infected can be treated.

In 1941-1945 30% of the 520 children seen in this clinic were tuberculin positive at their first attendance, and many of the remainder became tuberculin positive. In 1955 only 5% of the 786 children were positive and the majority of the remainder have been B.C.G. vaccinated.

This description is of the work of the Contact Clinic but in Appendix II will be found a description of the wider problem of tuberculous infection in childhood.

**REPORT OF THE  
CHIEF SANITARY INSPECTOR**

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

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**ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR**  
for the year 1955.

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CHIEF SANITARY INSPECTOR :

L. MAIR, M.R.S.H., M.S.I.A.

Deputy Chief Sanitary Inspector . . . . . Vacant.

SENIOR INSPECTORS :

Food and Drugs Section . . . . .	W. McD. PETTIGREW.
Housing (Slum Clearance) Section . . . . .	A. P. ROBINSON, M.S.I.A.
Infectious Diseases, etc., Section . . . . .	A. IBBITSON, M.S.I.A.
	{ J. BROWN, M.S.I.A.
Factories, etc., Section . . . . .	{ J. R. SHIPLEY.
	{ L. S. SMALLEY, M.S.I.A.

It is with pleasure that I submit my first Annual Report on the work of the Sanitary Inspectors' Section of the Department during 1955. During the past few years the general scope of the work of the Section has broadened, largely due to a general increasing awareness of the importance of environmental hygiene, which has resulted in the introduction of further legislation to provide for, among other things, such fundamental matters as pure food, pure air and satisfactory housing. That the Health Committee continues to grapple with these problems with unabated vigour, is shown by the steady progress indicated in this report, and that this was accomplished despite the many difficulties caused by a serious staff shortage is no mean achievement.

**HOUSING ACT, 1936, AND HOUSING REPAIRS & RENTS ACT, 1954.**

**Slum Clearance.**

In August the Slum Clearance Section, which had been operating under very congested conditions in the inadequate office accommodation in the Town Hall, removed to new offices in the Welfare Foods Distribution Centre in New Bridge Street. Whilst this transfer was of great advantage to the Section itself, it was inevitable that certain difficulties would and did arise from the remote nature of the control exercised from the Town Hall. Such of these difficulties as were not overcome, were ultimately endured and the section is now working most efficiently. One of the most striking features of 1955 has been the greatly increased number of enquiries in relation to Slum Clearance

Property. As a result of press publicity, numerous tenants, owners, intending purchasers, house agents and solicitors, etc., sought information from this Section before making arrangements for the purchase or sale or improvement of property in which they were interested, and many expressions of appreciation for this advisory service were received during the year.

The Council's approved programme is designed to deal with an annual average of some 460 houses, comprising 980 families, and it is very pleasing to record that at December, 1955, the Health Department was 12 per cent. ahead of the scheduled programme.

The following table shows in statistical form the work carried out during the year.

	No. of Houses.	No. of Families.
<i>Represented to Health Committee—</i>		
Unfit houses in areas, Sec. 25 .....	525	1,046
Individual Unfit Houses, Secs. 11 and 12 .....	28	47
Totals .....	553	1,093
<i>Orders made—</i>		
Scotswood Road (Noble Street) C.P.O.'s .....	275	619
Blandford Street C.O.'s .....	153	339
Demolition Orders (Individual Unfits) .....	37	80
Closing Orders (Individual Unfits) .....	1	1
Totals .....	466	1,039
<i>Orders confirmed by the Minister—</i>		
Scotswood Road (Noble Street) C.P.O.'s .....	274	618

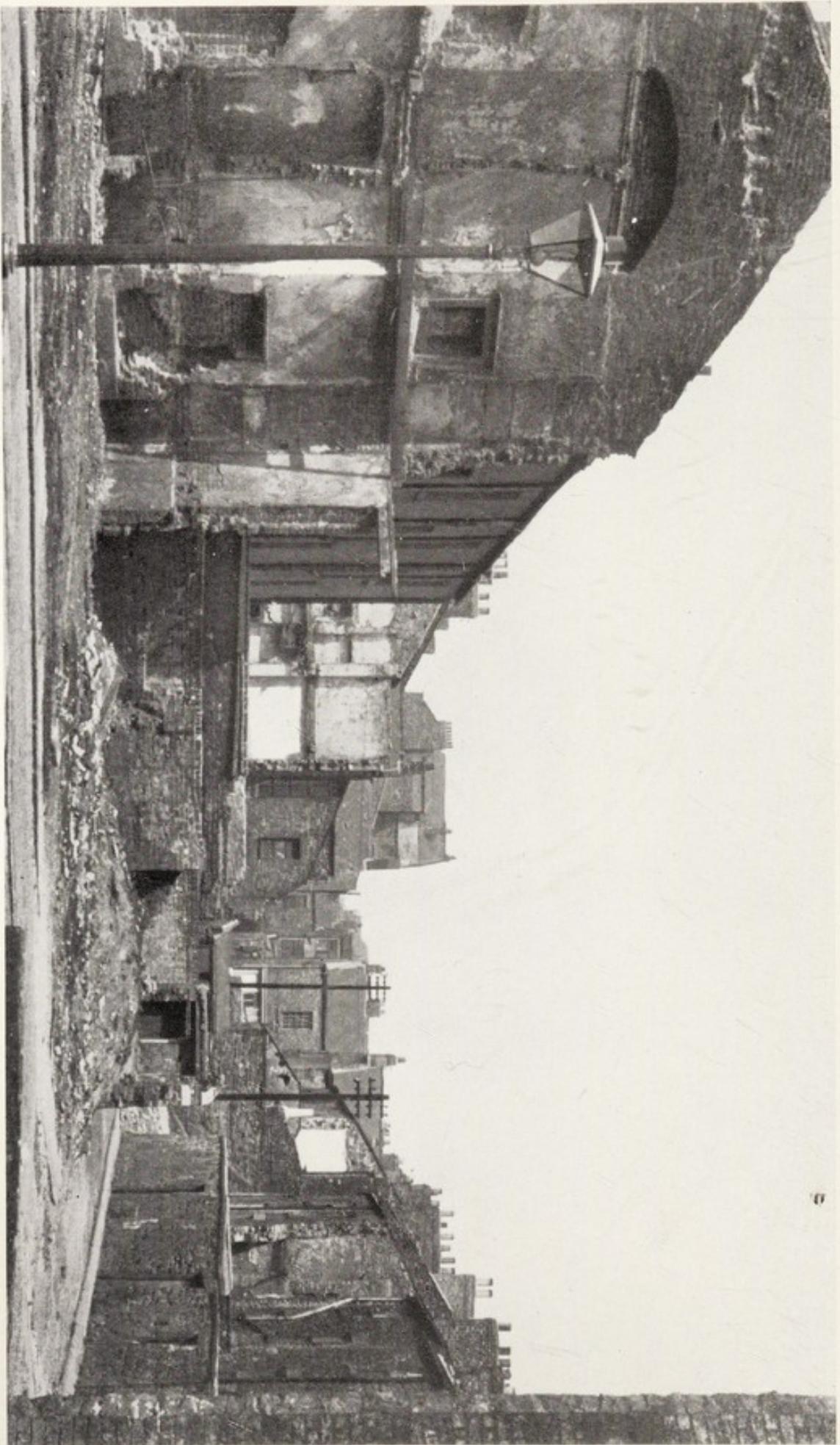
Public Inquiries prior to the confirmation of Clearance Orders by the Minister will be held in respect of Blandford Street in May, 1956, and in respect of Shieldfield probably towards the end of 1956. The first post-war Housing Inquiry by the Minister of Housing and Local Government was held in July in respect of 275 houses in the Scotswood Road (Noble Street) Clearance Area, the Compulsory Purchase Orders in respect of which were subsequently confirmed with only very slight modification. A noteworthy event during the year was the visit by the Right Hon. Duncan Sandys, M.P., Minister of Housing and Local Government. His deep interest in the housing problem, and his concern at the deplorable conditions seen during his tour of the Slum Clearance Areas were very apparent, and his speedy action in confirming the Noble Street Clearance Orders was further evidence of the urgency with which he views the housing situation in Newcastle upon Tyne which he described as "one of the most acute slum problems in the country." The picture in these areas is indeed one of extreme dilapidation and decay, and the rate of disintegration of certain of the houses, particularly those in the proposed Railway Street Clearance Area is



MAIN OFFICE OF THE HOUSING (SLUM CLEARANCE) SECTION IN NEW BRIDGE STREET.

THE SENIOR INSPECTOR DISCUSSES THE PROGRESS OF THE PROGRAMME.

A TYPICAL VIEW OF DILAPIDATION AND DISREPAIR IN THE BLANDFORD STREET CLEARANCE AREA.



most disturbing. The number of owners of such properties asking for Demolition or Closing Orders is rapidly increasing, and the occupants of such premises add to the ever-increasing list of families from slum areas requiring immediate rehousing.

### **Condemned Houses—Rehousing.**

During the year 443 families were rehoused by the Housing Department from condemned houses of which 172 were from the Noble Street Area. Much thought was given to the problem of the disinfection of household furniture and effects of tenants prior to rehousing, and having regard to the increased efficiency of modern insecticides, and the considerable saving of time effected by their use, it was decided to carry out disinfection work by using liquid insecticides and direct labour. This method was employed in the rehousing of the tenants from the first stage of the Noble Street Clearance Area, and due to the unfailing willingness and the hard work of the staff in the Infectious Diseases Section, this task was accomplished expeditiously and economically without engaging additional staff. During the year 55 dwellinghouses (Individual Unfit Houses and houses in Clearance Areas) were demolished.

### **Certificates of Disrepair and Revocation.**

During 1955, 318 applications for certificates of disrepair were received of which 310 were granted. Applications for the revocation of such disrepair certificates totalled 85 and the disparity in these figures is an indication of the failure of legislation to bring houses up to a state of good repair by permitting an increase in rents. Indeed, there is reason to believe that in most cases owners prefer to forego the increased rent, and many tenants prefer to endure a state of minor disrepair in their dwellinghouses to the alternative of paying an increased rent, a state of affairs which, whilst apparently being satisfactory to both parties, defeats one of the main purposes of the Housing Repairs and Rents Act, 1954.

### **Applications for Council Houses.**

The Medical Officer of Health and the Chief Sanitary Inspector, with the approval of the Housing and Health Committees, deal with applications for Council Houses where special circumstances relating to overcrowding, ill-health, and insanitary conditions, justify an increase in priority for consideration for rehousing.

A total of 662 such applications (an increase of 53 over last year's total) were dealt with during the year, and after classification, appro-

appropriate recommendations were made to the Housing Department. Rehousing was effected in respect of 929 cases.

### **Overcrowding—Statement of “Permitted Numbers”.**

Under the provisions of Section 62 of the Housing Act, 1936, the permitted numbers of 115 dwellings were issued to applicants after measurement and inspection had been completed in each case.

### **Tenemented Houses.**

With the commencement of the Housing Repairs and Rents Act, 1954, the method of control of tenemented houses, or “houses let in lodgings” as they are described in that Act, has considerably changed. The Health Committee has now much wider discretionary powers in the matter and consideration is being given to the preparation of standards in respect of lighting, ventilation, water supply, sanitary conveniences, etc., which when applied will bring such houses up to a standard acceptable to the Committee.

During the year 19 houses let in lodgings comprising 65 holdings were removed from the register, leaving a total of 1,311 at the end of the year. Inspections of these houses totalled 765 as compared with 1,560 for the previous year.

## **PUBLIC HEALTH ACT, 1936.**

### **Places of Public Entertainment.**

The number of routine inspections of theatres, cinemas, etc., made during the year fell to 328 as compared with 525 during 1954. Nevertheless, the general conditions in respect of ventilation, heating, lighting, cleanliness and sanitary accommodation, were maintained at a reasonably satisfactory level, and in all there are now 179 Certificates of Sanitation issued by the Health Committee in respect of 6 theatres and music halls, 36 cinemas, and 137 dance and concert halls, billiard rooms and cafes.

### **Atmospheric Pollution.**

Although there has been, in recent years, an increased public interest in the matter of pollution of the atmosphere in relation to its detrimental effects upon health, the total amount of impurities deposited on the City rose to 3,908 tons, an increase of 27 tons over that of 1954. The sulphur dioxide content of the atmosphere showed a gratifying decrease, the daily mean concentration being 0.06 p.p.m.

as against 0.08 during the previous year. During the year 496 observations were made of chimneys of industrial premises and nuisances were detected in 10 instances in respect of which 10 informal notices were served on the occupiers of the premises concerned. In many of these cases valuable assistance was readily given by officers of the National Industrial Fuel Efficiency Service, and although the primary function of this excellent organisation is to secure the best and efficient use of industrial fuels, the adoption of their recommendations by industrial firms is a material factor in reducing atmospheric pollution.

Particular attention was directed to pollution arising from industrial odours and in particular, investigations were made as a result of complaints concerning obnoxious effluvia from a glue and fertilizer works, a potato crisp factory and a tin plate printing works, and although substantial improvements were secured it is felt that the whole question of obnoxious industrial odours is one in respect of which the resources of modern science could be more energetically applied.

A complaint was received from residents in the Elswick area of a very serious grit emission from a nearby heavy engineering works and the prompt manner in which the remedy was secured was an excellent example of the fruits of co-operation between the Health Committee and the management of the firm concerned. Representatives of the firm were invited to a meeting of the Health Committee and after a thorough examination of the problem, the installation of grit arrestation apparatus was begun immediately, and the nuisance abated in a matter of weeks.

The establishment of the City's first smokeless zone is still under active consideration, and it is hoped that the initial preparations will be complete and ready to put into immediate operation in advance of the commencement of the Clean Air Bill which is expected to become law in 1956.

Two additional atmospheric pollution stations were established during the year, one in Denton Road and the other in the grounds of Pendower Open Air School, increasing the total number of such stations in the City to eight. The eastern area of the City is inadequately covered in this respect and in 1956, two further gauges will be installed on suitable sites in Walker. Smoke and grit from railway locomotives continue to add their contribution to the pollution of the atmosphere, particularly in the Heaton area, but until electrification or the greater use of diesel engines is achieved, no substantial improvement can be expected.

## RESULTS FROM OPERATION OF SEVEN GAUGES IN 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 <sub>4</sub>	Chlorine as Cl.	Lime as Ca.
Kenton Hall	Monthly	1.7	.15	2.5	4.23	4.97	11.86	1.17	1.15	.25
	Annual	20.44	1.87	30.01	50.81	59.63	142.32	14.09	13.85	3.04
Westgate Cemetery	Monthly	1.74	.24	5.19	12.24	8.02	25.70	2.42	1.23	.68
	Annual	20.95	2.87	62.39	146.89	96.28	308.43	29.09	14.81	8.22
Welbeck Reservoir	Monthly	1.26	.24	2.26	4.43	6.43	13.37	1.61	1.16	.36
	Annual	15.18	2.91	27.20	53.21	77.21	160.53	19.32	14.02	4.41
Benwell Reservoir	Monthly	1.65	.25	4.40	12.13	6.02	22.81	1.98	1.19	.41
	Annual	19.80	3.00	52.80	145.56	72.312	273.72	23.76	14.28	4.92
Wingrove Hospital	Monthly	1.6	.22	2.86	6.48	5.77	15.34	1.51	1.07	.31
	Annual	19.20	2.65	34.42	77.82	69.22	184.11	18.13	12.91	3.77
Pendower Open-Air School	Monthly	1.60	.335	1.475	7.315	6.525	15.65	2.145	1.14	.485
	Annual	19.20	4.02	17.70	87.78	78.30	187.80	25.74	13.68	5.82
Denton Road	Monthly	1.52	.335	2.935	10.91	9.16	23.34	2.145	1.36	.485
	Annual	18.24	4.02	35.22	130.92	109.92	280.08	25.74	16.32	5.82
Average per Gauge (Calculated)	Monthly	1.58	.253	3.088	8.248	6.70	18.29	1.854	1.18	.425
	Annual	19.00	3.05	37.10	99.00	80.41	219.56	22.26	14.27	5.14
TOTAL DEPOSIT ON THE CITY DURING 1955.										
TOTAL DEPOSIT ON CITY DURING 1955 (Calculated)	Monthly		4.503	54.965	146.814	119.26	325.562	33.001	21.004	7.565
	Annual		54.29	660.38	1762.2	1431.298	3908.168	396.228	254.006	91.492

**Offensive Trades.**

Scheduled offensive trades are carried on with the consent of the Council under the provisions of the Public Health Act, 1936. Throughout the year 42 inspections of these trade premises were made as compared with 89 during the previous year, yet another indication of the difficulties arising from staff shortages. These trades generally have been carried on in a reasonably satisfactory manner, and the

number and types of offensive trades now carried on in the City are as follows :—

Rag and bone dealers . . . .	8	Fat boilers . . . . .	2
Tripe boilers . . . . .	5	Glue makers . . . . .	2
Gut scrapers . . . . .	2	Soap boilers . . . . .	1
Dealers in hides and skins	2	Blood boilers . . . . .	1
Bone boilers . . . . .	2	Fish curer . . . . .	1

### **Tents, Vans and Sheds.**

There are no tents, vans, sheds or similar structures in the City occupied as permanent dwellings, although the small township of showmen comprising 533 caravans housing 455 families took up their annual three weeks residence on the Town Moor during the period of the Temperance Festival.

During the course of the year, numerous enquiries were received in the Department from caravan dwellers in respect of accommodation and in all such cases the enquirers were directed to caravan sites in neighbouring authorities. There undoubtedly exists a need for suitable accommodation for legitimate caravan dwellers, particularly in respect of theatrical performers whose stay in the City rarely exceeds a week and who are forced to station their caravans many miles from the City centre. The establishment of a small but properly arranged and supervised caravan site with sufficient amenities would not only be of great advantage to travelling theatrical artists but would probably also prove to be a profitable venture.

### **Common Lodging Houses.**

Only one common lodging house remains on the register, which perhaps may be taken as an indication of the continued prosperity prevailing in this area. Accommodation is provided for 58 male lodgers, and the highest nightly demand for beds was 58, the lowest 55 and the average 57.5.

### **New Buildings and Sanitary Alterations.**

A total of 207 plans were received from the Town Improvement and Streets Committee for examination, being an increase of 38 over the previous year. Improvements or objections to proposals were attached where necessary on their return to the City Engineer.

### **Disinfestation.**

Application for the disinfestation of 286 domestic dwellings (in addition to rehousing cases from unfit dwellings), and 24 business

premises were carried out during the year, the number of rooms being treated totalling 659. The types of insects concerned in the infestations included bed bugs, fleas, lice, cockroaches, wood beetle, spider beetle, house flies, wasps and bees.

A total of 443 tenants were notified to the Department by the Housing Department for rehousing, of which 172 were in the Scotswood Road (Noble Street) Area. The rehousing of the tenants from that area commenced in November and three months later a re-examination was carried out of the household effects of those tenants rehoused in the Elswick Street flats and no evidence of a recurrence of the infestation was found.

A gratifying feature of the disinfection services so efficiently provided by the Health Committee is the economy effected by the use of direct labour and liquid insecticides, as the approximate cost per disinfection per family housed was the remarkably low figure of 14/-, such figure being due in no small measure to the speed and pressure at which this work was carried out during the rehousing from the Noble Street area.

### Workplaces.

Workplaces include all those premises, other than factories, in which persons are employed otherwise than in domestic service. Such premises are controlled by certain provisions of the Public Health Act, 1936, and the general nature of such requirements which deters the application of specific standards in relation to offices and other similar premises on which work of a non-manual character is carried on, resulted in the Gowers' Committee making certain recommendations designed to safeguard the health and welfare of such workers. That no legislation has yet resulted from such recommendations is to be regretted.

During the year 1,119 inspections of workplaces were made and the following defects were remedied :—

Lack of cleanliness .....	11
Defective or insufficient sanitary accommodation	9
Other nuisances .....	3
	—
	23
	—

### Nuisances.

A substantial proportion of the District Inspectors' activities is spent in the detection and investigation of nuisances, an aspect of their daily work which abounds with problems. The general deterioration

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTALS
*Complaints from Health Department .....	497	897	878	903	995	796	666	671	584	538	540	258	8223*
*Complaints on District .....	25	49	63	56	38	48	49	42	40	28	23	15	476*
*Nuisances found on District .....	24	24	23	42	41	27	28	130	40	23	22	22	446*
<b>Inspections of Dwelling Houses—</b>													
Under P.H. Acts .....	548	908	961	1000	910	768	830	861	626	560	510	354	8836
Housing Acts and Consol. Regs. ....	..	..	..	..	..	..	..	..	..	..	..	..	..
Housing (Slum Clearance) .....	39	79	32	6	1089	435	215	92	59	13	85	43	2187
Housing Applications .....	69	67	78	61	72	65	53	61	57	63	63	50	759
Housing Overcrowding .....	8	1	4	43	..	..	7	3	..	..	3	..	69
Housing Certificates of Disrepair ..	76	74	43	30	34	19	10	25	13	37	20	4	385
Tenement Holdings .....	82	83	84	58	51	32	18	27	48	24	16	36	559
Tenement Yards, Courts, etc. ....	25	39	30	17	22	9	10	..	15	13	7	18	205
Tenement, as to Limewashing .....	..	..	..	1	..	..	..	..	..	..	..	..	1
Houses let in Lodgings .....	3	6	3	1	..	..	..	..	..	..	..	1	14
Houses let in Furnished Rooms .....	..	..	..	..	..	..	..	..	..	..	..	2	2
Revisits <i>re</i> Works Ordered .....	1591	1618	1807	1895	1329	1560	1960	1615	1993	1952	1744	1478	20542
Supervision of Work in Progress .....	53	59	65	70	61	139	47	77	110	80	82	118	961
Inspections of Drainage Work .....	26	10	21	16	10	14	15	25	7	6	16	19	185
Miscellaneous Visits .....	615	444	594	946	798	622	640	550	707	561	541	403	7421
<b>Inspections of Other Premises—</b>													
Offices (Sect. 92, P.H.A. '36) .....	10	18	21	14	4	3	2	8	4	6	6	4	100
Shops (Sect. 38, Shops Act) .....	8	68	103	31	..	..	4	7	2	7	8	25	263
Shops (Pet Animals Act, 1951) .....	..	..	8	1	..	..	..	..	..	..	1	1	11
Hairdressers' Premises .....	1	1	4	2	..	..	..	..	..	..	..	150	158
Hotels, Inns, Public Houses .....	69	82	87	54	12	27	13	24	28	22	18	29	465
Cinemas, Theatres, Halls, etc. ....	109	51	51	29	6	14	2	13	18	19	7	9	328
Stables, Manure Pits, etc. ....	2	..	2	..	..	..	1	2	2	2	3	..	14
Piggeries .....	1	..	1	3	3	1	1	4	2	3	4	..	23
Yards, Accumulations, etc. ....	4	27	18	8	2	1	10	2	1	2	3	1	79
Public Conveniences .....	26	23	35	9	13	66	13	11	15	48	76	13	348
Tents, Vans, Sheds, etc. ....	..	..	5	3	2	533	23	1	4	..	7	15	593
Ditches, Streams .....	1	..	..	..	..	..	1	..	..	..	..	..	2
Schools (Sanitation) .....	6	6	6	..	3	..	1	..	1	..	..	1	24
*Smoke Observations (½ hour) .....	60	53	45	63	36	14	14	25	16	43	77	50	496
Visits to Boiler Plant .....	15	11	11	10	4	4	1	9	8	20	6	6	105
Inspections of Drainage Work .....	7	2	17	4	5	3	..	..	..	3	18	4	63
Supervision of work in progress .....	2	12	28	4	1	5	..	8	2	9	8	3	82
Revisits, <i>re</i> Works Ordered .....	21	21	29	10	6	6	..	4	10	6	5	11	129
Drainage Inspection (Rodent Control) ..	..	3	7	2	..	1	1	..	..	7	5	1	27
Miscellaneous (Rodent Control) .....	..	6	8	2	..	5	1	10	..	5	10	..	47
Exhumations .....	1	..	..	..	..	..	..	..	..	..	..	..	1
Miscellaneous Visits .....	128	27	43	29	28	21	17	25	9	16	17	12	372
<b>Inspections of Food Premises—</b>													
Cowsheds .....	..	..	..	..	..	..	..	2	2	..	..	..	4
Dairies (Bottling/Filling) .....	3	11	4	5	2	..	4	6	3	3	6	..	47
Milkshops (Retail) .....	71	73	102	43	30	20	11	49	42	76	67	33	617
Ice Cream Manufactories .....	1	16	12	5	7	3	5	7	1	8	3	1	69
Ice Cream Retail Premises and Applications ..	54	65	63	56	36	20	13	59	48	72	48	40	574
Ice Cream Vehicles .....	..	..	..	..	..	120	2	..	1	..	..	..	123
Margarine Warehouses .....	1	1	5	1	..	..	..	4	1	..	1	..	14
Butter Factories .....	..	..	..	..	..	..	..	..	3	..	..	..	4
Meat Retailers .....	54	40	62	30	18	8	14	27	15	26	12	38	344
Fishmongers/Poulterers .....	85	24	29	12	4	1	5	7	9	12	8	15	211
Grocers .....	44	36	58	32	8	7	18	19	12	14	5	17	270
Fruiterers/Greengrocers .....	40	48	46	27	15	3	13	24	20	22	15	18	291
Confectioners .....	42	52	43	31	13	5	6	18	19	23	6	13	271
General Dealers .....	58	74	84	44	40	29	26	58	41	87	93	39	673
Street Traders .....	6	27	57	60	39	253	1	..	..	29	48	60	580
Food Manufactories (Sect. 14) .....	5	6	11	1	4	3	..	8	3	9	3	3	56
Catering Establishments .....	17	26	6	9	3	363	3	14	16	15	11	8	491
Bakehouses (Mechanical) .....	6	2	10	3	..	..	..	4	2	4	..	2	33
Bakehouses (Non-mechanical) .....	1	4	2	3	1	2	..	1	3	5	6	4	32
Bakehouses (Domestic) .....	..	..	10	..	3	..	..	..	..	1	1	2	17
Fried Fish Shops (Day) .....	89	24	18	12	12	13	12	16	12	25	26	14	273
Fried Fish Shops (Night) .....	..	..	..	..	1	105	..	..	..	..	..	..	106
Inspections of Drainage Work .....	..	1	1	..	..	4	..	..	..	..	..	..	6
Supervision of Work in Progress .....	5	5	5	..	2	2	3	1	1	..	..	1	25
Miscellaneous Visits .....	15	4	14	2	2	613	7	8	1	4	4	1	675
<b>Offensive Trades—Blood or Soap Boiler .....</b>	..	..	..	..	8	4	8	8	4	4	4	..	40
Fat Extractor, Bone Boiler, Gut-Scraper .....	..	..	..	..	..	..	..	..	..	..	1	..	1
Glue and Size Maker; Tripe Preparer .....	..	..	..	..	..	..	..	..	..	..	1	..	1
Hide and Skin Dealer; Rag and Bone Dealer ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Supervision of Works in Progress .....	..	..	..	..	..	..	..	..	..	..	..	..	..
													TOTAL
													51,208

\*Not included in total number of Inspections.

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED.

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MATTERS DEALT WITH.	Dwelling Houses.	Tenem'ts.	Food Premises and Street Vendors.	Shops.	Offices.	Places of Public Resort.	Other Premises.	TOTALS.
Accumulations .....	38	51	7	3	2	6	4	111
Animal Nuisances .....	1	..	1	2	1	..	..	5
Cowsheds Cleansed .....	..	..	..	..	..	..	..	..
Cowsheds Repaired, Improved .....	..	..	..	..	..	..	..	..
Cooking Accommodation Repaired .....	..	..	..	..	..	..	..	..
Cooking Accommodation Provided .....	..	..	..	..	..	..	..	..
Dampness .....	618	141	5	1	..	1	..	766
Dustbins .....	1123	181	15	7	4	7	1	1338
Drain Tests Applied (General) .....	37	5	..	3	..	..	1	46
Drain Tests Applied (Rodent Control) .....	28	4	..	1	..	..	..	33
Drain Found Defective .....	27	8	..	2	..	1	2	40
Drains, Waste Pipes, Cleared .....	273	158	5	5	2	4	2	449
Drains/Soil/Waste Pipes Repaired/Renewed (Yds) .....	320—196 $\frac{2}{3}$	46—17 yds.	2—4 yds.	7—15 yds.	3—24 yds.	5—42 yds.	..	383—298 $\frac{2}{3}$
Drains/Soil/Waste Pipes Provided (Yds.) .....	34—63 yds.	1—1 yd.	3—12 yds.	8—20 yds.	..	..	..	46—96 yds.
Doors and Windows .....	823	198	9	..	1	1	..	1032
Ditches and Streams Cleansed .....	..	..	..	..	..	..	..	..
Floors .....	350	52	3	1	..	2	..	408
Food Stores Provided .....	23	3	..	..	..	1	..	27
Fireplaces/Flues .....	103	20	..	..	..	..	..	123
Lighting Improved .....	..	1	1	..	..	..	..	2
Manure Pits Emptied .....	..	..	..	..	..	..	..	..
Manure Pits Repaired/Improved .....	..	..	..	..	..	..	..	..
Offensive Trades (Contraventions Remedied) ..	..	..	..	..	..	..	1	1
Piggeries Cleansed .....	..	..	..	..	..	..	..	..
Piggeries Repaired/Provided .....	..	..	..	..	..	..	..	..
Roofs, Gutters, Spouting .....	1922	363	6	6	1	1	5	2304
Rooms Cleansed/Redecorated .....	15	25	90	10	1	3	..	144
Sanitary Accommodation Provided .....	30	1	3	..	4	3	1	42
Sanitary Accommodation Repaired .....	1012	251	20	2	2	5	4	1296
Sanitary Accommodation Cleansed .....	14	18	15	..	1	..	..	48
Sinks/Wash Basins Repaired .....	63	4	1	..	..	..	..	68
Sinks/Wash Basins Provided .....	24	..	11	..	3	9	1	48
Sites Cleared .....	..	..	..	..	..	..	..	..
Stables Cleansed .....	..	..	..	..	..	..	..	..
Smoke Nuisances (Domestic) .....	65	20	..	..	..	..	..	85
Smoke Nuisances (Industrial) .....	..	..	..	..	..	1	..	1
Temperature Improved .....	..	..	2	..	..	..	..	2
Urinal Accommodation Provided (Ft.) .....	..	..	..	..	..	10 ft.	..	10 ft.
Urinal Accommodation Cleansed .....	..	..	..	..	..	..	2	2
Ventilation Improved .....	14	3	4	2	..	..	..	23
Walls and Chimneys (External) .....	277	42	..	..	..	..	3	322
Walls and Ceilings (Internal) .....	1103	240	23	3	1	1	1	1372
Washing Clothes Accommodation Provided ..	..	1	..	..	..	..	..	1
Washing Clothes Accommodation Repaired ..	12	11	..	..	..	..	..	23
Water Supply Provided (New) .....	4	1	12	2	2	3	..	24
Water (Hot) Installations Provided .....	..	..	39	..	1	4	2	46
Water Supply Reinstated .....	559	169	5	3	2	..	..	738
Yards Repaired/Relaid .....	78	8	1	..	..	..	..	87
Yards Cleansed/Limewashed .....	11	3	1	..	..	..	..	15
Other Nuisances .....	279	107	4	4	..	..	2	396
<b>Housing Acts—</b>								
Dwellinghouses Closed .....	56	..	..	..	..	..	..	56
Dwellinghouses Demolished .....	14	..	..	..	..	..	..	14
Dwellinghouses Rendered Fit (Informal) .....	..	..	..	..	..	..	..	..
Dwellinghouses Rendered Fit (Statutory) .....	..	..	..	..	..	..	..	..
<b>Overcrowding—</b>								
A. New Cases .....	..	..	..	..	..	..	..	127
B. Rehoused (By Corporation) .....	..	..	..	..	..	..	..	162
C. Rehoused (Privately) .....	..	..	..	..	..	..	..	933
Rent Book Amendments (P.Nos. etc.) .....	..	..	..	..	..	..	..	115

.. SERVICE OF NOTICES.	INFORMAL.				STATUTORY.	
	(VERBAL)		(WRITTEN)		SERVED.	COMPLIED WITH.
	SERVED.	COMPLIED WITH.	SERVED.	COMPLIED WITH.		
Public Health Act .....	205	231	3838	2282	3826	3028
Housing Act (General) .....	..	..	..	..	..	..
Housing Act (Overcrowding) .....	..	..	..	..	..	..
Shops Act, 1950 (Sect. 38) .....	5	11	..	17	1	7
Food and Drugs Act, 1938 .....	43	30	10	46	26	25
Corporation Acts and Regulations .....	27	28	1	1	711	626
Tenement Bye-laws—Owner .....	9	7	5	19	77	17
Occupier .....	1	1	..	..	..	..
<b>TOTALS .....</b>	<b>290</b>	<b>308</b>	<b>3854</b>	<b>2365</b>	<b>4641</b>	<b>3703</b>

of property in the confirmed clearance areas as well as in a number of the proposed clearance areas, aggravated by the lack of adequate maintenance over a long period, has given rise to public health problems the only remedy for which is demolition and rehousing. In the meantime, a policy of maintenance of "wind and weatherproof" conditions is being pursued in order to provide a standard of housing conditions, in respect of such houses, reasonable for the time being. Even so, such a regrettably low standard was impossible to maintain during the early part of the year when continued frost and heavy snowfalls inflicted much hardship on the occupants of houses in these areas. Defective roofs and the absence of water supplies due to burst pipes created deplorable living conditions which these unfortunate householders were compelled to endure with whatever patience and resignation they could muster.

The total number of nuisances dealt with was 9,145, involving the service of 4,144 informal notices, 4,602 statutory notices and 1,371 summons letters. During the year 25 summonses were issued in respect of unabated nuisances and in each case the work required was either completed before the date of hearing at the Magistrates' Court or nuisance orders were made by the Court.

Under the provisions of the Newcastle Corporation (General Powers) Act, 1935, 643 notices were served in respect of defective rains, waste-pipes and water closets and in 122 instances the work required was carried out in default by the City Engineer's Department at a total recoverable cost of £405 8s. 4d.

A particularly serious public health nuisance existed in the Jesmond Vale area during almost the whole of the year due to the overflow of sewage into the Ouseburn from a fractured sewer. As this part of the Ouseburn is a popular playground for children, the Health Committee was greatly concerned, but the erection of warning notices, the spraying of the banks of the burn with a suitable disinfectant and constant supervision by watchmen reduced this health hazard to a minimum. Nevertheless, the atmosphere was permeated with a foul effluvia for many months and it was a profound relief to nearby residents when the overflow of sewage was diverted back into a new sewer in January of 1956.

#### **WATER SUPPLY.**

The supply of water to the City is provided by the Newcastle & Gateshead Water Company who also supply other Tyneside areas. Throughout the year this supply was satisfactory in quality and quantity and was not liable to have plumbo-solvent action.

During the early part of the year the installation of a mains water supply to a colony of 10 houses on the outskirts of the City was completed. These houses formerly drew their supply from wells, the water from which was of doubtful purity.

### Bacteriological Examination.

The domestic supply was sampled each week at Throckley Water Works, from two control points immediately outside of the City and from supply taps at various points within the City. A total of 377 samples were taken during the year, 12 of which were classified as suspicious. Immediate action by the supplying company was taken and the matter was rectified forthwith.

### Chemical Analysis.

Every month 4 samples of the domestic supply were obtained at various points in the City and in every case the Public Analyst certified that it was of satisfactory organic purity, its microscopical characteristics were good, it was clear and bright and suitable for a public supply.

### 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 .....	139	4	1	1	145
DOMESTIC SUPPLIES .	125	29	8	9	171
WELLS.....	2	..	1	2	5
PUBLIC BATHS .....	53	2	1	..	56
	319	35	11	12	377

### FOOD AND DRUGS ACTS, 1938—1950.

#### Sampling of Food and Drugs.

During the year 661 formal samples and 332 informal samples of foods and drugs were procured of which only 4 were unsatisfactory, representing 0.402 per cent. of the total samples taken as against 1.395 per cent. during the previous year. These non-genuine samples comprised 1 of ice cream (fat deficiency), 1 of fish cakes (fish deficiency), 1 of flour (contained 10 per cent. of sodium chloride), and 1 of batter mixture (contained moth eggs and frass).

A total of 583 milk samples were submitted to the Public Analyst during the year, and over ninety per cent. of these samples were

Samples taken for Analysis during the Year 1955.

ARTICLE.	No. of Samples obtained.			Result of Analysis.		REMARKS.
	Formal.	Informal.	TOTAL.	Guaranteed.	Non-Guaranteed.	
Milk	290	3	293	293		
Trised Milk	3	3	6	6		
Flavoured Milk	2	2	4	4		
Condensed Milk	4	4	8	8		
Cream	4	4	8	8		
Butter	4	4	8	8		
Butter	4	4	8	8		
Choco	6	6	12	12		
Cocoa	6	6	12	12		
Coffee and Coffee Essences	4	4	8	8		
Cooking Fat and Lard	4	4	8	8		
Margarine	4	4	8	8		
Sugar	6	6	12	12		
Tea	5	5	10	10		
Almonds (Ground)	1	1	2	2		
Bread	1	1	2	2		
Baking Powder	3	3	6	6		
Barley	5	5	10	10		
Black Pudding	1	1	2	2		
Bismarck Powder	4	4	8	8		
Biscuits	10	10	20	20		
Beetroot (Pickled)	1	1	2	2		
Calor Spirit	1	1	2	2		
Carmelite	1	1	2	2		
Corned Beef	1	1	2	2		
Corned Beef Hash	1	1	2	2		
Curry	3	3	6	6		
Mustard Powder	4	4	8	8		
Cinnamon (Ground)	1	1	2	2		
Cheese Spread	2	2	4	4		
Cherries	2	2	4	4		
Dates	1	1	2	2		
Dehydrated Coconut	1	1	2	2		
Devilled Ham	1	1	2	2		
Dried Fruit	8	8	16	16		
Essences and Flavours	4	4	8	8		
Fish (Tinned)	3	3	6	6		
Farinola	2	2	4	4		
Fish Dressing	1	1	2	2		
Fruit	1	1	2	2		Caution letter.
Fruit Pie	3	3	6	6		Caution letter.
Fruit (Tinned)	4	4	8	8		Caution letter.
Fish Cakes	4	4	8	8		
Jams and Marmalade	5	5	10	10		
Jelly (Table)	4	4	8	8		
Ginger (Ground)	1	1	2	2		
Gravy Powder	2	2	4	4		
Golden Raising Powder	3	3	6	6		
Golden Syrup	1	1	2	2		
Ham and Cheese Spread	1	1	2	2		
Honeycomb Mould	1	1	2	2		
Ice Cream	20	20	40	40		Caution letter.
Instant Whip	1	1	2	2		
Ice Lollies	6	6	12	12		
Lemonade Crystals	1	1	2	2		
Lemon Flavour Crystals	1	1	2	2		
Lemon Custard	2	2	4	4		
Lentils	2	2	4	4		
Licorice	1	1	2	2		
Macaroni	1	1	2	2		
Marmite	1	1	2	2		
Mayonnaise	1	1	2	2		
Meat Ties	10	10	20	20		
Meat (Tinned)	4	4	8	8		
Meringue Powder	2	2	4	4		
Mince	1	1	2	2		
Mint	1	1	2	2		
Mustard	2	2	4	4		
Non-ferrous Condiment	1	1	2	2		
Noodle	1	1	2	2		
Nutmeg (Ground)	1	1	2	2		
Pastes (Fish)	3	3	6	6		
Pastes (Meat)	3	3	6	6		
Parsley (Dried)	1	1	2	2		
Peel (Mixed)	1	1	2	2		
Pepper and Pepper Compounds	5	5	10	10		
Pineapples	1	1	2	2		
Pickles and Sauces	6	6	12	12		
Polony	1	1	2	2		
Potato Crisps	2	2	4	4		
Puddings (Christmas)	3	3	6	6		
Pudding Mixtures	4	4	8	8		
Pudding (Steak)	1	1	2	2		
Pineapple Drink	2	2	4	4		
Quinone	2	2	4	4		
Orange Drink	20	5	25	25		
Orangeade Powder	1	1	2	2		
Rice	1	1	2	2		
Rice (Ground)	2	2	4	4		
Salt	2	2	4	4		
Sage	1	1	2	2		
Sage and Onion Stuffing	1	1	2	2		
Salad Cream	1	1	2	2		
Sandwich Spread	1	1	2	2		
Semolina	2	2	4	4		
Sherbet	1	1	2	2		
Spaghetti	1	1	2	2		
Spruce (Mixed)	3	3	6	6		
Soups (Tinned)	5	5	10	10		
Sweets and Toffees	2	2	4	4		
Suet	2	2	4	4		
Sunny Spread	1	1	2	2		
Sausage	6	6	12	12		
Tapioca	2	2	4	4		
Toxic Mixture and Cholera	1	1	2	2		
Vegetables (Tinned)	6	6	12	12		
Vinegar (Malt)	1	1	2	2		
Icecream Soda	1	1	2	2		
Ginger Beer	1	1	2	2		
Gin	1	1	2	2		
Rum	1	1	2	2		
Whisky	2	2	4	4		
Rye	1	1	2	2		
Sherry (British)	2	2	4	4		
Baby Wine	2	2	4	4		
White Wine	2	2	4	4		
<i>Household Drugs—</i>						
Almond Oil	1	1	2	2		
Aspirin	2	2	4	4		
Boroboric Soda	2	2	4	4		
Boric Acid and Crystals	1	1	2	2		
Camphorated Oil	2	2	4	4		
Castor Oil	3	3	6	6		
Castoreum	2	2	4	4		
Cod Liver Oil	1	1	2	2		
Cross of Tartar	1	1	2	2		
Epsom Salts	2	2	4	4		
Eucalyptus Oil	1	1	2	2		
Figs, Syrup of	2	2	4	4		
Fullers Earth	1	1	2	2		
Gen's Linctus	2	2	4	4		
Chamber's Balsam	1	1	2	2		
Glycerine	1	1	2	2		
Glycerine and Honey	1	1	2	2		
Gregory Powder	2	2	4	4		
Honey, Balsam of	1	1	2	2		
Iodine Tincture	1	1	2	2		
Lemon, Honey and Ipec. Mixture	1	1	2	2		
Lipostive Powder	1	1	2	2		
Liquid Paraffin	1	1	2	2		
Magnesia	1	1	2	2		
Milk of Magnesia	1	1	2	2		
Paraffin	1	1	2	2		
Sal Volatile	1	1	2	2		
Soda Malt Tablets	1	1	2	2		
Stomach Powder	1	1	2	2		
Flowers of Sulphur	2	2	4	4		
Zinc Oxide	1	1	2	2		
Sulphur Oxide	1	1	2	2		
TOTALS	661	332	993	993	4	



processed milks, viz.: Tuberculin Tested Pasteurised, Pasteurised and Sterilised milks. The remainder were Tuberculin Tested (Farm Bottled) milks as the sale of raw tuberculin tested milk, bottled by dairymen in the City, is now infinitesimal. Thus the bulk of the milk sold by retail is now pasteurised or sterilised milk which has its origin at one or other of the eight or nine pasteurising and sterilising plants in the area of Newcastle and district, and it has been found that adulteration of these milks is a very rare occurrence indeed. The Sampling Officer finds that when buying samples of milk from dairymen he may obtain, during the course of the day, several samples of milk from the same pasteurising plant. In other words, milk samples are to a certain extent being duplicated, and it is thought, therefore, that in future the number of formal milk samples of processed milks might be substantially reduced and that more formal samples ought to be taken of other foods which are more likely to be adulterated.

All sausages sampled were found to contain more than 50 per cent. of meat. It is thought that legislation should be introduced to regulate the amount of fat contained in such sausage meat.

It was noted that meat pies in general consisted of 70 per cent. crust and 30 per cent. filler. The meat content of the filler varied from 17 per cent. to 35 per cent. and this low meat content might also usefully form the subject of future legislation.

### **Bacteriological Examination of Milk.**

Although there has been a distinct improvement in the keeping qualities of T.T. (Farm Bottled) milk, there has been a steady deterioration in the T.T. and undesignated milks.

Of the 637 samples taken, 163 failed to pass the methylene blue test, representing a failure percentage of 25·59 as against 20·38 for 1954.

Among the causes of these unsatisfactory samples must be included :—

- (a) the delay between production of the milk and delivery to consumer, and
- (b) the exposure of milk during hot weather in open lorries and non-insulated vans during transport to the dairy premises.

The need for an improvement in the methods of production and distribution of milk before arrival in the City is thus once more emphasized, as one must not disregard the possibility that some producers may feel that because milk is ultimately to be subjected to pasteurisation or other heat treatment, the need for care in producing a bacteriologically satisfactory milk at the farm is not so urgent.

## BACTERIOLOGICAL EXAMINATION OF MILK.

Designation.	No. taken.	Satisfactory.	Unsatisfactory.	
			Meth. Blue	%
T.T. (Farm Bottled).....	173	149	24	13·87
T.T. ....	186	150	36	19·35
Undesignated .....	278	175	103	37·05
Total.....	637	474	163	25·59
T.T. (Past.) .....	186	173	2	1·2
Pasteurised.....	250	237	2	0·87
Total.....	436	410	4	0·96

22 samples (11 of each designation) were void.

## TURBIDITY TEST.

Designation.	No. taken.	Satisfactory.	%
Sterilised.....	88	88	100
Total .....	88	88	100

Processed in the City 22. Processed outside of City 66.

**Phosphatase Test.**

A total of 436 samples of heat treated milk (210 processed in the City and 226 outside) were submitted to establish whether or not the heat treatment of the milk had been efficiently carried out and in 2 instances samples failed this test.

Designation.	No. Taken.	Satisfactory.	% Unsatisfactory.
T.T. (Past.) .....	186	185	0·53
Pasteurised.....	250	249	0·4
Total .....	436	434	0·45

Particulars of these failures were reported to the Ministry and to the Local Authorities concerned.

**Tuberculous Milk.**

During the year 336 samples were submitted to the Bacteriologist for examination and of this total, 2 were reported "positive". Both samples were from farms in the County of Northumberland and notification was immediately sent to the Controlling Authority in the County.

**TUBERCULOUS MILK.**

Designation.	No. Taken.	Negative.	Positive.	Percentage Positive
T.T. (Pasteurised) . . .	13	13	..	..
T.T. (Farm Bottled) .	28	28	..	..
T.T. . . . . . . . . . .	98	98	..	..
Accredited . . . . .	..	..	..	..
Undesignated . . . . .	178	176	2	1.14
Pasteurised . . . . .	13	13	..	..
Sterilised . . . . .	6	6	..	..
Total . . . . .	336	334	2	0.59

The percentage of milk samples found to contain tubercle bacilli during the past 36 years is as under :—

Year.	Percentage of samples found Tuberculous.	Year.	Percentage of samples found Tuberculous.
1920-29 . . . . .	4.5	1947 . . . . .	1.3
1930-39 . . . . .	2.8	1948 . . . . .	2.3
1940 . . . . .	5.7	1949 . . . . .	1.8
1941 . . . . .	2.3	1950 . . . . .	0.7
1942 . . . . .	5.0	1951 . . . . .	1.06
1943 . . . . .	3.0	1952 . . . . .	0.76
1944 . . . . .	3.1	1953 . . . . .	0.26
1945 . . . . .	0.8	1954 . . . . .	0.52
1946 . . . . .	2.1	1955 . . . . .	0.59

**Milk and Dairies Regulations, 1949.**

All milk premises were subjected to systematic inspection and were found to be generally satisfactory. During the year 35 applications were received for registration as retail purveyors of milk and after inspection approval of the premises was granted.

The total number of premises registered at the end of the year to deal in milk was 851, an increase of 31 over the previous year.

**Milk (Special Designations) Regulations, 1949.**

A total of 1,239 licences to deal in designated milks were granted during the year, being 57 more than in 1954.

**Public Health (Condensed Milk) Regulations, 1923-27.**

Four samples of condensed milk were procured during the year and all were certified as genuine and in full compliance with the regulations.

### Ice Cream.

Again an increase in the consumption of this popular food was noted and 79 additional premises were registered for the sale of pre-packed ice cream. At the end of the year registered premises totalled 862, being a net increase of 76 over the previous year. Of these 773 deal in prepacked ice cream only, 50 retail open ice cream and 39 deal in both. A total of 766 inspections of ice cream premises was made, showing a regrettable decrease of 360 as compared with 1954, due once again to lack of sufficient staff.

Of the 39 samples of ice cream submitted to the Public Analyst, only one was found to be deficient in fat, and it is pleasing to record that the average fat content rose to 8.93 per cent. as against last year's average of 7.76 per cent. During the year 102 samples were submitted for bacteriological grading of which only 64.71 per cent. were satisfactory. This indicated a further deterioration of the unsatisfactory position of 1954 when only 76.36 per cent. of all samples were deemed to be satisfactory.

#### PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
1	1	..	— 5 per cent.
2	2	..	5 and 6 per cent.
8	7	1	6 and 7 „
3	3	..	7 and 8 „
5	5	..	8 and 9 „
7	5	2	9 and 10 „
2	1	1	10 and 11 „
5	1	4	11 and 12 „
6	..	6	over 12 „
39	25	14	Average Fat Content 8.93%

## BACTERIOLOGIST.

Provi- sional Grade	Manufactured in City		Manufactured Outside City		TOTAL	
	No. of Samples	%	No. of Samples	%	No. of Samples	%
1	42	53.16	16	69.57	58	56.87 } 64.71 Satisfac- tory.
2	5	6.33	3	13.04	8	
3	11	13.92	3	13.04	14	13.72 } 35.29 Unsatis- factory.
4	21	26.59	1	4.35	22	
	79		23		102	100%

Ice Lollies continue to maintain their popularity, the total number of registered premises increasing to 510 of which 176 are used for both manufacture and sale.

#### Preservatives in Food.

In all samples submitted to the Public Analyst, the preservative content was found to be in compliance with the regulations.

#### Bakehouses.

The number of bakehouses on the register at the end of the year was 146 of which one is a certified Basement Bakehouse. During the inspections of these premises conditions generally were found to be satisfactory.

#### Restaurant Kitchens, etc.

Despite staff problems the close supervision of restaurant kitchens, canteens and cafes, etc., was maintained and the fruits of such work are reflected in the excellent standards prevailing in this City. The ready co-operation of cafe managements and proprietors was always forthcoming and much capital was invested during the year in improved kitchen equipment, the structural improvements to premises, and staff welfare. The result of such foresight was that most premises have anticipated the requirements of the Food Hygiene Regulations, 1955. Although there are a very small number of cafes which have yet to be raised to the desired standard of hygiene, the overall position in the City can be regarded as satisfactory.

The number of cafes decreased by two and canteens increased by ten, and the premises at the end of the year comprised the following :—

Hotel kitchens .....	37
Cafes and restaurants .....	90
Snack bars.....	32
Refreshment rooms .....	2
Canteens .....	96
Coffee stalls .....	1
	<hr/>
	258
	<hr/>

### Food Hygiene.

Lectures and informal talks to food handlers continued as a matter of routine and the attitude of kitchen workers engaged in the larger undertakings is becoming more tractable. However, much educative work remains to be carried out in the smaller eating houses, particularly in "one man" businesses. Despite the publicity given previously to the Clean Food Byelaws, it was found necessary to prosecute an open air hot dog vendor for dirty conditions existing on his sales tricycle. The defendant was convicted of the offence and fined £3 with 2 guineas costs. Although it is not the policy of the Health Committee to secure hygienic conditions only by means of prosecution, the firm attitude of the Committee in this case had a most salutary, if somewhat temporary, effect upon outdoor food handlers generally.

### Factories Acts, 1937—1948.

The number of factories on the register at the end of the year was 2,081, an increase of 26 over the previous year. Although the number of inspections carried out rose by 1,021 to 5,768 no grave infringement of the Act or Regulations was detected and conditions were reasonably satisfactory. It is clear that a state of full employment encourages industrial interests to make better provision for the welfare of factory workers and in this connection it was interesting to note that among such provisions there is an increasing recognition of the importance of colour schemes in industrial environment.

**Administration of the Factories Act, 1937.**  
**Home Office Tables.**

1.—INSPECTIONS FOR PURPOSE OF PROVISIONS AS TO HEALTH.

PREMISES.	NUMBER OF		
	Inspections.	Written Notices.	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories with mechanical power .....	2,855	86	—
Factories without mechanical power.....	651	21	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises) .....	202	2	—
Total.....	3,708	109	—

2.—DEFECTS FOUND.

Particulars.	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecutions were instituted.
	Found.	Re-medied.	Referred by H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
Want of cleanliness (S.1) .....	52	72	7	} None
Overcrowding (S.2) .....	—	—	—	
Unreasonable temperature (S.3) .....	1	2	—	
Inadequate ventilation (S.4) .....	1	1	—	
Ineffective drainage of floors (S.6) .....	—	1	—	
Sanitary } insufficient (a) .....	9	14	2	
Convenient- } unsuitable or defective (b) .....	78	82	13	
ces (S.7) } not separate for sexes(c) ..	3	3	—	
Other Offences .....	34	41	—	
(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 .....	178	216	22	—

## 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.) .....	17	—
2	Bakehouses .....	151	—
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.) .....	255	105
4	Laundries .....	22	—
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.) .....	519	56
6	Restaurant kitchens (including hotels, cafes, dining rooms, snack bars, works canteens, and community food supply centres.) .....	—	271
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.) .....	213	30
8	Wearing apparel (comprises : dressmakers, milliners, costumiers, mantle and gown makers, underclothing, bed linen, furriers, shirt makers, tailors, etc.) .....	209	45
9	Workers in leather (comprises : bootmakers and repairers, bookbinders, bag and trunk makers, belt makers, harness and saddlery, etc.) .....	105	23
10	Watchmaking and jewellery (comprises : watchmakers, opticians, instrument makers, etc.) .....	66	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.) .....	524	436
	TOTALS .....	2,081	972

**Outworkers.**

The number of lists of outworkers submitted biannually by occupiers of factories fell from 14 to 12 and the number of outworkers rose unaccountably by 50 to a total of 131, the vast majority of which were engaged in making paper bags. During the year 105 inspections were made of outworkers' premises.

**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.....	19	—	None
Paper Bags.....	112	—	None
Total .....	131	—	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 1,119 inspections were made and the following defects found and dealt with :—

Want of cleanliness .....	11
Sanitary accommodation insufficient or defective	9
Other nuisances .....	3
	—
	23
	—

**MISCELLANEOUS MATTERS.****Shops Act, 1950—Section 38.**

There was a considerable reduction in the number of shops inspected during the year as the available manpower of a depleted staff was unable to carry out other than urgent work in respect of shops. Details of these inspections are contained in the Summary of Inspections Table in this report.

**Pet Animals Act, 1951.**

Premises used for the sale of pet animals must be licensed annually and during the year 24 applications for the renewal of licences were received and granted.

Whilst inspection of premises showed conditions to be satisfactory it is known that on occasions pigeons and puppies are sold by various

individuals (including children) in the public street in circumstances which can only be harmful to the welfare of such animals. When departmental circumstances permit this, it is a practice which must be suppressed.

#### **The Rag Flock and Other Filling Materials Act, 1951.**

Number of samples taken : 16.

Rag Flock .....	9
Woollen Felt .....	4
Coir Fibre .....	3
	<hr/>
	16
	<hr/>

Sixty inspections were made during the year and the requirements of the Act were found to have been carried out in all cases. Nine samples of Rag Flock and seven samples of Other Filling Materials were submitted to the Prescribed Analyst. One sample of Rag Flock was found to contain 111 parts per 100,000 of chlorine which is 81 parts in excess of that permitted by the Regulations. The matter was taken up with the manufacturers who destroyed all the Rag Flock they had in stock. A further sample was taken when new stock was made and this was found to comply with the Regulations.

One sample of Woollen Felt, although complying with the Regulations in respect of the cleanliness tests, did not contain sufficient animal fibre. This was reported to the county borough in which the felt was manufactured.

#### **The Agricultural Produce (Grading and Marking) Acts, 1928—1951.**

Four premises are registered for the cold and chemical storage of eggs. No eggs were so stored during the year as the demand for eggs exceeds the supply.

#### **Fertiliser and Feeding Stuffs Act, 1926.**

Twelve samples, consisting of 8 Feeding Stuffs and 4 Fertilisers, were taken in the prescribed manner and submitted to the Agricultural Analyst and all the samples, except that of Meat Protein, satisfied the requirements of the Act. The Meat Protein sample was 2.64 per cent. higher in protein than the amount guaranteed by the manufacturers and this percentage was outside the permitted limits of variation. The Ministry of Agriculture, Fisheries and Food was informed and one of their Technical Officers visited Newcastle upon Tyne and discussed the matter with the manufacturer, the Chief Sanitary Inspector and

the Inspector under the Act. It was finally agreed that, as this meat protein is not manufactured for sale as a feeding stuff but is sold to other manufacturers for compounding in other feeding stuffs, sampling of this material should now be discontinued.

### **The Merchandise Marks Act, 1926—1952.**

A total of 232 inspections of shops, stalls and hawkers' barrows were made in order to see that the indication of origin was marked on those foodstuffs required to be so marked and verbal cautions were given in several cases. Tomatoes produced in the Channel Islands are often described as English and foreign apples are sometimes not marked with the country of origin. Instead of warning the offenders it would seem advisable to prosecute offenders in future cases of non-compliance with the Act.

### **Pharmacy and Poisons Acts, 1933—1941.**

#### Listed Sellers of Part II Poisons, 1955.

General Dealers .....	102
Hairdressers .....	14
Druggists .....	9
Hardwaremen .....	10
Seedsmen, etc. ....	16
Chemical Disinfectants Manufacturers .....	3
Electrical Suppliers .....	1
Manufacturing Chemists .....	1
	<hr/>
	156
	<hr/>

New Registrations—1  
Ceased to sell Part II poisons—5.

During the year 214 inspections of premises were made and conditions were found to be satisfactory. As general dealers sell only small quantities of Part II Poisons there is a tendency for them to cease selling such poisons as the cost of renewing their licences often exceeds any profit they might make.

### **Exhumations.**

Only one exhumation and reinterment was carried out during the year and the operation was carried out satisfactorily under the usual supervision of the District Sanitary Inspector to ensure full compliance with the conditions imposed by the terms of the Home Office Licence.

**STAFF.****Retirement of Mr. W. Gray.**

During the major part of the year Mr. W. Gray, the Chief Sanitary Inspector, was absent from duty due to ill-health and at the end of the year he resigned his post after a total of 42 years of meritorious service to this Council, of which 20 years were served as Chief Sanitary Inspector.

In applying his indefatigable energies to the tasks in hand, Mr. Gray was without equal, and his vast knowledge of local conditions was supplemented by an amazing memory of outstanding, and at times to his subordinates, disconcerting accuracy. The achievements of Mr. Gray during his term of office need no elaboration but particular mention should be made of the progress made in slum clearance between the wars, when the gathering momentum of this work was halted by the outbreak of hostilities.

**Resignations.**

During the year 6 District Inspectors resigned to take up similar appointments with other Authorities at substantially increased salaries in addition, in certain instances, to the payment of car allowances, provision of houses and the payment of removal expenses.

From time to time during the post-war years difficulties have arisen from lack of staff in the Sanitary Inspectors' Section of this Department, but these difficulties have been overcome and the high standard of service to the public has been maintained. However, the staffing problem in 1955 was far worse than anything experienced in former years, and there was therefore a decrease in the volume of work carried out during the year. Nevertheless, the service provided is a matter not only for congratulation, but also merits tribute to the continuing zeal of the dwindling staff who carry on undeterred by the increase of work. There is, however, a limit to the output of the best of staffs and during 1956 many of the essential services performed by District Sanitary Inspectors will have to remain in abeyance until such times as the salaries and service conditions of such Inspectors can be brought up to a level comparable with other similar authorities, and in this way secure a full establishment of qualified staff.

The shortage of Sanitary Inspectors is a national problem, but if the inhabitants of our City are to continue to receive the essential services to which they are entitled, Newcastle must secure for its population a fair share of the available inspectorial staff.

**Staff Appointments.**

Vacancies for District Sanitary Inspectors were advertised during the year, no applications were received, and consequently no appointments were made.

**Student Sanitary Inspectors.**

In accordance with the Health Committee's Pupillage Training Scheme for Sanitary Inspectors, 2 students, Messrs. R. Smith and L. McCowie, were appointed. This form of appointment provides a useful channel of recruitment of Inspectors, the main disadvantage being that as soon as such pupils become qualified, many of them seek and obtain appointments elsewhere. The Health Department is, in effect, operating a training school for producing Inspectors to fill the needs of other authorities.

**Conclusion.**

The past year has been one of continuous progress, particularly in the field of slum clearance, but this progress could never have been maintained without the excellent spirit of co-operation which exists among the staff, both technical and clerical.

I wish to take this opportunity of expressing thanks to those Senior Inspectors who have prepared statistics and other material for this report and to the clerical staff for assistance in its preparation.

To the Medical Officer of Health and the Health Committee I am particularly grateful for support so freely given throughout the year.

L. MAIR,

Chief Sanitary Inspector.



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

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**VI—VETERINARY OFFICER.**

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ANIMALS SLAUGHTERED, CARCASES CONDEMNED,  
RATS AND MICE DESTROYED.



**ANNUAL REPORT OF THE VETERINARY OFFICER**  
**for the Year 1955.**

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*To the Chairman and Members of the Health Committee  
of the Corporation of Newcastle upon Tyne.*

LADIES AND GENTLEMEN,

I have the honour to present this, the Forty-Eighth Annual Report of the Veterinary Officer, viz., that for the year ended 31st December, 1955.

**DISEASES OF ANIMALS.**

**Diseases of Animals Act, 1950.**

During the year 1955, no outbreaks of scheduled disease occurred amongst the animals within the City.

**Foot and Mouth Disease.**

As a result of an outbreak of foot and mouth disease at Dudley, Northumberland, on the 22nd January, 1955, an Infected Area, which included the City and County of Newcastle upon Tyne, was declared by the Ministry of Agriculture and Fisheries, and following this outbreak the existence of disease was confirmed on four further premises, also within the County. No movement of animals out of the Area was permitted, and movement of animals into and within the Area was controlled by licence, only necessary movements being allowed. As the holding of fat stock markets was prohibited by an Order of the Ministry except by licence granted by the local authority, the Newcastle Cattle Market was accordingly licensed and operated each Monday under the restrictions, which were withdrawn on the 22nd February.

No outbreaks of foot and mouth disease occurred within the City during the year, but in other parts of Great Britain there were 9 outbreaks of the disease, necessitating the slaughter of 1,623 animals, compared with 12 outbreaks during the previous year, in which 1,318 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 3 animals found in the City slaughterhouses all proving negative.

Within Great Britain 764 outbreaks were confirmed, 826 animals being attacked by the disease, compared with 350 outbreaks during the previous year, involving 378 animals.

### **Swine Fever.**

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

Within Great Britain during the year, 1,403 outbreaks occurred, 324 swine being slaughtered, compared with 1,455 outbreaks during the previous year, in which 284 swine were slaughtered

Visits were made to piggeries in connection with swine movements under the Regulation of Movement of Swine Order of 1954, and also in connection with certain requirements under the Foot and Mouth Disease (Packing Materials) Orders of 1925-26, the Diseases of Animals (Boiling of Animal Foodstuffs) Order of 1947, and the Movement of Animals (Records) Order of 1925. Licences totalling 613 were granted for the movement of swine from the cattle market, mainly to slaughterhouses.

### **Rabies.**

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

### **Parasitic Mange.**

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

### **Fowl Pest.**

During the year no outbreaks of this disease occurred within the City. Within Great Britain an increase in the number of outbreaks was reported, there being 906 as compared with 798 during 1954.

### **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, 210 visits were made to the Cattle Market and the railway cattle docks during the year. The cleansing and disinfection were found to have

been carried out efficiently. One ox and three sheep 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 1955.

Railway Cattle Docks.	Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Cattle & Pig Lairs.
76	134	41	280	95

TABLE 2. OUTBREAKS OF SCHEDULED DISEASES WITHIN THE CITY.

Year	ANTHRAX.			SWINE FEVER.		FOOT AND MOUTH DISEASE.								PARASITIC MANGE.		TUBERCULOSIS.		
	Number of Outbreaks.	Diseased Animals.	Diseased Carcasses.	Number of Outbreaks.	Number Diseased, Dead or Slaughtered as Exposed to Infection.	Cattle Lairs.	Pig Lairs.	Slaughterhouses.	Registered Cowsheds.	Farms.	Cattle.	Sheep.	Pigs.	Beef.	Pork.	Number of Outbreaks.	Number of Horses found diseased.	DAIRY COWS SLAUGHTERED.
*1936...	1	2	.	1	38	.	.	.	.	.	.	.	.	.	.	.	.	6
1937...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4
1938...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4
1939...	.	.	.	2	205	.	.	.	.	.	.	.	.	.	.	.	.	.
1940...	2	1	2	4	336	.	.	.	.	.	.	.	.	.	.	.	.	4
1941...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	6
1942...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	8
1943...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	8
1944...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	18
1945...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	8
1946...	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	7
1947...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4
1948...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2
1949...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1950...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
1951...	.	.	.	1	2	.	.	.	.	.	.	.	.	.	.	.	.	1
1952...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1953...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1954...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1955...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

\* Years prior to 1936 are given in previous Annual Reports.

## LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

During the year, 115,585 animals were exhibited in the Cattle Market, including 14,697 cattle, 87 calves, 88,885 sheep and 11,916 pigs, all of which were submitted 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.
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	..
1955	14,697	87	88,885	11,196	..

\* 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.

During wartime control the slaughter of livestock was conducted by the Ministry of Food and this arrangement operated from January 1940 to July 1954. Subsequent to this the purchase and slaughter of animals for human consumption reverted to the private trader, both wholesale and retail, and the year under review is therefore the first complete year since 1939 during which slaughter was conducted by private traders.

The number of animals slaughtered within the City during the year and previous years is set out in table 4, where it will be seen that, with the exception of pigs, the number dealt with during 1955 is substantially the same as for the previous year.

The number of pigs slaughtered in 1955 is the largest since 1939, the reason for this being the encouragement that has been given to pig breeders and feeders to step up their output and as a result home production of pork in this country as a whole increased from 430,000 tons before the war to 765,000 tons in 1955. The increase in the home produced product naturally lowered the need for supplies of pork of imported origin which, in 1954-55, only accounted for 10 per cent. of the total pork supplies, while of the bacon and ham consumed only half of the supplies were of imported origin compared with about two-thirds prior to the war.

Though the total number of animals slaughtered within the City shows only a slight increase, the necessity which arose after decontrol to license an additional number of slaughterhouses within the City in order to provide facilities for butchers within the City and in the surrounding districts who wished to do their slaughtering has made it virtually impossible for the Authority's inspectors to ensure that the carcasses and organs of all animals slaughtered were subjected to a post-mortem inspection. The necessity for a public abattoir within the City to supply the needs of the City's population and that of surrounding districts is as urgent as ever so that a satisfactory ante and post-mortem inspection may be secured.

Though tuberculosis in cattle and pigs continues to be a serious problem in the country as a whole and the cause of the greatest economic loss due to condemnations of diseased carcasses and organs, it is nevertheless encouraging to report that a gradual but progressive fall is taking place in the number of animals condemned for this disease. Reference to table 5, which includes the number of carcasses of the various animals condemned for tuberculosis during the year, indicates that in every case the number condemned has fallen compared with the previous year. The number of carcasses totally condemned does not, of course, indicate the actual incidence of tuberculosis in the animals slaughtered, an incidence which can only be arrived at if every animal is subjected to a detailed post-mortem examination. As already stated this is impossible under the conditions operating at the present time within the City and for this reason no attempt to estimate the incidence of the disease has been made.

TABLE 4.

## ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1955	1954	1953	1952	1951
Cattle .....	*35,647	32,843	31,069	31,888	32,851
Calves .....	3,899	4,501	3,536	5,271	7,777
Sheep .....	136,170	139,581	139,666	127,763	101,973
Pigs .....	47,231	33,710	21,848	19,832	8,858
Horses .....	876	773	1,064	1,390	1,907
Total Animals ...	223,823	211,408	197,183	186,144	153,366

\* Includes 3,979 cows, 19,581 heifers, 11,761 bullocks and 326 bulls.

TABLE 5.

## COMPARISON BETWEEN TUBERCULOSIS AND OTHER DISEASES AS CAUSES OF TOTAL CONDEMNATION OF CARCASSES OF ANIMALS SLAUGHTERED WITHIN THE CITY.

## TUBERCULOSIS.

Year.	Cows.	Other Bovines.	Calves.	Sheep.	Pigs.	Total all animals.
1955	54	26	..	..	13	93
1954	77	61	1	..	21	160

## OTHER DISEASED CONDITIONS.

1955	37	14	19	136	80	286
1954	46	9	78	124	84	341

## NUMBER OF DISEASED ORGANS CONDEMNED.

	Bovine.	Swine.	Sheep.	Total.
<b>HEADS (including Tongues)—</b>				
Tuberculosis .....	724 (125)	416 (1,248)	— (—)	1,140 (1,373)
Other Conditions .....	64 (41)	3 (—)	6 (—)	73 (14)
<b>LUNGS—</b>				
Tuberculosis .....	1,618 (369)	16 (14)	— (—)	1,634 (383)
Other Conditions .....	1,458 (72)	1,187 (213)	182 (37)	2,827 (322)
<b>HEARTS—</b>				
Tuberculosis .....	176 (31)	6 (—)	— (—)	182 (31)
Other Conditions .....	45 (1)	369 (—)	40 (—)	454 (—)
<b>LIVERS—</b>				
Tuberculosis .....	211 (175)	— (—)	— (—)	211 (175)
Other Conditions .....	3,733 + (785) 15,091 lbs.	720 (80)	164 (111)	4,617 + (976) 15,091 lbs.
<b>PLUCKS—</b>				
Tuberculosis .....	— (—)	95 (83)	— (—)	95 (83)
Other Conditions .....	— (—)	932 (45)	594 (30)	1,526 (75)
<b>UDDERS—</b>				
Tuberculosis .....	4 (—)	— (—)	— (—)	4 (—)
Other Conditions .....	53 (—)	— (—)	— (—)	53 (—)
<b>THICK SKIRTS—</b>				
Tuberculosis .....	256 (—)	— (—)	— (—)	256 (—)
Other Conditions .....	80 (—)	— (—)	— (—)	80 (—)
<b>SPLEENS—</b>				
Tuberculosis .....	75 (—)	— (—)	— (—)	75 (—)
Other Conditions .....	54 (—)	— (—)	— (—)	54 (—)
<b>STOMACHS &amp; MEENTERIES &amp; INTESTINES—</b>				
Tuberculosis .....	164 (24)	8 (—)	— (—)	172 (24)
Other Conditions .....	18 (—)	— (239)	7 (—)	25 (239)

NOTE.—The figures in brackets indicate condemnations during 1939, and the increased condemnations during 1955 may be attributed to the fact that slaughtering is now concentrated in fewer slaughterhouses, and with increase of staff a higher percentage of post-mortem inspections is rendered possible.







TABLE 7.

CARCASES 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.
*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
1955	131	80	61.06

\* Years prior to 1936 are given in previous Annual Reports.

### Public Health (Meat) Regulations of 1924.

Visits numbering 7,866 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.

#### Imported Foodstuffs.

During the year routine visits were made to the Quayside, a percentage of the following meat foodstuffs, etc., from 68 vessels arriving from Denmark and Holland and one from Australia being examined :—

#### SALTED PIG OFFALS.

CASKS.—heads 1, tongues 84, livers 139, maws 156, feet 98, casings 529 and tender loins 200.

#### FROZEN MEAT.

BEEF.—hindquarters 1,005 and crops 1,805.

OFFALS (packages).—tongues 52, hearts 73, livers 39, kidneys 10 and shins 201.

SHEEP OFFALS (packages).—livers 20, kidneys 110 and casings 2.

PORK.—570 carcasses.

OFFALS (packages).—livers 250 and kidneys 242.

#### OTHER GOODS.

689,294 sides Danish and Dutch bacon and 194,759 cases tinned meats.

#### 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 1955.

Slaughterhouses.	Central Market			Meat Shops		Fish Shops		Provision Shops.		Fruit Shops.		Wharves and Vessels.	Cold Stores.	Stalls, Carts, &c.	Food Preparing Factories.	Goods Stations.
	Meat and Provisions.	Fruit and Vegetables.	Fish.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.					
4,181	756	612	374	2456	927	50	6	1246	963	734	50	534	10	1407	111	1

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

The total weight of meat and other foodstuffs condemned during the year 1955 was 615 tons, 14 cwts., 18 lbs., as compared with 299 tons, 16 cwts., 3 qrs., 17 lbs., during the previous year. The total for 1955 includes 394½ tons of imported beef contaminated by river water used to extinguish fire on board vessel lying at the Quayside.—

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork .....	452	10	1	23
Offals .....	65	8	1	6
Provisions .....	70	12	2	12
Fish .....	1	1	..	2
Fruit and Vegetables .....	26	1	3	..
	<hr/>	<hr/>	<hr/>	<hr/>
	615	14	0	18
	<hr/>	<hr/>	<hr/>	<hr/>

### Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year 1955, numbered 5052.

### Bacteriological Examinations.

The use of bacteriological aids in connection with the judgment as to the fitness of carcasses for human food has continued to be applied during the year, and there is little doubt that such methods will become more widely employed throughout the country when their value is more fully realised. The carcasses which require particularly careful judgment on the part of the inspector are those of animals suspected to have been suffering from some form of blood poisoning (toxaemia, septicaemia or pyaemia) at the time of slaughter, for there is unassailable evidence that the flesh of such carcasses represents a public health danger inasmuch as it may be the cause of human food poisoning. If the signs of blood poisoning were clearly apparent in affected carcasses there would be no need for bacteriological examinations, for such carcasses would be condemned unhesitatingly on naked-eye examination alone, but cases are frequently encountered where the evidence that blood poisoning exists is inconclusive and it is in such border-line cases that bacteriological aids are of the greatest value. On referring to table 9 it will be seen that seven carcasses of beef and two carcasses of pork were examined bacteriologically but were released for food on receipt of a laboratory report that no pathogenic organisms were found in the carcass or organs. The market value of the nine carcasses so examined was approximately £455 and this not inconsiderable sum represents the amount of meat saved by enlisting bacteriological aids, for without this information the carcasses would have had to be condemned in their entirety. The Public Health Laboratory Service has continued to carry out the bacteriological examination of specimens submitted from suspected carcasses and it has also examined other foodstuffs when the occasion arose. Of 11 examinations made of various foodstuffs, in 10 of these no pathogenic organisms were found but in one case, namely dried egg albumen, it was reported that bacteria of the food poisoning type had been found.

TABLE 9.

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

OTHER FOODS.	
Material examined.	Bacteriological findings.
Tinned ham	No pathogenic organisms found
do.	do.
Luncheon meat	do.
Frozen whole egg	do.
Whole dried egg	do.
Dried egg albumen	do.
Dried egg	do.
Dried egg albumen	do.
do.	Salmonella typhi-murium present
do.	also Haemolytic streptococci were
Meringue biscuits	grown on direct plating.
	No pathogenic organisms found

### SLAUGHTERHOUSES.

During the year, 23 separate premises were licensed for slaughtering purposes, including one bacon factory in Pottery Lane. The slaughterhouses used for the slaughter of cattle, calves, sheep and pigs are situated at the Cattle Market (16), Scotswood Road (1), Railway Street (1), Cookson's Lane (1) and Lime Street, Stepney (2). One slaughterhouse at Byker Hill is licensed for the purpose of horse slaughtering only.

All the slaughterhouses have been regularly inspected, a total of 4181 visits being made during the year.

#### Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, 14 slaughtermen's licences were granted during the year, making a total of 65 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, 6,694 visits were made to a total of 2,740 premises, including 2,567 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 1,583, the remaining 984 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 .....				2,567
Number of properties where evidence of the presence of rats or mice was found .....				1,583
Number of visits made .....				6,694
Number of poisoned baits laid .....				23,223
TYPE OF PROPERTY.				
	Dwelling Houses.	Agricul- tural.	All other (including Business and Industrial).	Total.
Number of properties inspected	1,429	3	1,308	2,740
Number of properties found to be infested by rats .....	337	3	332	672
Number of properties found to be infested by mice .....	568	..	343	911
Number of infested properties treated by the Local Authority .....	905	3	675	1,583
Number of " block " control schemes carried out .....				90

### LEGAL PROCEEDINGS.

At the Newcastle Police Court on the 15th February a wholesale fruiterer was fined £10.0.0 and £5.3.0 costs for selling walnuts which were intended for but unfit for human consumption, contrary to section 9 of the Food and Drugs Act, 1938.

In conclusion, I desire to take this opportunity to express my

thanks to the staff for the efficient manner in which they have carried out their respective duties throughout the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

HORACE THORNTON, B.V.Sc., M.R.C.V.S., D.V.H., F.R.S.H.,  
VETERINARY OFFICER.

Town Hall, Newcastle upon Tyne,

31st July, 1956.

REPORT OF THE  
SCHOOL MEDICAL OFFICER

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**VII—SCHOOL HEALTH SERVICE**

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SYNOPSIS OF REPORT SUBMITTED TO  
EDUCATION COMMITTEE.

REPORT OF THE  
SCHOOL HEALTH SERVICE

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VII - SCHOOL HEALTH SERVICE

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APPROVED BY BOARD OF SUPERVISORS  
SCHOOL HEALTH COMMITTEE

**SCHOOL HEALTH SERVICE REPORT, 1955.****SUMMARY.****THE HEALTH OF SCHOOL CHILDREN.**

At the end of 1955 there were in schools maintained by the Education Committee just under 42,000 children of ages ranging from 3 years in the Nursery Schools to 18 in the Grammar Schools. Fluctuation in the birth rate during and after the war has resulted in an uneven distribution of children throughout the age range 5-15 years, and as a result certain classes have become overcrowded.

In an effort to meet the demands of an increase of school population and contemporary educational standards, ten new schools of up to date design and equipment have been opened since the war, and further building is in progress.

The environment in which a child spends its school days is a matter of interest to the Service, whose concern is the health of the school child in all its aspects.

**Physical development in the higher form of Schools.**

No reliable data has been collected for many years on the physical development of pupils, and accordingly a survey was commenced by the medical and nursing staff which would give information on (a) the measurement of pupils in terms of height, weight and cephalic and facial index, and (b) quantitative information on physique, hair and eye colour and vitality.

A sample of 916 children due to leave were selected from certain representative schools. In the preliminary report of the result of the survey it is concluded that :—

- (a) boys in grammar and technical schools were of somewhat slighter build.
- (b) boys generally were of slighter build than girls.
- (c) girls attending schools in poorer districts were of a heavier build.
- (d) children are predominantly blue-eyed and brown-haired.
- (e) there were no marked differences in colouring among children attending different schools.
- (f) it would be a fair conclusion to draw that they were largely of Scandanavian and Teutonic origin.
- (g) assessment of vitality would show that 4.0% of boys and 2.8% of girls were below average.

It is hoped at a later date to correlate these findings with information on physical defects, scholastic attainments and personality.

### Physical Defects at Periodic Inspections.

Periodic inspections were carried out by a staff of six medical officers during the year, the number of children inspected and defects found are given in the following table :—

Groups.	No. of Children.	No. of Children with		
		Defective Vision.	Other Defects.	One or more Defects.
Entrants .....	4,810	144	1,366	1,267
Intermediates .....	2,882	378	544	775
Leavers .....	3,073	354	410	697

It will be seen that nearly one quarter of the children on entry to school were found to have one or more defects. The types of defects were as follows :—

Age Group.	Entrants requiring		Intermediates requiring		Leavers requiring	
	Treat-ment.	Obser-vation.	Treat-ment.	Obser-vation.	Treat-ment.	Obser-vation.
Skin Disease .....	110	54	75	30	91	17
Eyes—Vision.....	144	104	378	142	354	108
—Squint .....	225	57	112	33	35	9
—Other .....	34	17	21	15	18	29
Ears—Hearing ...	66	75	33	31	4	8
—Otitis						
Media ..	36	81	20	30	17	34
—Other .....	14	9	4	10	11	2
Nose and Throat..	307	380	78	140	30	33
Speech .....	74	84	17	24	9	2
Cervical Glands...	24	126	1	18	2	7
Heart and						
Circulation .....	22	72	6	35	14	14
Lungs .....	81	236	18	70	12	40
Hernia .....	9	29	4	10	4	3
Other .....	6	20	6	27	26	18
Posture.....	21	31	18	22	7	6
Flat Foot .....	96	37	43	76	32	26
Other Ortho- pædic .....	195	116	72	147	78	47
Nervous						
Epilepsy .....	3	10	—	5	4	1
Other .....	5	22	1	12	4	9
Psychological development ...	—	—	—	10	—	—
Psychological stability .....	19	95	3	22	—	—
Other .....	22	29	13	—	—	—

### General Health of Children.

The medical officers, as in previous years, were well satisfied with the general health of children, as the following table shows:—

	Good.	Satisfactory.	Poor.
1st age group .....	1,323 (27·5%)	3,337 (69·37%)	150 (3·1%)
2nd age group .....	1,390 (48·23%)	1,434 (49·76%)	58 (2·01%)
3rd age group .....	2,018 (65·7%)	996 (32·4%)	59 (1·9%)

### Pre-School Children.

Two nursery schools, both in the west end of the City, are provided with accommodation for 120 children. Proposals for a school in the east end were not accepted by the Ministry of Education, and in the meantime, children under 5 are accepted in infant departments where accommodation permits. Children are inspected once each term, and their health has been satisfactory.

No. of inspections .....	230
No. of children found to have one or more defects which require treatment .....	32

### Feet and Footwear in Senior Schools.

As mentioned in last year's report, a foot survey was carried out under the direction of Dr. Dixon to ascertain (a) the incidence of ringworm of the foot and plantar warts, (b) orthopædic defects, (c) callosities, etc., requiring attention, and (d) the prevailing types and condition of footwear. In the first instance two senior modern schools (girls and boys) in the east end of the City were selected, and then similar schools in the west, and later in the year two junior schools were also inspected. Information so far is complete for the senior modern schools only where 1,653 children were inspected. A brief summary of the findings is given below:—

#### DEFECTS FOUND IN FOOT SURVEY.

Type.	Boys.	Girls.	Total.
Plantar Warts .....	21	32	53
Tinea .....	504	313	817
Callosities, etc.....	130	311	441
Orthopædic defects .....	364	371	735

## SEX INCIDENCE OF PLANTAR WARTS.

Sex.	No. of Children examined.	No. found with warts.	%
Boys .....	786	21	2·67
Girls .....	867	32	3·7

It was considered that 40·1% of all children examined were wearing footwear unsatisfactory in some respect.

**Infectious Diseases.**

The weather in contrast to the previous year was well up to the average for the locality, and the summer months sunny and warm. Outbreaks of Whooping Cough and Measles occurred during the spring, and Dysentery cases during May were above the average. Again there were no cases of Diphtheria and in spite of the long summer, relatively few cases of Poliomyelitis. As mentioned previously a large amount of Tinea was found, particularly among boys, at the height of the warm spell, a condition which tends to manifest itself during hot weather, although it is largely associated with the lack of foot hygiene. Septic skin conditions were less numerous than in 1954.

The number of notifications in respect of certain infectious diseases is shown in the following table :—

Disease.	Children aged		Total 5-14 yrs.
	5-9 yrs.	10-14 yrs.	
Scarlet Fever .....	102	18	120
Diphtheria .....	—	—	—
Paratyphoid .....	1	1	2
Chicken Pox.....	1,168	121	1,289
Meningococcal Infections .....	—	—	—
Poliomyelitis .....	2	—	2
Erysipelas.....	4	—	4
Measles .....	1,779	36	1,815
Rubella .....	383	38	421
Dysentery.....	103	28	131
Food Poisoning .....	3	—	3
Pneumonia .....	23	6	29
Whooping Cough.....	166	3	169
Encephalitis .....	—	1	1
Tuberculosis—Respiratory .....	12	15	27
Others .....	4	4	8

Thirty-five children were notified as suffering from tuberculosis, the lowest ever recorded; the highest recorded was 320 in 1913. In

recent years the annual figures have slowly declined as shown in the following table :—

Year.	No. of Children.	
	Notified.	Died.
1950.....	61	6
1951.....	56	2
1952.....	49	1
1953.....	51	1
1954.....	45	1
1955.....	35	—

The number of deaths among school children is at present stationery or showing a slight increase. The two dominant causes are malignant tumours and accidents, and of the latter the majority occur on the road. The causes of death are shown in detail as follows :—

#### DETAILS OF CHILDREN AGED 5-15.

Cause of Death.	Age (Years).										Total.
	5	6	7	8	9	10	11	12	13	14	
Malignant Tumours .....	—	—	2	3	—	—	—	1	—	—	6
Inflammatory Conditions .....	1	—	1	—	—	—	—	1	2	—	5
Injury—											
(a) Home .....	—	—	—	—	—	1	—	—	1	—	} 14
(b) Road.....	4	1	2	1	—	1	—	—	—	—	
(c) Elsewhere ...	1	1	—	—	—	1	—	—	—	—	
Totals .....	6	2	5	4	—	3	—	2	3	—	25

#### The Home Background of the School Child.

The periodic medical inspection of children would be incomplete if it stopped short of the home background, and a limited survey was undertaken during the year, based on information from a selected number of medical record cards (1,061), held at the seven school clinics. The social status of families was based on the occupation of the father, which in some cases was not ascertainable, and from this information the social pattern of the families from which maintained schools draw is as follows :—

Class.	No. of Families.	%
1. Business and Professional .	49	6
2. Skilled Worker .....	562	69
3. Semi-skilled Worker .....	57	7
4. Unskilled Workers .....	147	18
	815	100

The Survey covered a very wide field, and for detailed information reference should be made to the full report of the Principal School Medical Officer to the Education Committee.

### The Treatment of Children in School Clinics.

The provision of school clinics in the City remains unchanged. All are well maintained but some belong to an age when standards were different from what they are today. Another problem is their siting. With two exceptions they were established in the early 1930's in accordance with the City's population as it was then, but many changes in this respect have since occurred, and more are anticipated which will require radical re-deployment of the clinic services if they are to be brought within convenient reach of families.

To meet these changes in circumstances plans are in hand for the erection of two new clinics, one at Ravenswood Park School, and one on a site near the present Atkinson Road Clinic, which is now becoming a financial liability. Thus the east end of the City will be adequately covered but the west will continue to present a problem whilst the population remains fluid. At present it appears that either Ashfield, or Bentinck Clinic, will become redundant, whilst Cowgate is serving a rapidly increasing population and will require extension.

Meanwhile large building programmes are in operation in the north-west of the City, and creating a demand beyond the capacity of existing clinics.

Facilities offered by clinics are shown in the following table—they are unchanged since last year.

Clinic.	Minor ailments	Ortho-pædic.	U.V.L.	Dental.	Refrac-tions.	Speech Therapy
Ashfield.....	X	—	—	—	—	X
Atkinson Road ....	X	X	—	X	—	—
Bentinck .....	X	X	—	X	—	—
Central .....	X	X	X	X	X	X
Cowgate .....	X	—	—	X	—	—
East End .....	X	X	X	X	X	—
Middle Street .....	X	—	—	X	X	X
Pendower .....	X	X	X	X	—	—
Sun Ray— Brinkburn St. ...	—	X	X	—	—	—

The amount of work which nurses have carried out during the past year is shown in the following table :—

Clinic.	No. of Children attending			Total Attendance.
	Inspected. (i)	Treated. (ii)	Referred to Doctor. (iii)	
Ashfield .....	2,173	4,215	479	6,388
Bentinck .....	526	4,616	961	5,142
Atkinson Road .....	963	8,052	517	9,016
Cowgate .....	868	6,152	211	7,020
Middle Street .....	2,712	10,531	152	13,242
East End .....	1,464	5,358	152	6,822
Central .....	1,102	3,417	1,272	4,519

Total attendances : 52,149.

When the work referred to above in the clinics is analysed, it appears that the number of children appearing in Column (i) are largely accounted for by test visions, head inspections and follow-up inspections. A large number of these latter are chronic offenders who are called to the clinic periodically for surveillance. In Column (iii) children may have been referred to the general practitioner, school medical officer or specialist.

The bulk of work done in clinics can be classified under certain heads, and a general picture is given in the table which follows :—

Defect or Disease.	Children Inspected but not treated.	Children treated in Clinic.	Children referred to Doctor.
<i>Skin—</i>			
Septic .....	30	28,091	397
Scabies .....	—	94	23
Ringworm .....	—	180	89
Other .....	484	4,677	943
<i>Ear Conditions—</i>			
Wax in ears .....	44	426	86
Discharging ears .....	—	497	100
<i>Eye Conditions—</i>			
Conjunctivitis .....	—	399	44
Other eye conditions .....	42	1,502	97
Spectacles .....	458	82	309
Vision tests .....	446	238	241
Tonsillitis .....	40	—	—
Acute infectious fevers .....	30	—	—
Injuries .....	121	3,243	464
Malaise .....	57	77	73
Follow-up inspections .....	252	207	2
Head inspections .....	6,546	—	—
Cleansing of heads .....	—	2,497	—
F.F.I. and inspection of manual workers .....	791	11	—
Miscellaneous .....	816	885	732

To meet difficulties arising out of the distance from schools to clinics, clinics are retained on school premises and visited twice a week by a school nurse. The work done in these 13 clinics is as follows :—

Condition.	Individual children seen.	Number of treatments given.
<i>Skin Diseases—</i>		
Ringworm .....	6	18
Scabies .....	6	16
Other skin conditions .....	7,290	13,015
<i>Eye Conditions—</i>		
Defective vision .....	30	—
Conjunctivitis .....	90	103
Other eye conditions .....	297	467
<i>Ear Conditions—</i>		
Ear discharge .....	154	194
Other ear conditions .....	66	80
Other conditions of nose and throat .....	87	81
Head inspections .....	578	128
Miscellaneous .....	832	896
Total.....	9,436	15,007

### Pediculosis.

In order to maintain reasonable personal cleanliness in schools the following steps were taken :—

Total examination in schools .....	107,319
No. of individual children found infested....	3,505
No. of children in respect of whom cleansing notices were issued.....	4
No. of children in respect of whom orders were issued .....	4

Where infestation is so severe as to render the child contagious, exclusion from school is recommended until rendered fit to return. This may involve a home visit and cleansing in the clinic. The number so dealt with was as follows :—

No. of homes visited .....	1,340
No. of heads cleansed .....	2,497
No. of children excluded .....	934

### Plantar Warts.

On the resignation of Dr. A. H. Fairlamb at the end of last year, Dr. H. M. Dixon took over this work at the Central Clinic. Children treated were as follows :—

No. of boys treated .....	60
No. of girls treated .....	155
No. of children referred to hospital .....	32

**Ringworm.**

The work of the clinic was as follows :—

Children examined .....	101
Animals examined .....	13
Total examinations .....	229
Inspections under Wood's Lens .....	422
Cultures .....	586
Microscopic preparations .....	121
No. of children with ringworm .....	39
Infected animals (1 cat, 1 dog) .....	2
Other skin diseases .....	62

**Prescription of Spectacles.**

The numbers of children awaiting examination at the end of the year were :—

	1954.	1955.
New cases .....	61	99
Re-examination .....	455	298

Spectacles were supplied as follows :—

No. of children for whom spectacles were prescribed.....	1,483
No. of children who obtained spectacles .....	1,565
No. of children for whom replacements and repairs were necessary .....	1,243

**Orthopædic Department.**

Two points of clinical interest have emerged during the year. Firstly, the slight increase seen because of late results of poliomyelitis, mainly among pre-school children, and secondly the numbers of minor foot deformities found in school leavers.

Statistics for the year are as follows :—

1. Total attendances .....	2,124
New Patients .....	713
Discharges .....	453
Treatments discontinued .....	273
Referred to Orthopædic Surgeon .....	2,199
Admitted to Sanderson Orthopædic Hospital .....	57
2. (a) Treatments given—	
Remedial exercises .....	9,491
Massages .....	74
Manipulation .....	1,422
Medical electricity.....	5,847
Radiant heat .....	88
Ultra violet light .....	38
(b) Other—	
Children x-rayed .....	102
Splinted .....	171
Surgical boots supplied .....	740

### Hospital Services.

In the Annual Return to the Ministry of Education children treated "otherwise than by the Local Authority's Scheme" were reported upon as follows:—

<i>Defect.</i>	<i>No. of Children treated.</i>
Skin cases .....	553
Eye .....	340
Ear, nose and throat .....	655
Orthopædic in-patients .....	110
"    out-patients .....	62
Child guidance .....	57
Speech therapy .....	2
Heart cases .....	29
Rheumatism and Chorea .....	11
Tuberculosis .....	22
Other chest conditions .....	81
Surgical cases .....	108

### The Educational Treatment of Children.

By Educational Treatment is meant the use of special forms of education to meet the needs of special types of children who suffer from some form of disability of mind or body to such an extent that it is not possible to apply the methods provided in ordinary schools. The children are known as handicapped pupils, and the number of such children at present is 625.

The number ascertained during the year was as follows:—

Blind .....	2
Partially sighted .....	5
Deaf .....	2
Partially deaf .....	1
Educationally subnormal .....	86
Maladjusted .....	8
Physically handicapped .....	16
Delicate .....	42

The finding of vacancies in suitable schools is becoming somewhat easier than formerly, particularly E.S.N. schools, but schools for maladjusted pupils still present a problem.

### Speech Therapy.

Children with speech defects were examined and treated for the following conditions:—

Stammer .....	90
Dyslalia .....	200
Retarded speech .....	32
Dysarthria .....	11
Cleft palate .....	9
Other defects .....	31
	—
	373
	—

Attendances and treatments were as follows :—

	Boys.	Girls.	Total.
No. of patients admitted during year.....	74	38	112
No. of patients discharged during year....	96	28	124
No. of treatments given .....	2,878	1,346	4,079
No. of Audiometer tests done .....	69	27	96

### Preventive Medicine.

The School Health Service is one of the public services whose primary object is the prevention of disease. The scope of the service's work in this field comprises health education, the control of contagious disease, environmental hygiene of schools and prophylaxis, in addition to which preventive work emerges from securing early treatment of defects found in pupils.

During the year the following measures were taken to secure active immunity against certain diseases :—

- (a) Diphtheria immunisation of children aged 5 years.

No. of pupils immunised by the School Medical Staff :—

Primary immunisations .....	51
Booster doses .....	57

- (b) Control of Tuberculosis.

In 1941 Mass X-Ray was extended to children leaving school at 14 years to detect early cases of the disease and bring them under treatment. In 1953, the tuberculin testing of school entrants was started, using the jelly patch test, and later school leavers were also tested. In the following year, in view of the falling number of cases of tuberculosis, Mass X-Ray of all leavers was no longer justified, and tuberculin testing took its place as a routine measure : positive reactions were referred for chest x-ray. Then in 1955 the full procedure of B.C.G. vaccination was introduced. After tuberculin testing, positive reactions were referred for x-ray as before, while negative reactors were vaccinated.

Prior to the introduction of B.C.G. vaccination, a survey was carried out on 14 year-old children to determine how many were tuberculin positive. Parents of all 14 year-old children were asked to give their consent to a tuberculin test being carried out on their children, and over 90% agreed. In all, some 2,839 children were tested, of whom 46% were

positive ; this percentage varied in individual schools from 20.5% to 71.9%, and was not related to the type or locality of the school. Positive reactors were referred for x-ray, and among them 4 cases of tuberculosis were discovered. Children who gave a negative reaction were subsequently offered B.C.G. vaccination.

Thus when B.C.G. vaccination of school leavers commenced in 1955 parents were already familiar with tuberculin testing, but on this occasion it was necessary to ask in addition for information of any previous tuberculous infection in the family. Parents were invited to school clinics and general practitioners were kept informed of the arrangements.

All children were carefully screened to exclude contacts with a case of active tuberculosis, and those with skin diseases were advised to postpone vaccination. Vaccination was carried out at the school clinics, and the children were required to attend eight weeks later for inspection and final tuberculin testing. All but one child attended and all showed conversion to tuberculin positive reaction.

The details of the work carried out are as follows :—

A. Cases Vaccinated—

No. of children tested .....	1,124
No. of negative reactions .....	733
No. of children vaccinated .....	713

B. Cases not Vaccinated—

No. of positive reactions .....	351
Vaccination contra indicated .....	12
Attending chest clinic .....	1
Bronchial asthma .....	3
Psoriasis .....	1
Tuberculosis contacts .....	7

On examination of the vaccination, the following were observed :—

Normal lesion .....	649
Palpable axillary glands .....	56
Painful „ „ .....	4
Large pustule .....	2
Small localised abscess at site .....	1
Serious complications .....	—

## REPORT ON THE SCHOOL DENTAL SERVICE for the Year 1955.

### Staff.

There were few staff changes in the School Dental Service during the year and continuity of work in all the clinics was scarcely affected. One resignation, however, was received in the early summer when Mr. Coulson was forced to retire through ill-health. This vacancy was filled shortly after by the appointment of Miss Robinson.

Miss Margaret Blyth was appointed to the newly created position of Oral Hygienist and her work on dental education and oral hygiene in the elementary schools has already brought much appreciation.

The vacancy for an assistant dental officer with special experience in orthodontic work has not unfortunately as yet been filled, but as in the past few years, a considerable amount of this type of work was undertaken by Mr. Sissons.

### Dental Examinations.

The inspection of the children's teeth in their classrooms was carried out regularly throughout the school terms, each dental officer endeavouring to set aside one session each week for the purpose.

The parents or guardians of the children were informed of the first dental examination of the child's school life, and given the opportunity to be present if they so desired. Some fifty per cent. of the parents accepted the invitation, and at these "first examination sessions" the dental officers explained the functioning of the School Dental Service to the parents, and discussed dental attention and oral hygiene with them, explaining the advantages of receiving regular dental attention for the children.

Some 70% of the children under the Authority's care were examined during the year, and the remaining 30% will be taken in the early months of the following year.

### Treatment.

Some 18,000 children were found to be in need of dental attention over the year, and of this number nearly 10,000 attended the clinics for treatment.

A large proportion of the remaining 8,000 children received treatment from private practitioners but it is felt that there is still

considerable apathy on the part of many parents to the care of their children's teeth. However, it is to be hoped that continued propaganda and instruction in the schools by the dental officers and oral hygienist will, in time, considerably decrease the numbers of children whose dental health is neglected.

The majority of the conservation work was, as in former years, carried out on the second dentition and over 12,000 fillings were inserted.

This year, however, we were able to devote a little more time to the conservation of the primary teeth and over 1,100 fillings were done on this dentition.

As this figure is more than double that of any previous year, it may be assumed that the increase is due to the efforts of the oral hygienist in her discussions with the parents of children at the "first dental examination." It will be interesting to see if this improvement is maintained.

Most of the teeth extracted were done under gas and oxygen or trilene anæsthesia, an anæsthetic session being held each week in each clinic. "Gas" is undoubtedly the most popular method of having teeth extracted and so many patients request it that the present facilities for recovery in most of the clinics are not adequate for the numbers dealt with and should be considerably improved.

Some 75 children were supplied with artificial dentures over the year. This number, of course, includes those children who have had teeth accidentally knocked out at play, but it is still a larger figure than one would wish to see.

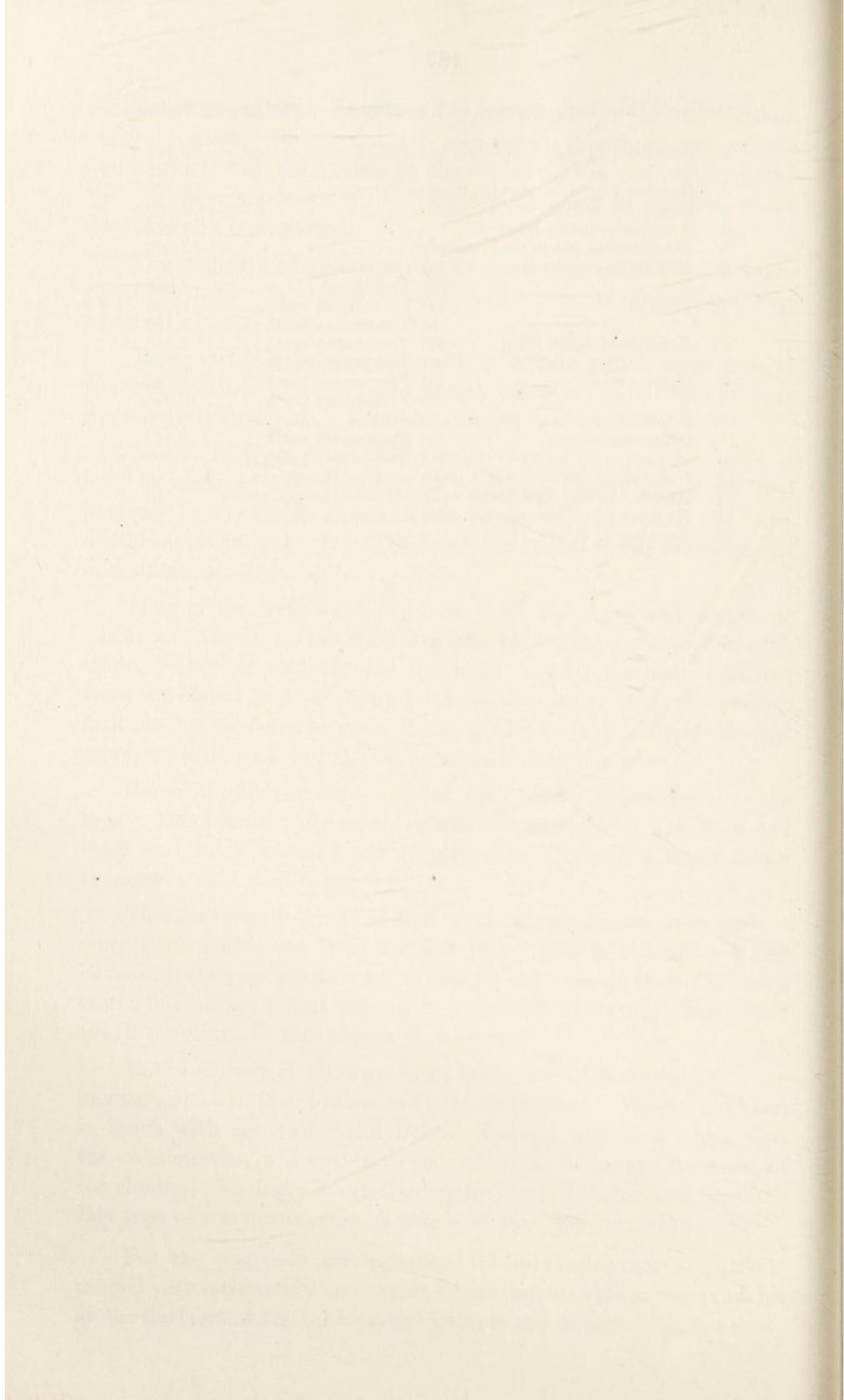
This year nearly three hundred regulation appliances were made—more than double the figure for last year. This is indicative of the increasing interest parents are taking in the care of their children's teeth, but we are not at present in a position to do much more than touch the fringe of this branch of dentistry.

More and more children are being brought to us as dental education increases and a waiting list has had to be established. We are, however, in touch with the Sutherland Dental Hospital, and it is hoped that the collaboration will enable us to undertake treatment for more of the children who desire it and are prepared to be co-operative, for often this type of treatment must be extended over many months.

For the rest, our arrangements for hospitalisation of patients proved very satisfactory and expert advice and assistance was available at the Sutherland Dental Hospital when it was required.

Details of the work carried out during the year are as follows:—

1.	Number of pupils inspected	(a) Periodic age groups . . .	25,369
		(b) Specials . . . . .	4,921
2.	Number found to require treatment . . . . .		18,725
3.	Number referred for treatment . . . . .		9,885
4.	Number actually treated . . . . .		9,173
5.	Attendances made for treatment . . . . .		22,029
6.	Half-days devoted to	(a) Inspection . . . . .	159
		(b) Treatment . . . . .	2,932
7.	Fillings	(a) Permanent teeth . . . . .	11,039
		(b) Temporary teeth . . . . .	1,120
8.	Number of teeth filled	(a) Permanent teeth . . . . .	9,811
		(b) Temporary teeth . . . . .	1,059
9.	Extractions	(a) Permanent teeth . . . . .	3,732
		(b) Temporary teeth . . . . .	10,206
10.	Administrations of general anæsthetics . . . . .		5,563
11.	Other operations	(a) Permanent teeth . . . . .	3,184
		(b) Temporary teeth . . . . .	890
12.	Number of children fitted with artificial dentures . . . . .		75
13.	Number of children fitted with orthodontic appliances . . . . .		268
14.	Number of children fitted with crowns . . . . .		8
15.	Number of inlays . . . . .		2



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**APPENDICES.**

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APPENDICES

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## APPENDIX I.

## WORK OF THE NEWCASTLE EXECUTIVE COUNCIL.

*(Contributed by K. N. Ogden, Esq., F.C.I.S.,  
Clerk of the Executive Council.)*

The following data on the work of the Executive Council for the City is supplied :—

The area of the Council's responsibility is the City and County of Newcastle upon Tyne, which in mid 1955 had an estimated population of 281,000. It should however be remembered, especially when considering the figures in this report relating to the supplementary ophthalmic service and to a lesser extent the dental and pharmaceutical services, that a section of the public residing in the surrounding areas normally comes into the City and makes use of the facilities available.

On 31st December, 1955, there were 207 doctors on the Medical List, 127 of whom practise mainly within the City boundary. 287,620 persons were registered as on the lists of doctors, over six thousand more than the Registrar General's estimated population of the City, but this is no doubt mainly due to the extensive rehousing which is taking place outside of the City boundaries, and the failure of a large number either to re-register with another doctor or to secure re-acceptance on the Northumberland list of their present doctor. All doctors have been circularised drawing their attention to the matter. The total amount paid in respect of all services rendered by doctors on the Council's list during the year was £353,502, or an average payment of £1,707.

Maternity medical services were provided in 2,937 cases, in 1,343 of which the doctor providing the service was present at the confinement, and claims for fees totalled £20,292. There are now 166 doctors on the Obstetric List approved by the Local Obstetric Committee (of which the Medical Officer of Health is a member) ; 104 of these practise mainly within the City boundaries.

During the year 1,849,903 prescriptions were dispensed at a cost of £378,442, after deducting patients' charges amounting to £56,873, exceeding last year's figures by over 61,000 prescriptions and £29,287.

There were 86 dentists on the Dental List, 88 pharmacies and 17 surgical appliance contractors on the Pharmaceutical List, and 10 ophthalmic medical practitioners, 72 ophthalmic opticians and 3 dispensing opticians on the Ophthalmic List.

Under the General Dental Service, the number of courses of treatment prescribed by Newcastle dentists rose to 73,217, nearly 8,000 more than last year, about 29% of which were for patients living outside the City. The average cost per course of treatment, excluding patients' charges was £2 15s. 8d., and the average amount paid to dentists on the list was £2,369.

The work of the Supplementary Ophthalmic Service also increased during the year, when 51,916 sight tests were given, and glasses prescribed in 45,445 cases.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1956, was as follows :—

	£
General Medical Services .....	353,502
Pharmaceutical Services .....	379,886
General Dental Services .....	213,072
Supplementary Ophthalmic Services	83,676
Administration .....	13,697
	<hr/>
	£1,043,833
	<hr/>

This was equivalent to £3 14s. 4d. per head of the population, a rise of 6/7d. over the previous year.

The following members of the Local Health Authority served on the Executive Council during the period :—

Ald. J. Chapman, Ald. Mrs. D. A. Fitzpatrick, Coun. Mrs. I. McCambridge, Coun. Dr. D. R. Milligan, Coun. Mrs. C. C. Scott, Coun. T. D. Smith, Ald. J. W. Telford, and the Medical Officer of Health.

## APPENDIX II.

## TUBERCULOSIS IN CHILDHOOD IN NEWCASTLE UPON TYNE

(by Dr. Mary D. Taylor, Childhood Tuberculosis Physician and Dr. F. J. W. Miller, Reader in Social Paediatrics, University of Durham and Clinical Adviser in Child Health to the Local Health Authority.)

In 1955 no Newcastle child died from tuberculosis. Between 1939 and 1949, when this preventable infectious illness was responsible for one quarter of all deaths between one and fourteen years, 25—30 children died each year. Let us therefore examine briefly the present position of our efforts to diminish the importance of tuberculosis as a medical and social problem in childhood.

There are three criteria by which the position can be assessed: the number of children known to be infected at different ages, the number admitted to hospital and the number of deaths. The most obvious and dramatic of these are the number of deaths and illnesses but the number of children infected, if less obvious, is no less important. Some of them will later develop tuberculous illness as a sequel of childhood infection and transmit infection to other children of this and the next generation.

## Deaths from Tuberculosis.

TABLE I.

## DEATHS FROM TUBERCULOSIS IN NEWCASTLE UPON TYNE.

Age.	1943.	1948.	1950.	1955.
0—4 years . . . . .	16	11	7	—
5—14 years . . . . .	17	5	6	—
	33	16	13	—
	—	—	—	—

The remarkable fall in deaths is shown in Table 1. This is due in part to the modern methods of treatment of tuberculous meningitis and miliary tuberculosis which first became available in 1947 but have become much more effective with the introduction of the newer antibiotics. But it is not the whole story, for the hospital admissions of children have also fallen. This in its turn is almost certainly a compound result of a reduction in the number of children infected and the effects of B.C.G. vaccination.

Death from tuberculosis in childhood is almost always caused by tuberculous meningitis or miliary tuberculosis, complications which

arise in most cases during the first two years after infection. The younger the child at the time of infection the greater the risk of these complications. The result, complete recovery, recovery with disability or death is determined more than anything by the interval between the onset and the beginning of treatment but there is the practical difficulty that the onset is slow and insidious and often without dramatic clinical change for a week or ten days—the vital time for diagnosis.

### **Children admitted to Hospital or Sanatorium.**

The fall in the number of children admitted to hospital is not so steep as the fall in the deaths. In 1943, 129 children were admitted, compared with 97 in 1950 and 46 in 1955. It is probable, however, that in the earlier years when there was a waiting list only the more ill children were admitted. The serious complications of infection with tuberculosis still exist and 7 of the 46 children admitted in 1955 were suffering from tuberculous meningitis and before 1947 all these children would have died. Fortunately it was possible to save their lives but on examination of their family histories and circumstances it seemed that in at least 4 the first infection with tuberculosis, and therefore the tuberculous meningitis, could have been avoided.

Twelve of the 46 children were under 5 years of age ; 5 of these were infected by adults already known to be suffering from tuberculosis, three more were found to be infected when examined as contacts of newly diagnosed adults ; in another the recognition of tuberculosis in the child led to the diagnosis of pulmonary tuberculosis in the father ; the infectors of three children were uncertain but the grandfather of one has a cough and refuses examination.

Sixteen of the children were aged 5—9 years at the time of their admission to hospital. Five were infected by adults previously known to be suffering from tuberculosis and three more were tuberculin positive when examined shortly after a relative or neighbour had been found to have pulmonary tuberculosis.

The remaining eighteen children were aged 10—14 years and only two of these were known to be in contact with an infective adult. Five were however contacts of newly diagnosed patients and in the remainder the infectors were uncertain but were not within the family circle. At this age the infector is much less likely to be found within the family than with the younger children. These facts are summarised in Table II.

TABLE II.

NEWCASTLE CHILDREN IN HOSPITAL IN 1955 WITH TUBERCULOSIS.

<i>Age.</i>	<i>Infected by known patient.</i>	<i>Infected by newly diagnosed patient.</i>	<i>Infector uncertain.</i>	<i>Total.</i>
0—4 years ..	5	4	3	12
5—9 years ..	5	3	8	16
10—14 years ..	2	5	11	18
	—	—	—	—
	12	12	22	46
	—	—	—	—

This investigation showed that in at least 12 of the children infection could have been avoided. It is probable that a further 12 could also have escaped illness if their adult infectors had been diagnosed earlier—as could have occurred in certain cases had the significance of their symptoms been appreciated. The number of children requiring admission to hospital is related to the number of infected children in the community and it must be remembered that only a very small number of those infected become ill.

Each year in the contact clinics the number of children already infected when first seen is becoming fewer and fewer. In 1952 the data of the 1,000 Family Survey suggested that about 7% of Newcastle children were already infected at the age of 5 years and in 1955 surveys in the city schools indicated 11% had been infected by the 10th year and 30% by the 14th year. These totals are undoubtedly less than a few years ago and should fall steeply as the chances of a child coming into contact with an infective adult are reduced. Especially we should see a sharp fall in the number of children infected by 13 years but we should also note that already in Oxford and London only 15% of children have been infected at 15 years. To reduce the chances of infection in childhood requires keen epidemiological work and particularly energetic measures to deal with the number of chronic infectors known to be present in the city. In 1954 Dr. G. Hurrell and Dr. L. Feinmann estimated this number to be about 450 but it has certainly been substantially reduced in the last two years.

### **The Objective.**

What is the ultimate objective of this work? Nothing less than a community free from tuberculous infection and therefore free from death and illness caused by this organism. This means that the child and adolescent and young adult must be protected from the primary infection normally obtained from an adult suffering from active pulmonary tuberculosis. For when children are infected some will later develop pulmonary tuberculosis and infect the next generation.

### Methods of Prevention of Infection.

(1) Certain groups of adults are particularly liable to pulmonary tuberculosis and the regular x-ray examination and subsequent treatment of those found suffering from tuberculosis will reduce the spread of infection. People at particular risk are (1) young women, (2) elderly men—particularly those with cough allegedly due to bronchitis or smoking, (3) Irish and Indian immigrants.

(2) Some groups of people are in close contact with young children and therefore if infective are particularly dangerous. These include :—

- (1) Parents and grandparents.
- (2) Teachers and Nursery Nurses.
- (3) Doctors, Nurses, Midwives and Health Visitors.
- (4) Dentists.

Although school teachers are x-rayed on appointment it is still not customary for further regular x-ray examination. This should be instituted without delay.

The x-ray examination of ante-natal patients attending the two main Newcastle Maternity Hospitals during last year resulted in the finding of 13 early cases of tuberculosis—but it is still not the rule for all women to have a chest x-ray during pregnancy and in 1955 alone 5 women were found to have tuberculosis within one year of delivery. Not one of these five had an x-ray before the infant was born. Two had already infected some children.

(3) It is necessary to continue with the education of parents, doctors, midwives, health visitors and all concerned with the care of children stressing that tuberculosis is infectious and that infection is preventable; that children should not be exposed unnecessarily to infection and where exposure is inevitable they should receive B.C.G. vaccination. This is particularly important in the case of newborn babies who should be vaccinated and should undergo tuberculin conversion before exposure. No Newcastle child who has been B.C.G. vaccinated has become ill with tuberculosis.

(4) Now that deaths from tuberculosis are few by comparison with 10 years ago (yet one each week for the whole year)—we need a finer measure than a mortality rate to tell us the incidence of tuberculosis in the community. Notification rates are notoriously unreliable in both children and adults. But the tuberculin test will still give us this information, and it should be widely used in regular examination of children and young adults for we require constant knowledge of the trend of tuberculous infection in the community.

The introduction of the tuberculin test as part of the regular school medical examination has been a great advance for it should provide this most fundamental data.

### **Conclusion.**

Tuberculosis though now an infrequent cause of death in childhood is still responsible for much misery and illness. A third of our children are infected before leaving school, some of whom will infect the next generation.

We must continue to spread the knowledge that tuberculosis is infectious but that where exposure is inevitable B.C.G. vaccination will offer some protection. We must continue our search, particularly among susceptible groups, for new cases and render them non-infective.

This report though brief presents a picture of the present situation; it is one of great encouragement when compared with a few years ago and one of hope for the future. But the hope will not be realised without much steady, patient and often unspectacular work in detecting and treating sources of danger to children. As the chances of infection become less so will the work involved in finding and dealing with each one become greater. Yet in the end it is the prevention of infection rather than the cure of the disease which will benefit both the individual and the community. Only by keeping Prevention as our watchword will the task be accomplished.

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